

Statute clear 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)

Department of the Treasury

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

Open to Public Inspection

949227507513

1		ende Service		1110	<u> </u>
Ξ <u>4</u>		e 2017 calendar year, or tax year beginning	and ending	D.F	
⊣ ₹	Check if applicat	C Name of organization		U Employer id	entification number
`	Addr	ess change			
7	Nam	e change FORT LAUDERDALE FIRE & SAFETY			36550
¤⊑	Initia	Number and street (or P.O. box, if mail is not delivered to street add 1022 W LAS OLAS BLVD	ress) Room/suite	E Telephone r	
7 📙	termi			954-6	663-2081
3 _	Ame	onded return City or town, state or province, country, and ZIP or foreign postal co	\sim 2	F Group Exem	ption
ہ∟		ation pending FT LAUDERDALE, FL 33312	٥٦	Number 🕨	
		nting Method: X Cash Accrual Other (specify) ▶			X If the organization is
		te: ► HTTPS://FORTLAUDERDALEFIREMUSEU			I to attach Schedule B
_		tempt status (check only one) $- \lfloor X \rfloor 501(c)(3) \rfloor 501(c)() \blacktriangleleft (instance)$	· · · · · · · · · · · · · · · · · · ·	(Form 990,	990-EZ, or 990-PF).
		of organization: X Corporation Trust Association	Other		
		ies 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$20	00,000 or more, or if total assets (Part I		40 504
_		n (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		<u>\$</u>	10,704.
LP	art i	Revenue, Expenses, and Changes in Net Assets o		or Part	1)
		Check if the organization used Schedule 0 to respond to any question in thi	s Par		(<u>X</u> (
	1 1	Contributions, gifts, grants, and similar amounts received		1	5,449.
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments	CEE COURDINE O	3	<u> </u>
	4	Gross amount from sales of assets other to a surventury	SEE SCHEDULE O	4	5,255.
	5a	Gross amount from sale of assets other that uventary	5a		
	b	Less. cost of the phasis and sales expenses	5b	─ <u>,</u>	
	٦	Gain or (loss and sale Alesset Sothe பிழிவ் investory (Subtract line 5b from I	iline 5a)	5c	
	6	Gaming and fine raising events	-C) \		CTATUTE UNIT
ïe	a	Gross income from the property Scheme G Beater than)		STATULE UNIT
Revenue		\$15,000) Gross income from fundraising events (not including \$	of contributions		PECEINER
æ	"	from fundraising events reported on line 1) (attach Schedule G if the sum of s			MAR 2 5 2021
		gross income and contributions exceeds \$15,000)	6b		WAN Z D ZUZI
	c	Less, direct expenses from gaming and fundraising events	6c		TPR BRANCH
	ď	Net income or (loss) from gaming and fundraising events (add lines 6a and 6l	L	64	OGDEN
		Gross sales of inventory, less returns and allowances	7a	"	- \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	'u	Less: cost of goods sold	7b		
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		70	
	8	Other revenue (describe in Schedule O)		8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		▶ 9	10,704.
_	10	Grants and similar amounts paid (list in Schedule 0)	SEE SCHEDULE O	10	2,500.
	11	Benefits paid to or for members		11	
õ	12	Salaries, other compensation, and employee benefits		12	· - ·
Expenses	13	Professional fees and other payments to independent contractors		13	774.
ę,	14	Occupancy, rent, utilities, and maintenance	SEE SCHEDULE O	14	12,876.
ũ	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe in Schedule O)	SEE SCHEDULE O	16	6,007.
	17	Total expenses. Add lines 10 through 16		▶ 17	22,157.
<u></u>	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-11,453.
Net Assets	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	286,678.
é	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	275,225.
	A Fa	- Department Deduction Act Notice, see the congrete instructions			Form 000-E7 (2017)

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FORT LAUDERDALE FIRE & SAFETY MUSEUM INC

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,Pa	art II Balance Sheets (see the instructions for Part II)					
	Check if the organization used Schedule O to resp	oond to any questic	on in this Part II			X
			(A) Beginning of year		(B) E	nd of year
22	2 Cash, savings, and investments		104,105	. 22		97,914.
23				23		0.
24	ann agunnu n)	182,573	• 24		$\overline{177,311.}$
25			286,678	• 25		275,225.
26			0	$\overline{}$		0.
27	·		286,678			275,225.
_	art III Statement of Program Service Accomplishmen	nts (see the instruc		1	 	penses
LF	Check if the organization used Schedule O to response	-		X		for section
18/h.	at is the organization's primary exempt purpose? SEE SCHEDULE O		OH III tills I alt III	ليقطيا		and 501(c)(4)
					organization others.)	ons; optional for
	cribe the organization's program service accomplishments for each of its three largest program iner, describe the services provided, the number of persons benefited, and other relevant inform		nses. In a clear and concise		**********	
	WELLOW THE CONTROL THE TAX THE TAX					
28	MEMORIAL CEREMONIES FOR FALLEN FIRE	FIGHTERS				
			-		!	
						F 010
	(Grants \$) If this amount includes foreign of		•	<u></u>	28a	5,219.
29	MAINTAIN & PROMOTION OF AN HISTORIC	FIRE STATIC	ON. FIRE			
	SAFETY EDUCATION.					
						0 011
	(Grants \$) If this amount includes foreign of	grants, check here	<u> </u>	<u> </u>	29a	9,811.
30	GRANT OF SCHOLARSHIPS FOR RELATIVE					
	DEPARTMENT FAMILY MEMEBER (GRANTED	AND RETRACTI	ED)			
	(Grants \$ 2,500 •) If this amount includes foreign of	grants, check here	•		30a	
31	Other program services (describe in Schedule O)				1	
	(Grants \$) If this amount includes foreign of	grants, check here	•		31a	
32	Total program service expenses (add lines 28a through 31a)				32	15,030.
P	art IV List of Officers, Directors, Trustees, and Key E	mployees (list each on	ne even if not compensated -	see the	instructions f	or Part IV)
	Check if the organization used Schedule O to res	pond to any questi	on in this Part IV			X
_		(b) Average hours	(C) Reportable	(d) He	alth benefits,	(e) Estimated
	(a) Name and title	per week devoted to	compensation (Forms W-2/1099-MISC)	emple	ributions to byee benefit	amount of other
	(-)	position	(if not paid, enter -0-)	plans, com	and deferred pensation	compensation
JC	OHN HEISER					
	RESIDENT	20.00	0.		0.	0.
	ERALD BAGWELL		-			
	ICE PRESIDENT	10.00	0.		0.	0.
	ICHAEL RAUCH					
_	REASURER	5.00	0.		0.	0.
	HRISSY DOYLE					
	ECRETARY	3.00	0.		0.	0.
	JRI GRIJALVA	3.00				
	RUSTEE	0.10	0.		0.	0.
		- 0.10	- 0.			· ·
	IM HEISER	0 10	0.		0.	_
	RUSTEE	0.10	<u> </u>		<u> </u>	0.
	YNNDA BUTLER				^	_
	RUSTEE	0.10	0.		0.	0.
	IKE GRADY				^	_
			0.		0.	0.
	RUSTEE	0.10				
	ILLIAM SHARP					
	ILLIAM SHARP RUSTEE	0.10	0.		0.	0.
DŪ	ILLIAM SHARP RUSTEE USTIN MILLER	0.10	0.			
DŪ	ILLIAM SHARP RUSTEE				0.	0.
DI TF	ILLIAM SHARP RUSTEE USTIN MILLER	0.10	0.			
DI TF	ILLIAM SHARP RUSTEE USTIN MILLER RUSTEE	0.10	0.			
TF DZ TF	ILLIAM SHARP RUSTEE USTIN MILLER RUSTEE AVID PARKER RUSTEE	0.10	0.		0.	0.
TF DZ TF CC	ILLIAM SHARP RUSTEE USTIN MILLER RUSTEE AVID PARKER RUSTEE COLLEEN SMITH	0.10 0.10 0.10	0.		0.	0.
THE COUNTY	ILLIAM SHARP RUSTEE USTIN MILLER RUSTEE AVID PARKER RUSTEE	0.10	0.		0.	0.





_	1990-EZ (2017) FORT LAUDERDALE FIRE & SAFETY MUSEUM INC 20-3236	550	١,)
				Page 3
Ŗа	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Sch. O to respond to any question in this	Part	e \/	X
	instructions for Part V.) Check if the organization used Schr O to respond to any question in this	$\overline{}$	Yes	
00	Did the account of a constraint and account on the province of the province of the province of detailed description of each		162	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
24	activity in Schedule 0 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended	-33		- 11
34	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule 0 (see instructions)	34		х
25.	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
33 a	on lines 2, 6a, and 7a, among others)?	35a		х
	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b	N/	
	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		/	<u> </u>
·	requirements during the year? If "Yes," complete Schedule C, Part III	35c		х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
00	complete applicable parts of Schedule N	36		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0			
	Did the organization file Form 1120-POL for this year?	37b		X
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
	Section 501(c)(7) organizations. Enter:			•
а	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities 39b N/A		•	
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ 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		X
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
đ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			
	by the organization 0.		,	Ì
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			X
	transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed ► FL The organization's books are in care of ► FORT LAUDERDALE FIRE & SAFET Telephone no. ► 954-66	3_2	<u> </u>	
42 a	Located at \triangleright 1022 W LAS OLAS BLVD, FT LAUDERDALE, FL ZIP+4 \triangleright 3			
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority		<u> </u>	-
U	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		X
	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).			
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
	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			
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		X
þ	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead		ļ	17
	of Form 990-EZ	44b		X
	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
	ın Schedule O	44d	ı	1

Form 990-EZ (2017)

45a

45b

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

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)





orm 990-EZ	(2017) FORT LAUDERDALE FIRE & SA	AFETY MUSEUM	INC	20-32365	50	Page
6 Did the o	organization engage, directly or indirectly, in political campaign activiti	nes on behalf of or in opposition	n to candidates for pi	ublic office?	Yes	No
If "Yes,"	complete Schedule C, Part I	······································	·		46	x
Part VI	Section 501(c)(3) organizations only			· · · · · · · · · · · · · · · · · · ·		
	All section 501(c)(3) organizations must answer questions 47	7-49b and 52, and complet	e the tables for line	s 50 and 51.		
	Check if the organization used Schedule O to respond to an	y question in this Part VI.				
				_	Yes	No
7 Did the o	organization engage in lobbying activities or have a section 501(h) ele	ction in effect during the tax y	ear? If "Yes," complete	Sch. C, Part II	47	X
8 Is the or	rganization a school as described in section 170(b)(1)(A)(ii)? If "Yes,"	complete Schedule E			48	X
9a Did the o	organization make any transfers to an exempt non-charitable related o	organization?			49a	X
	was the related organization a section 527 organization?				49b	
Complet	te this table for the organization's five highest compensated employee	s (other than officers, director	s, trustees, and key e	mployees) who ea	ch received	l more
than \$10	00,000 of compensation from the organization. If there is none, enter	"None."				
	(a) Name and title of each employee	(b) Average hours	(C) Reportable compensation (Forms	(d) Health benefits, contributions to	(e) Estir	
		per week devoted to position	W-2/1099-MISC)	employee benefit plans, and deterred	amount o	
	NONE	position		compensation	compen	Sauon
		1			ĺ	
					<u> </u>	
		↓			l	
		4]	
		 			<u> </u>	
		4			l	
		<u> </u>				
		. ↓			Į.	
	imber of other employees paid over \$100,000	<u>.l</u>	<u> </u>		L	
	te this table for the organization's five highest compensated independe	ent contractors who each rece	ived more than \$100.	000 of compensat	on from th	e
	ation. If there is none, enter "None." NONE					
	Name and business address of each independent contractor	(b)	Type of service	(c) Co	ompensatio	ח
				l		
				<u> </u>		
d Total nur	mber of other independent contractors each receiving over \$100,000					
2 Did the o	organization complete Schedule A? Note : All section 501(c)(3) organiz	zations must attach a			_	
	ed Schedule A				Yes [N
	es of perjury, I declare that I have examined this return, including acco				e and belie	f, it is
ue, correct, a	and complete. Declaration of preparer (other than officer) is based on	all information of which prepai	rer has any knowledge	B		
.	Signature of officer			2/19/	21_	
ign	•			Date /		
iere	NATHAN MORRIS, PRESIDENT Type or print name and title					
		1			···	
	Print/Type preparer's name Preparer's signature	Date /	/ Check) if PTIN		
Paid	L	11/0/ 12/10	self- employ	l l		
reparer	TODD KESTERSON	////	0	1	<u>90613</u>	
se Only	Firm's name KAUFMAN ROSSIN & CO., F		Firm's EIN	▶ 59-181		
	Firm's address ► 3310 MARY STREET, SUI	TE 501	Phone no.	3058585	600	
	MIAMI, FL 33133					
lay the IRS di	iscuss this return with the preparer shown above? See instructions .			N 32	T.,	No
	iscuss this return with the preparer shown above? See histractions.	<u> </u>	 	<u> ▶ LX</u>	Yes	
	iscuss this fermit with the preparer shown above? See instructions.		······································		Mes L	

732174 11-22-17





SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

2017

Open to Public Inspection

Employer identification number Name of the organization 20-3236550 FORT LAUDERDALE FIRE & SAFETY MUSEUM INC 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in 7 section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 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 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) 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 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. 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. ☐ 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. 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. 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 Provide the following information about the supported organization(s) (iv) Is the organization listed (iii) Type of organization (v) Amount of monetary (vi) Amount of other (ı) Name of supported (ii) EIN your governing document's (described on lines 1-10 support (see instructions) support (see instructions) organization above (see instructions))

2017.06030 FORT LAUDERDALE FIRE & SAFE 62895001

Total





Schedule A (Form 990 or 990 EZ) 2017 FORT LAUDERDALE FIRE & SAFETY MUSEUM INC20-3236550 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	65,082.	17,006.	25,328.	11,489.	5,449.	124,354.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to		ì				
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to]				
	the organization without charge	55 000	45.00			- 5 446	404 054
	Total. Add lines 1 through 3	65,082.	17,006.	25,328.	11,489.	5,449.	124,354.
5	The portion of total contributions			j			
	by each person (other than a	[
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the	ŀ					
	amount shown on line 11,	i					
	column (f)				-		
	Public support. Subtract line 5 from line 4						124,354.
	ction B. Total Support	··					
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	65,082.	17,006.	25,328.	11,489.	5,449.	124,354.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,		4 610	5 054	- 0-0	- 0	00 000
	and income from similar sources		4,610.	5,251.	5,252.	5,255.	20,368.
9	Net income from unrelated business						
	activities, whether or not the					į	
	business is regularly carried on						
10	Other income. Do not include gain			į			
	or loss from the sale of capital			i			
	assets (Explain in Part VI.)						111 500
11	Total support. Add lines 7 through 10			-		<u></u>	144,722.
12	Gross receipts from related activities	•	•			12	24,566.
13	First five years. If the Form 990 is fo	•	first, second, third	d, fourth, or fifth ta	ıx year as a sectio	n 501(c)(3)	. \square
Se	organization, check this box and storection C. Computation of Pub	p here lic Support Per	rcentage				<u> </u>
	Public support percentage for 2017 (olumn (f))		14	85.93 %
	Public support percentage from 2016			.,,		15	92.21 %
	33 1/3% support test - 2017. If the			n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	•					$\triangleright X$
t	33 1/3% support test - 2016. If the		-		line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual					·	ightharpoons
17a	10% -facts-and-circumstances tes				13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	•					
	meets the "facts-and-circumstances"					J	ightharpoons
ŀ	10% -facts-and-circumstances tes	•	·		-	17a, and line 15 is	10% or
•	more, and if the organization meets the	-					
	organization meets the "facts-and-cire						
18	Private foundation. If the organization						s 🕨
						dule A (Form 990	





Schedule A (Form 990 or 990-EZ) 2017 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)

(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

Section A. Public registery are algebraic to the section of the common of the section of the sec	Section A. Public Support	elow, please comp	olete Part II)					
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Schedule A (Form 990 or 990 EZ) 2017 FORT LAUDERDALE FIRE & SAFETY MUSEUM INC 20 - 3236550 Page 4

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
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3a	-	1
<u> </u>		
3b		
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	dule A (Form 990 or 990 EZ) 2017 FORT LAUDERDALE FIRE & SAFETY MUSEUM INC 20 - 32	3033	U Pa	age 5
Pai	t IV Supporting Organizations (continued)		l v	
44	Use the experimental excepted a gift or contribution from any of the following persons?	2.1	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			,
а	below, the governing body of a supported organization?	11a	~	
h	A family member of a person described in (a) above?	11b	i –	
	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		
	tion B. Type I Supporting Organizations	1,10		<u> </u>
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	_	,	-
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	4	ľ	ľ
	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,		١.	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			<u> </u>
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	<u> </u>	<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported	Ľ		
	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,		<u></u>	
_	supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations		T	Γ
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	5		,
	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			
500	the supported organization(s) tion D. All Type III Supporting Organizations	1	<u> </u>	<u> </u>
360	tion B. All Type in 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		163	140
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			ł
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			1
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		-
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's	:		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instructions).		
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see ins	truction		
2	Activities Test Answer (a) and (b) below.	-	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	ļ,		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1		
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1		
	how the organization was responsive to those supported organizations, and how the organization determined	- -		
	that these activities constituted substantially all of its activities	2a		
Þ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		l.	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		ľ	ľ
	reasons for the organization's position that its supported organization(s) would have engaged in these			
•	activities but for the organization's involvement	- 20	٠.	\vdash
3	Parent of Supported Organizations Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			1
а	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	- Ja		;~
J	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		
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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

other Type III non-functionally integrated supporting organizations must complete Sections A through E. Section A - Adjusted Net Income (A) Prior Year (S) Current Year (optional) 1 Net short-term capital gain 2 Recoveres of prior-year distributions 2 Candings of through Same of the Same Same Same Same Same Same Same Sam	1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (explain in	Part VI) See instructions. All
Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 2 Recoveres of priory-year distributions 3 Other gross income (see instructions) 3 Other gross income (see instructions) 4 Add lines 1 through 3 5 Depreciation and depletion 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 Portion of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (P) 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 1 C Fair market value of often ron-exempt-use assets 1 b C C Fair market value of often ron-exempt-use assets 1 c c d Total (add lines 1a, 1b, and 1c) 2 Discount claimed for blockage or other factors (explain in detail in Part VI) 2 Acquisition indebtedness applicable to non-exempt-use assets 2 2 3 Subtract line 2 from line 1 d 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 035 7 Recovering of prior year distributions 7 Recovering of prior year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 Enter greater of line 2 or line 3 1 Algusted retinenance for proy year (from Section B, line 8, Column A) 3 Income tax imposed in proy year (from Section B, line 8					
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c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI) 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d 3 Subtract line 2 from line 1d 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) 4 See instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 035 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 Enter greater of line 2 or line 3 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see	а	Average monthly value of securities	1a		
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6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 Cirrent Year 2 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Renter greater of line 2 or line 3 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see		see instructions)	4		
7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 2 Inter greater of line 2 or line 3 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see	5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 4 Income tax imposed in prior year 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see	6	Multiply line 5 by 035	6		
Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 4 Income tax imposed in prior year 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see	_7_	Recoveries of prior-year distributions	7		
1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3 4 Income tax imposed in prior year 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see	_8_	Minimum Asset Amount (add line 7 to line 6)	8		
2 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 4 Income tax imposed in prior year 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see	Sect	ion C - Distributable Amount			Current Year
3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 4 Income tax imposed in prior year 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see	1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	<u> </u>	
4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see	2	Enter 85% of line 1	2	·-	
5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see	3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see	4	Enter greater of line 2 or line 3	4		
emergency temporary reduction (see instructions) 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see	5	Income tax imposed in prior year	5		
7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see	6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
		emergency temporary reduction (see instructions)	6		
instructions).	7	Check here if the current year is the organization's first as a non-functional	ly integra	ated Type III supporting org	ganization (see
		instructions).			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990 EZ) 2017 FORT LAUDERDA			0-3236550 Page 7
Part V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomplish exe	empt purposes		
2 Amounts paid to perform activity that directly furthers exemp	pt purposes of supported		
organizations, in excess of income from activity			
3 Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval required)			
6 Other distributions (describe in Part VI) See instructions	·		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations to which t	he organization is responsive	e	
(provide details in Part VI) See instructions			
9 Distributable amount for 2017 from Section C, line 6			
10 Line 8 amount divided by line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reason-			
able cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
al			
b From 2013			
c From 2014		•	
d From 2015			}
e From 2016		٠	
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			1
4 Distributions for 2017 from Section D.			
line 7:			ļ
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if			
any Subtract lines 3g and 4a from line 2 For result greater			
than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h			<u></u>
and 4b from line 1. For result greater than zero, explain in			
Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3			1
and 4c			
8 Breakdown of line 7			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			1
d Excess from 2016			<u> </u>
e Excess from 2017			
E LACESS HOITI ZOTI		Cohodulo A (Form 990 or 990-FZ) 2017

Schedule A (Form 990 or 990-EZ) 2017



SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

Open to Public

OMB No 1545-0047

Inspection

FORT LAUDERDALE FIRE & SAFETY MUSEUM INC

Employer identification number 20-3236550

FORT LAUDERDALE FIRE & SAFETY MUSEUM INC	20-3236550
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:	
DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST INCOME	2,567.
DIVIDEND INCOME	2,683.
CAPITAL GAIN DISTRIBUTIONS	5.
TOTAL INCLUDED ON FORM 990-EZ, LINE 4	5,255.
FORM 990-EZ, PART I, LINE 10, GRANTS AND SIMILAR AMOUNTS	PAID:
ACTIVITY CLASSIFICATION:	
AMOUNT GIVEN:	2,500.
FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, UTILITIES,	AND MAINTENANCE
DESCRIPTION OF EXPENSES:	AMOUNT:
DESCRIPTION OF EXPENSES:	AMOUNT:
DESCRIPTION OF EXPENSES: DEPRECIATION	AMOUNT: 7,460.
DESCRIPTION OF EXPENSES: DEPRECIATION OTHER EXPENSES	AMOUNT: 7,460. 5,416.
DESCRIPTION OF EXPENSES: DEPRECIATION OTHER EXPENSES TOTAL TO FORM 990-EZ, LINE 14	AMOUNT: 7,460. 5,416.
DESCRIPTION OF EXPENSES: DEPRECIATION OTHER EXPENSES TOTAL TO FORM 990-EZ, LINE 14 FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	AMOUNT: 7,460. 5,416. 12,876.
DESCRIPTION OF EXPENSES: DEPRECIATION OTHER EXPENSES TOTAL TO FORM 990-EZ, LINE 14 FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: DESCRIPTION OF OTHER EXPENSES:	AMOUNT: 7,460. 5,416. 12,876. AMOUNT:
DESCRIPTION OF EXPENSES: DEPRECIATION OTHER EXPENSES TOTAL TO FORM 990-EZ, LINE 14 FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: DESCRIPTION OF OTHER EXPENSES: ML BANK FEES	AMOUNT: 7,460. 5,416. 12,876. AMOUNT: 150.
DESCRIPTION OF EXPENSES: DEPRECIATION OTHER EXPENSES TOTAL TO FORM 990-EZ, LINE 14 FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: DESCRIPTION OF OTHER EXPENSES: ML BANK FEES EVENT SUPPLIES	AMOUNT: 7,460. 5,416. 12,876. AMOUNT: 150. 5,219.
DESCRIPTION OF EXPENSES: DEPRECIATION OTHER EXPENSES TOTAL TO FORM 990-EZ, LINE 14 FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: DESCRIPTION OF OTHER EXPENSES: ML BANK FEES EVENT SUPPLIES OFFICE SUPPLIES	AMOUNT: 7,460. 5,416. 12,876. AMOUNT: 150. 5,219. 208.
DESCRIPTION OF EXPENSES: DEPRECIATION OTHER EXPENSES TOTAL TO FORM 990-EZ, LINE 14 FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: DESCRIPTION OF OTHER EXPENSES: ML BANK FEES EVENT SUPPLIES OFFICE SUPPLIES SUNTRUST/CHASE BANK FEES LICENSES & FEES TOTAL TO FORM 990-EZ, LINE 16	AMOUNT: 7,460. 5,416. 12,876. AMOUNT: 150. 5,219. 208. 70.

732211 09-07-17



Schedule O (Form 990 or 990-EZ) (2017)				Page 2
Name of the organization FORT LAUDERDALE FIRE & SAFETY MUSEUM	INC		ridentification 236550	n number
				
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:				
DESCRIPTION BEG.	OF	YEAR	END OF	YEAR
DEPOSITS		<u>47</u> 5.		475.
OTHER DEPRECIABLE ASSETS	182,	098.	176	,836.
TOTAL TO FORM 990-EZ, LINE 24	182,	573.	177	,311.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - PRIMA	סע פ	VEMDE	DIIDDOCE	
			PURPUSE	15
TO RESTORE AND FURNISH AN HISTORIC FIRESTATION TO ITS	ORI	GINAL		
AMBIENCE, AND TO USE IT TO SHOWCASE THE HISTORY, TRAD	ITIO	N, AND	SERVIC	<u>'E</u>
OF THE FORT LAUDERDALE FIRE DEAPRTMENT AND ITS HEROES				
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL B	ENEF	IT CON	TRACTS:	
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE AN	ry FU	NDS, D	IRECTLY	
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT				
			TDECET	·
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY P	KEMI	UMS, D	TRECTLY	•
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.				
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Schedule O (Form 990 or 990-EZ)

Page 2

Name of the organization FORT LAUDERDALE FIRE & SAFETY MUSEUM INC 20-3236550 Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)				
(a) Name and title	(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
MATT WELLS	0.10			
TRUSTEE	0.10	0.	0.	0
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FORM 990-EZ

REASONABLE CAUSE FOR LATE FILING

STATEMENT

THE PRIOR EXECUTIVE DIRECTOR HAD RELIED ON THE ORGANIZATION'S PREVIOUS

TAX PREPARERS TO TIMELY EXTEND AND FILE THE ORGANIZATION'S TAX RETURN. THROUGH A SERIES OF PERSONAL EVENTS AND CIRCUMSTANCES THE EXECUTIVE DIRECTOR HAD BEEN UNDER THE IMPRESSION THAT THE RETURNS WERE BEING PREPARED AND FILED BY THE REQUIRED DEADLINES WHEN, IN FACT, THEY WERE NOT. IN 2020, A NEW EXECUTIVE DIRECTOR TOOK OVER THE ADMINISTRATIVE

RESPONSIBILITIES OF THE ORGANIZATION. UPON LEARNING OF THE DELINQUENCIES IN FILING HE IMMEDIATELY REACHED OUT TO A NEW (VOLUNTEER) CPA IN ORDER TO BRING THE ENTITY INTO FULL COMPLIANCE WITH THE IRS. THE ORGANIZATION IS FILING THE 2014 THROUGH 2019 DELINQUENT TAX RETURNS AND THIS ONLINE FORM 1023 REQUESTING REINSTATEMENT OF THEIR 501(C)(3) STATUS. NEW POLICIES AND PROCEDURES HAVE BEEN IMPLEMENTED WITHIN THE ORGANIZATION TO ENSURE THE TIMELY FILING OF ALL TAX RETURNS GOING FORWARD.

THE FAILURE TO FILE IN PRIOR YEARS WAS NOT WILLFUL AVOIDANCE. GIVEN ALL OF THESE FACTS, WE REQUEST THAT THIS PETITION FOR REASONABLE CAUSE BE ACCEPTED AND THAT REINSTATEMENT OF THE EXEMPTION UNDER 501(C)(3) FOR THE FORT LAUDERDALE FIRE AND SAFETY MUSEUM, INC. BE GRANTED. COPIES OF THE 2014, 2015, 2016, 2017, 2018, AND 2019 FORMS 990 HAVE BEEN SUBMITTED UNDER REVENUE PROCEDURE 2014-11.