Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150 2015

Department of the Treasury

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

Open to Public Inspection

		anue Service						
		2015 calendar year, or tax year beginning	and ending					
	Check if	C Name of organization		D Employer Id	entification number			
L	Addr	ess change			0.5550			
	∐Nam	change FORT LAUDERDALE FIRE & SAFETY		36550				
	Initial	return Number and street (or P.O. box, if mail is not delivered to street addr	ress) Room/suite	E Telephone r				
L	termi	nated IUZZ W LAS OLAS BLVD		954-663-2081				
L	Amer	City or town, state or province, country, and ZIP or foreign postal co	de C	F Group Exem	ption			
<u>L</u>	J _{Applic}	ation pending FT LAUDERDALE, FL 33312	$\overline{}$	Number ►				
		nting Method: X Cash Accrual Other (specify)		H Check ►	if the organization is			
1 1	Nebsi	te: ► HTTPS://FORTLAUDERDALEFIREMUSEUM	M.COM/	not required	I to attach Schedule B			
<u>J</u> .	Гах-ех	empt status (check only one) $ X$ 501(c)(3) 501(c) () \blacktriangleleft (inse	rt no.) 4947(a)(1) or 527	(Form 990,	990-EZ, or 990-PF).			
K	orm o	f organization: X Corporation Trust Association	Other					
L	Add lin	es 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$20	0,000 or more, or if total assets (Part I	l,				
(olumr	(B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$	30,579.			
Pá	art I	Revenue, Expenses, and Changes in Net Assets or	Fund Balances (see the instru	ictions for Part	1)			
		Check if the organization used Schedule O to respond to any question in this	_F Part I		X			
	1	Contributions, gifts, grants, and similar amounts received	- -	1	25,328.			
	2	Program service revenue including government fees and contracts		2				
	3	Membership dues and assessments		3				
	4	Investment income	SEE SCHEDULE O	4	5,251.			
	5a	Gross amount from sale of assets other than inventory	5a					
	b	Less: cost or other basis and sales expenses OGDEN, UTAH	5b					
	С	Gain or (loss) from sale of assets other than inventory (Subtract line 55) from	η ς ιδα)τ	5c				
	6	Gaming and fundraising events RECEN	750					
Φ.	a	Gross income from gaming (attach Schedule G if greater than	(EK					
Ž		\$15,000) DEC 1 6	2020 ∮ 6a					
Revenue	ь	Gross income from fundraising events (not including \$	of contributions					
Œ		from fundraising events reported on line 1) (attach Schedule Control sum of set	& CH					
		gross income and contributions exceeds \$15,000)						
	С	Less: direct expenses from gaming and fundraising events	6c					
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b	and subtract line 6c)	6d				
	7a	Gross sales of inventory, less returns and allowances	7a					
	b	Less; cost of goods sold	7b					
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c				
	8	Other revenue (describe in Schedule 0)		8				
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		▶ 9	30,579.			
_	10	Grants and similar amounts paid (list in Schedule 0)	SEE SCHEDULE O	10	2,500.			
)	11	Benefits paid to or for members		11				
) နွ	12	Salaries, other compensation, and employee benefits		12				
Expenses	13	Professional fees and other payments to independent contractors		13	868.			
xpe	14	Occupancy, rent, utilities, and maintenance	SEE SCHEDULE O	14	21,040.			
Ш	15	Printing, publications, postage, and shipping		15				
	16	Other expenses (describe in Schedule 0)	SEE SCHEDULE O	16	6,808.			
_	17	Total expenses. Add lines 10 through 16		▶ 17	31,216.			
<u></u>	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-637.			
set	19	Net assets or fund balances at beginning of year (from line 27, column (A))						
As		(must agree with end-of-year figure reported on prior year's return)		19	294,510.			
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule 0)		20	0.			
_	21	Net assets or fund balances at end of year. Combine lines 18 through 20		▶ 21	293,873.			
LH/	For	Paperwork Reduction Act Notice, see the separate instructions.	71.		Form 990-EZ (2015)			

532171 12-02-15

2015.06000 FORT LAUDERDALE FIRE & SAFE 62895001

LHA For Paperwork Reduction Act Notice, see the separate instructions.

	IRE & SAFETY MUSEUM	INC	<u>20-32365</u>	50 Page 2
Part II Balance Sheets (see the instructions	s for Part II)			
Check if the organization used Sched	dule O to respond to any ques	tion in this Part II		X
		(A) Beginning of year		nd of year
22 Cash, savings, and investments		101,708	• 22	106,649.
23 Land and buildings			23	
24 Other assets (describe in Schedule O) SEE SC	HEDULE O	192,802	• 24	187,224.
25 Total assets	Ī	294,510	• 25	293,873.
26 Total liabilities (describe in Schedule 0)	Ī	0	• 26	0.
27 Net assets or fund balances (line 27 of column (B) must a	pree with line 21)	294,510	. 27	293,873.
Part III Statement of Program Service Acc	complishments (see the instru			rpenses
Check if the organization used Scher			(Required	for section
What is the organization's primary exempt purpose? SEE SC	HEDIILE O	don'n' d'ilo i dic ili	501(c)(3)	and 501(c)(4) ons: optional for
			others.)	uns, upuunan iui
Describe the organization's program service accomplishments for each of its t manner, describe the services provided, the number of persons benefited, and		benses in a clear and concise		
28 MEMORIAL CEREMONIES FOR FAL	DEN TIKE TIGHTERD	-		
			— I I	
			 000	4,933.
(Grants \$) If this amount in	cludes foreign grants, check here	ON BIRE	28a	4,333.
29 MAINTAIN & PROMOTION OF AN	HISTORIC FIRE STATE	ON. FIRE		
SAFETY EDUCATION.			<u> </u>	
			, , , , , , , ,	15 207
	cludes foreign grants, check here	<u> </u>	29a	15,387.
30 GRANT OF SCHOLARSHIPS FOR R	ELATIVE OF FALLEN F	TRE		
DEPARTMENT FAMILY MEMEBER				
		****	!	
(Grants \$ 2,500.) If this amount in	cludes foreign grants, check here	<u> </u>	30a	
Other program services (describe in Schedule O)				
(Grants \$) If this amount in	cludes foreign grants, check here		31a	
32 Total program service expenses (add lines 28a throu	igh 31a)		▶ 32	20,320.
Total program control expenses (add miss zea ame				
Part IV List of Officers, Directors, Trustee	s, and Key Employees (list each	one even if not compensated -	see the instructions f	
	s, and Key Employees (list each		see the instructions (for Part IV)
Part IV List of Officers, Directors, Trustee	s, and Key Employees (list each	tion in this Part IV	(d) Health benefits,	
Part IV List of Officers, Directors, Trustee	s, and Key Employees (list each dule O to respond to any ques (b) Average hours per week devoted to	(c) Reportable compensation (Forms	(d) Health benefits, contributions to employee benefit	(e) Estimated amount of other
Part IV List of Officers, Directors, Trustee Check if the organization used Scheo	s, and Key Employees (list each dule O to respond to any ques (b) Average hours	(c) Reportable	(d) Health benefits, contributions to	(e) Estimated
Part IV List of Officers, Directors, Trustee Check if the organization used Scheo	s, and Key Employees (list each dule O to respond to any ques (b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred	(e) Estimated amount of other
Part IV List of Officers, Directors, Trustee Check if the organization used Scheo (a) Name and title JOHN HEISER	s, and Key Employees (list each dule O to respond to any ques (b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred	(e) Estimated amount of other
Part IV List of Officers, Directors, Trustee Check if the organization used Scher (a) Name and title JOHN HEISER PRESIDENT	s, and Key Employees (list each dule O to respond to any ques (b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Part IV List of Officers, Directors, Trustee Check if the organization used Scher (a) Name and title JOHN HEISER PRESIDENT GERALD BAGWELL	s, and Key Employees (list each dule O to respond to any ques: (b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Check if the organization used Scher (a) Name and title JOHN HEISER PRESIDENT GERALD BAGWELL VICE PRESIDENT	s, and Key Employees (list each dule O to respond to any ques (b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Check if the organization used Scheme (a) Name and title JOHN HEISER PRESIDENT GERALD BAGWELL VICE PRESIDENT MICHAEL RAUCH	s, and Key Employees (list each dule O to respond to any ques: (b) Average hours per week devoted to position 20.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation 0.
Check if the organization used Scheme (a) Name and title JOHN HEISER PRESIDENT GERALD BAGWELL VICE PRESIDENT MICHAEL RAUCH TREASURER	s, and Key Employees (list each dule O to respond to any ques: (b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Check if the organization used Scheme (a) Name and title JOHN HEISER PRESIDENT GERALD BAGWELL VICE PRESIDENT MICHAEL RAUCH TREASURER CHRISSY DOYLE	s, and Key Employees (list each dule O to respond to any ques: (b) Average hours per week devoted to position 20.00 10.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation 0 .	(e) Estimated amount of other compensation 0. 0.
Check if the organization used Scheme (a) Name and title JOHN HEISER PRESIDENT GERALD BAGWELL VICE PRESIDENT MICHAEL RAUCH TREASURER CHRISSY DOYLE SECRETARY	s, and Key Employees (list each dule O to respond to any ques: (b) Average hours per week devoted to position 20.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation 0. 0.
Check if the organization used Scheme (a) Name and title JOHN HEISER PRESIDENT GERALD BAGWELL VICE PRESIDENT MICHAEL RAUCH TREASURER CHRISSY DOYLE SECRETARY YURI GRIJALVA	s, and Key Employees (list each dule O to respond to any ques' (b) Average hours per week devoted to position 20.00 10.00 5.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation 0 . 0 .	(e) Estimated amount of other compensation 0. 0.
Check if the organization used Scheme (a) Name and title JOHN HEISER PRESIDENT GERALD BAGWELL VICE PRESIDENT MICHAEL RAUCH TREASURER CHRISSY DOYLE SECRETARY YURI GRIJALVA TRUSTEE	s, and Key Employees (list each dule O to respond to any ques: (b) Average hours per week devoted to position 20.00 10.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation 0 .	(e) Estimated amount of other compensation 0. 0.
Check if the organization used Scherological Check is a constant of the organization used Schero	s, and Key Employees (list each dule O to respond to any ques per week devoted to position 20.00 10.00 3.00 0.10	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation 0. 0.	(e) Estimated amount of other compensation 0. 0. 0.
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Check if the organization used Scheme (a) Name and title JOHN HEISER PRESIDENT GERALD BAGWELL VICE PRESIDENT MICHAEL RAUCH TREASURER CHRISSY DOYLE SECRETARY YURI GRIJALVA TRUSTEE TIM HEISER TRUSTEE LYNNDA BUTLER TRUSTEE MIKE GRADY TRUSTEE	s, and Key Employees (list each dule O to respond to any ques bulle O to respond to any ques per week devoted to position 20.00 10.00 5.00 3.00 0.10 0.10	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation 0. 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0. 0.
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RETROACTIVE R **TATEMENT** FORT LAUDERDALE FIRE & SAFETY MUSEUM INC 20-3236550 Form 990-EZ (2015) Page 3 Part V. Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V X Yes No 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each 33 Х activity in Schedule O Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended X documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported X on lines 2, 6a, and 7a, among others)? 35a N/A b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax Х requirements during the year? If "Yes," complete Schedule C, Part III 35c 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," X complete applicable parts of Schedule N 36 0. 37a Enter amount of political expenditures, direct or indirect, as described in the instructions X b Did the organization file Form 1120-POL for this year? 37b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made X 38a in a prior year and still outstanding at the end of the tax year covered by this return? N/A b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 39 Section 501(c)(7) organizations. Enter; N/A a Initiation fees and capital contributions included on line 9 39a N/A 39ь b Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 0. 0 • ; section 4912 ► 0 • ; section 4955 ► b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L. Part I 40b Х c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on 0. organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed 0. by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes." complete Form 8886-T 40e 41 List the states with which a copy of this return is filed FL 42a The organization's books are in care of ▶ FORT LAUDERDALE FIRE & SAFET Telephone no. $\triangleright 954 - 663 - 2081$ ZIP+4 ► 33312 Located at ▶ 1022 W LAS OLAS BLVD, FT LAUDERDALE, FL b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial Yes No 42b account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c If "Yes," enter the name of the foreign country: 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here 43 N/A and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of 44a Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead 44b of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? 44c

44d X

Form 990-EZ (2015)

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation

b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

ın Schedule O

If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations only	Form 990-EZ	(2015)	FORT	LAUDERDA	LE F	IRE a	& SAF	ETY	MUSEUN	II N	1C	20-3236	5550)	Page 4
If Yes', complete Schedule's C-Part I Section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47.49b and 52, and complete the tables for lines 50 and 51 Check if the organization used Schedule O to respond to any question in this Part VI 17 Did the organization assent section 1700(t)(3)(i)(i)* If Yes', complete Schedule E 18 is the organization assent section assent section 1700(t)(3)(i)(i)* If Yes', complete Schedule E 19 Did the organization make any transfers to an exempt non-charitable related organization? 18 is the organization make any transfers to an exempt non-charitable related organization? 19 Did the organization make any transfers to an exempt non-charitable related organization? 10 Complete the stable for the organization's five highests completisated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 compensation from the programation. If there is more, enter Yose: 10 Name and title of each engisyee 10 Aregae hours per week devoted to programation and bright of each engisyee powers. 11 Total number of other employees paid over \$100,000 12 Name and business address of each independent contractors who each received more than \$100,000 of compensation from the organization. If there is more, enter Yose: 12 Name and business address of each independent contractors who each received more than \$100,000 of compensation or more than \$100,000 of compensation from the organization. If there is more, enter Yose: 18 Name and business address of each independent contractors who each received more than \$100,000 of compensation organization. If there is more, enter Yose years are accounted to other programmation organization organizatio				-										Yes	No
All section 501 (c)(3) organizations only All section 501 (c)(3) organizations and answer questions 47-49b and 52, and complete the tables for lines 50 and 51 Check if the organization engage in liobying activities or have a section 501 (k) election in effect during the tax year? If "Yes," complete School 84 15 the organization and as by transfer to an exempt normalization related organization and as by transfer to an exempt normalization related organization as chool as described in section 170(b)(i)(i)(i)(i) if "Yes," complete School 85 15 the year organization as chool as described in section 170(b)(i)(i)(i)(i)(i) if "Yes," complete School 85 15 the organization as chool as described in section 170(b)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)					political	campaign	activities	on beha	lf of or in oppo	osition	to candidates for pi	ublic office?	-	.	
All section S01(c)(3) organizations must answer questions a f7-49b and \$2, and complete the tables for lines 50 and 51 Check of the organization used Schedule O to respond to any question in this Part V 47 Did the organization elegate in lobbying activities or have a section \$21 (n)(1)(4)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)					ne on	lv							1 46	1	
Check if the organization used Schedule O to respond to any question in this Part VI 7 Did the organization erapse in lobbying activities or have a section 30 (ft) election in effect during the tax year? If 'Yes,' complete Sch. C, Part II 7 A	Fait VI					-	ions 47-49	9b and	52, and con	nolete	the tables for line	es 50 and 51			
Arr Did the organization engage in lobbying activities or have a section 50 (th) election in effect during the tax year? If "Yes," complete Sch. C, Part II 47 X X 48 Is the organization a school as described in section 170(b) (1) (1) (a) or 11 Yes, 'complete Schodule E 47 X X 48 L X 49				_								,			
If total number of other employees paid over \$100,000 If Total nu														Yes	
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NONE Position Po			•					(b)					~ 'I '		
f Total number of other employees paid over \$100,000 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.' NONE (a) Name and business address of each independent contractor (b) Type of service (c) Compensation 4 Total number of other independent contractors each receiving over \$100,000 52 Did the organization complete Schedule A? Note: All section \$01(c)(3) organizations must attach a completed Schedule A? Note: All sections \$01(c)(3) organizations must attach a complete Schedule A? Note: All sections \$01(c)(3) organizations must attach a complete Schedule A? Note: All sections \$01(c)(3) organizations must attach a complete Schedule A? Note: All sections \$01(c)(3) organizations must attach a complete Schedule A? Note: All sections \$01(c)(3) organizations must attach a complete Schedule A? Note: All sections \$01(c)(3) organizations must attach a complete Schedule A? Note: All sections \$01(c)(3) organizations must attach a complete Schedule A? Note: All sections \$01(c)(3) organizations must attach a complete Schedule A? Note: All sections \$01(c)(3) organizations must attach a complete Schedule A? Note: All sections \$01(c)(2) organizations must attach a complete Schedule A? Note: All sections \$01(c)(2) organizations must attach a complete Schedule A? Note: All sections \$01(c)(2) organizations must attach a complete Schedule A? Note: All sections \$01(c)(2) organizations must attach a complete Schedule A? Note: All sections \$01(c)(2) organizations must attach a complete Schedule A? Note: All sections \$01(c)(2) organizations must attach a complete Schedule A? Note: All sections \$01(c)(2) organizations must attach a complete Schedule A? Note: All sections \$01(c)(2) organizations must attach a complete Schedule A? Note: All sections \$01(c)(2) organizations must attach a complete Schedule A? Note: All sections \$01(c)(2) organizations must attach a complete Schedule A								per v		0		employee bene	fit am		
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Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A Under penaltice of porjury, 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. Signature of officer NATHAN MORRIS, PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature Print/Type preparer's name NATHAN ROSSIN & CO., P.A. Firm's address 3310 MARY STREET, SUITE 501 MIAMI, FL 33133 May the IRS discuss this return with the preparer shown above? See instructions									_						
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Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A Under penaltice of porjury, 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. Signature of officer NATHAN MORRIS, PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature Print/Type preparer's name NATHAN ROSSIN & CO., P.A. Firm's address > 3310 MARY STREET, SUITE 501 MIAMI, FL 33133 May the IRS discuss this return with the preparer shown above? See instructions									-						
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Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A Under penaltice of porjury, 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. Signature of officer NATHAN MORRIS, PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature Print/Type preparer's name NATHAN ROSSIN & CO., P.A. Firm's address > 3310 MARY STREET, SUITE 501 MIAMI, FL 33133 May the IRS discuss this return with the preparer shown above? See instructions															
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TODD KESTERSON Preparer Use Only Prim's name ▶ KAUFMAN ROSSIN & CO., P.A. Firm's address ▶ 3310 MARY STREET, SUITE 501 MIAMI, FL 33133 May the IRS discuss this return with the preparer shown above? See instructions Name 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. Columbia Colu								ons mu	st attach a						
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Use Only Firm's name ► KAUFMAN ROSSIN & CO., P.A. Firm's ell ► 59-1818353 Phone no. 3058585600 MIAMI, FL 33133 May the IRS discuss this return with the preparer shown above? See instructions ■ X Yes ■ No		1				7	MU		J 1/0	13	<u> </u>				
MIAMI, FL 33133 May the IRS discuss this return with the preparer shown above? See instructions	-									7	Firm's EIN				
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SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name of	the organization						Employer	identification number
	FORT	LAUDERDAL	E FIRE & SAF	ETY M	USEUM	INC	2	0-3236550
Part I	Reason for Public	Charity Status (All organizations must c	omplete th	ıs part) Se	ee instruction	s	
The organ	The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.)							
1 🗀	A church, convention of ch	nurches, or association	on of churches describe	d in sectio	n 170(b)(1)(A)(i).		1
2 🔲	A school described in sec	tion 170(b)(1)(A)(ii). (Attach Schedule E (Forr	n 990 or 9	90-EZ))			1
з 🔲	A hospital or a cooperative	hospital service org	anization described in s	ection 170)(b)(1)(A)(i	и).	\cup	
4 🔲	A medical research organiz	•				-)(iii). Enter	the hospital's name,
	city, and state	•	•					•
5 🗔	An organization operated f	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental	unit describ	ped in
	section 170(b)(1)(A)(iv). (•	·	. •			
6 🔲	A federal, state, or local go		nental unit described in	section 17	70(b)(1)(A)	(v).		
7 X	An organization that norma	_					he general	public described in
	section 170(b)(1)(A)(vi). (C	•	,	J			•	•
8 🗀	A community trust describ		(1)(A)(vi). (Complete Par	t II)				
9 🔲	An organization that norma				contributi	ons. member	ship fees, a	nd gross receipts from
	activities related to its exer	•	•	-			-	*
	income and unrelated bus							
	See section 509(a)(2). (Co		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				3	
10 🔲	An organization organized	•	ively to test for public sa	afety See	section 50	09(a)(4).		
11 🔲	An organization organized	•		-			arry out the	purposes of one or
	more publicly supported o	•	•	•			-	•
	lines 11a through 11d that	•						
a 🗆	Type I. A supporting org	• •			•		_	aivina
	the supported organizati	•				-		
	organization You must		· . ·					
ь 🗆	Type II. A supporting org	=		tion with it	s support	ed organizatio	on(s), by ha	vina
	control or management	•				-		
	organization(s) You mus			,				F
c \square	☐ Type III functionally into	•		in connec	tion with.	and functiona	llv integrate	ed with.
• –	its supported organization	- T	Ī Ī				,	,
a \square	Type III non-functional						rted organi	zation(s)
-	that is not functionally in						_	
	requirement (see instruc	•		•		•		
e 🗆	Check this box if the org	•	•				II. Type III	
	functionally integrated, o					, , , , , , , , , , , , , , , , , ,	, .,,,	
f Ent	er the number of supported							
	vide the following informatio	<u> </u>	ed organization(s)					
	(ı) Name of supported	(ii) EIN	(III) Type of organization	(iv) Is the o	rganization	(v) Amount of	monetary	(vi) Amount of
	organization		(described on lines 1 9	listed i governing o	n your document?	support		other support (see
			above (see instructions))	Yes	No	ınstruct	ions)	instructions)
	· · · · · · · · · · · · · · · · · · ·			<u> </u>				
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Total				1	•			

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 FORT LAUDERDALE FIRE & SAFETY MUSEUM INC20-3236550 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II. (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) (f) Total (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 1 Gifts, grants, contributions, and membership fees received (Do not 13,159. 60,022. 65,082. 17,006. 25,328. 180,597. include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 13,159. 60,022. 65,082. 17,006. 25,328. 180,597. 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 180,597. 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2011 (d) 2014 (e) 2015 (f) Total (b) 2012 (c) 201365,082. 13,159. 60,022. 17,006. 25,328. 180,597. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 5,251. 33. 4,610. 9,894. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 190,491. 11 Total support. Add lines 7 through 10 68,621. 12 Gross receipts from related activities, etc (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 94.81 14 14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 15 15 Public support percentage from 2014 Schedule A, Part II, line 14 16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and $\triangleright X$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2015

b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

RETROACTIVE REINSTATEMENT
Schedule A (Form 990 or 990-EZ) 2015 FORT LAUDERDALE FIRE & SAFETY MUSEUM INC 20 – 3 2 3 6 5 5 0 Page 3
Part III Support Schedule for Organizations Described in Section 509(a)(2)

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			rganization failed t	o qualify under P	art II I	f the organiz	ation fails to
	elow, please comp	plete Part II)				/	
	4 3 0044	# N 0040	4-) 0040	(4) 0014		/ -> 0045	(f) Total
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ness under section 513			/	, 			
Tax revenues levied for the organ-	·				1		
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or expended on its behalf			/		1		
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rom other than disqualified persons that		/					
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ion B. Total Support			•				
dar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014		(e) 2015	(f) Total
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and income from similar sources	/	<u> </u>			<u> </u>		
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· '	/	l.			+		
	/	<u> </u>			+		
	/						
	/						
9					+		
or loss from the sale of capital	/						
	/	-			1		
	the organization's	s first, second, thi	rd, fourth, or fifth ta	ax vear as a secti	on 501	(c)(3) organi	zation,
	/	, , .	,				
	ic Support De	rcentage					
tion C. Computation of Pupi	ic ouppoit i e						
Public support percentage for 2015 (column (f))	<u> </u>	15		%
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Public support percentage for 2015 (I	ine 8, column (f) d Schedule A, Part	livided by line 13, III, line 15					%
Public support percentage for 2015 (I Public support percentage from 2014 tion D. Computation of Investion of Investigation of Investigation of Investigation of Investigation (Investment Income percentage for 20	ine 8, column (f) d Schedule A, Part stment Incom 115 (line 10c, colu	livided by line 13, III, line 15 e Percentage mn (f) divided by li			16		%
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	qualify under the tests listed be tion A. Public Support dar year (or fiscal year beginning in) Giffs, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose. Gross receipts from activities that are not an unrelated trade or business under section 513. Fax revenues levied for the organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the organization without charge. Total. Add lines 1 through 5. Amounts included on lines 1, 2, and 3 received from disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. Add lines 7a and 7b. Public support. (Subtractine 7c from line 6). Bross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income less section 511 taxes) from businesses and income from unrelated businesses activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). First five years. If the Form 990 is for check this box and stop here.	qualify under the tests listed below, please compition A. Public Support dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose. Gross receipts from activities that are not an unrelated trade or business under section 513. Fax revenues levied for the organization's benefit and either paid to be expended on its behalf. The value of services or facilities furnished by a governmental unit to the organization without charge. Fotal. Add lines 1 through 5. Amounts included on lines 2 and 3 received from other than disqualified persons. Amounts included on lines 2 and 3 received from other than disqualified persons. Amounts included on lines 2 and 3 received from other than disqualified persons. Amounts included on lines 2 and 3 received from other than disqualified persons. Amounts included on lines 2 and 3 received from other than disqualified persons. Amounts included on lines 2 and 3 received from other than disqualified persons. Amounts included on lines 2 and 3 received from other than disqualified persons. Amounts included on lines 2 and 3 received from other than disqualified persons. Amounts included on lines 2 and 3 received from other than disqualified persons. And lines 7a and 7b. Public support. 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Public Support dar year (or fiscal year beginning in) (a) 2011 (b) 2012 Sifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Fax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities urnished by a governmental unit to the organization without charge Fotal. Add lines 1 through 5 Amounts included on lines 1, 2, and 8 received from disqualified persons that its section of the greater of \$5,000 or 196 of the immount on line 13 for the year Add lines 7a and 7b Public support. 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Public Support dar year (or fiscal year beginning in) ▶ (a) 2011 (b) 2012 (c) 2013 (d) 2014 jifts, grants, contributions, and nembership fees received (Do not houde any 'unusual grants') jicos a receipts from admissions, and nembership fees received (Do not houde any 'unusual grants') jicos a receipts from admissions, and nembership fees received (Do not houde any 'unusual grants') jicos a receipts from admissions, and nembership fees received promode, or facilities are not an unrelated trade or busness cross receipts from activities that are not an unrelated trade or busness under section 513 fizar verious levied for the organization's benefit and either paid to prevended on its behalf file value of services or facilities urnished by a governmental unit to the organization without charge fotal. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons with asked the greater of solice in line 3 for the year (error other than dequalified persons but asked the greater of solice in line 3 for the year (error other than dequalified persons but asked the greater of solice in line 3 for the year (error other than dequalified persons but asked the greater of solice in line 3 for the year (error other than dequalified persons but asked the greater of solice in line 3 for the year (error other than dequalified persons but asked the greater of solice in line 3 for the year (error other than dequalified persons but asked the greater of solice in line 3 for the year (error other degrants) and the year (error other lines and year beginning in) ▶ (a) 2011 (b) 2012 (c) 2013 (d) 2014 (d) 2014 (e) 2014 (e) 2014 (e) 2015 (e) 2013 (d) 2014 (e) 201	dar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (e) 2014 (e) 2015

Schedule A (Form 990 or 990-EZ) 2015 FORT LAUDERDALE FIRE & SAFETY MUSEUM INC20-3236550 Page 4

Part IV | Supporting Organizations

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

	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V)			
Sec	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No" describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status	•		
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		-
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
_	purposes	_4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		
D	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b 5c		
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	50		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	-		
•	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	_	\vdash	-
J	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
Q2	Was the organization controlled directly or indirectly at any time during the tax year by one or more			-
Ja	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	In section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
h	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			!
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
_	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			1
٠	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section		\Box	
.va	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			•
	supporting organizations)? If "Yes," answer 10b below	10a		
h	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	,,,,,,,]
	determine whether the organization had excess business holdings)	10b		

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Schedule A (Form 990 or 990-EZ) 2015 FORT LAUDERDALE FIRE & SAFETY MUSEUM INC 20 - 3236550 Page 5 Supporting Organizations (continued) Yes 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) 11a below, the governing body of a supported organization? b A family member of a person described in (a) above? 11b c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year 1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, 2 supervised, or controlled the supporting organization Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed 1 the supported organization(s) Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s) 2 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's 3 supported organizations played in this regard Section E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions): The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below b The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) No Yes Activities Test Answer (a) and (b) below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined 2a that these activities constituted substantially all of its activities b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these 2b activities but for the organization's involvement 3 Parent of Supported Organizations Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. За b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard 3b

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	dule A (Form 990 or 990-EZ) 2015 FORT LAUDERDALE FIRE & Type III Non-Functionally Integrated 509(a)(3) Supportin			20-3236550 Page 6		
1	Check here if the organization satisfied the Integral Part Test as a qualifying			ictions All		
•	other Type III non-functionally integrated supporting organizations must co			1000013. All		
Section A - Adjusted Net Income (A) Prior Year (B) Current Year (optional)						
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3	4				
5	Depreciation and depletion	5		•		
6	Portion of operating expenses paid or incurred for production or					
-	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6	, '			
7	Other expenses (see instructions)	7		,		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		4		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see			-		
	instructions for short tax year or assets held for part of year)					
a	Average monthly value of securities	1a				
b	Average monthly cash balances	1b	•			
	Fair market value of other non-exempt-use assets	1c				
	Total (add lines 1a, 1b, and 1c)	1d				
e	Discount claimed for blockage or other					
	factors (explain in detail in Part VI)					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d	3				
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,					
	see instructions)	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 035	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount		- <u>- </u>	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	<u>-</u>			
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions)	6				
7	Check here if the current year is the organization's first as a non-functional	ly-integra	ted Type III supporting org	anization (see		
	instructions)			•		

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 FORT LAUDERDALE FIRE & SAFETY MUSEUM INC20-3236550 Page 7 Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2015 from Section C, line 6 10 Line 8 amount divided by Line 9 amount (i) (ii) (mi) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2015 Amount for 2015 Distributable amount for 2015 from Section C, line 6 2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) Excess distributions carryover, if any, to 2015 a l ьΙ c [d From 2013 e From 2014 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2015 distributable amount i Carryover from 2010 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f.

	any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			,
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c			
8	Breakdown of line 7.			
а	1			
b	1		-	·
С	Excess from 2013	•		
d	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2015

e Excess from 2015

Distributions for 2015 from Section D,

a Applied to underdistributions of prior years
 b Applied to 2015 distributable amount
 c Remainder Subtract lines 4a and 4b from 4
 5 Remaining underdistributions for years prior to 2015, if

Schedule A	(Form 990 or 990-EZ) 2015 FOR I	LAUDERDALE FIF	RE & SAFETY MUS	EUM INC20-3236550 Page 8
Part VI	Supplemental Information Part IV, Section A, lines 1, 2, 3b, 3c line 1, Part IV, Section D, lines 2 an Section D, lines 5, 6, and 8, and Pa	Provide the explanations rec c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a d 3. Part IV. Section E. lines 1	uired by Part II, line 10, Part a, 11b, and 11c, Part IV, Sect c. 2a. 2b. 3a and 3b. Part V.	II, line 17a or 17b, Part III, line 12, ion B, lines 1 and 2, Part IV, Section C, line 1; Part V, Section B, line 1e, Part V,
	(See instructions)			

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SCHEDULE 0 (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

Open to Public Inspection

Name of the organization FORT LAUDERDALE FIRE & SAFETY MUSEUM INC	Employer identification number
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:	
DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST INCOME	2,564.
DIVIDEND INCOME	2,677.
CAPITAL GAIN DISTRIBUTIONS	10.
TOTAL INCLUDED ON FORM 990-EZ, LINE 4	5,251.
FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:	
ACTIVITY CLASSIFICATION:	
AMOUNT GIVEN:	2,500.
FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, UTILITIES,	AND MAINTENANCE:
DESCRIPTION OF EXPENSES:	AMOUNT:
DEPRECIATION	8,006.
OTHER EXPENSES	13,034.
TOTAL TO FORM 990-EZ, LINE 14	21,040.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
ML BANK FEES	150.
EVENT SUPPLIES	5,293.
WEBSITE	320.
OFFICE SUPPLIES	816.
SUNTRUST BANK FEES	13.
LICENSES & FEES	130.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532211 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

SCHEDULE 0

(Form 990 or 990-EZ)

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.

OMB No 1545-0047 Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

Inspection

Name of the organization FORT LAUDERDALE FIRE & SAFETY MUS		loyer identification number 0 – 3 2 3 6 5 5 0
MISCELLANEOUS		86.
TOTAL TO FORM 990-EZ, LINE 16	•	6,808.
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:		
DESCRIPTION	BEG. OF YEAR	R END OF YEAR
DEPOSITS	475	. 475.
OTHER DEPRECIABLE ASSETS	192,327	. 186,749.
TOTAL TO FORM 990-EZ, LINE 24	192,802	. 187,224.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - F	RIMARY EXEM	PT PURPOSE IS
TO RESTORE AND FURNISH AN HISTORIC FIRESTATION TO	ITS ORIGIN	AL
AMBIENCE, AND TO USE IT TO SHOWCASE THE HISTORY,	TRADITION,	AND SERVICE
OF THE FORT LAUDERDALE FIRE DEAPRTMENT AND ITS HE	EROES.	
FORM 990-EZ, PART V, INFORMATION REGARDING PERSON	NAL BENEFIT	CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE	E ANY FUNDS	, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENE	FIT CONTRAC	r.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY A	NY PREMIUMS	, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.		
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Schedule O (Form 990 or 990-EZ) (2015)

Page 2

Name of the organization FORT LAUDERDALE FIR	E & SAFETY	MUSE	UM INC	Employer id	dentific	ation number 50
Part IV List of Officers, Directors, Trustees, and Key	y Employees. Lis	t each one e	ven if not compensa	ited (see the inst	ructions f	or Part IV)
(a) Name and title	(b) Average of per week developer week developer position	hours oted to	(C) Reportable compensation (Fo W-2/1099-MISI (If not paid, enter	rms (d) Health contributemployee	benefits, tions to benefit deferred asation	(e) Estimated amount of other compensation
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