Return of Organization Exempt From Income Tax

OMB No. 1545-0047

6

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

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

Open to Public

Inter	mal Reve	enue Service	Go to www.irs.gov/Form990 for instructions and the latest	information.		Inspection		
Α	For the	e 2022 calend	, 20					
в	Check if	f applicable:	C Name of organization Boys & Girls Clubs of Tampa Bay,	D Employer identification number				
	Address	s change	Doing business as	59-0624368				
	Name c	hange	Number and street (or P.O. box if mail is not delivered to street address) F	E Telephone number				
	Initial re	turn	1307 N. MacDill Ave		(813	875-5771		
	Final retu	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code					
	Amende	ed return	Tampa, FL 33607		G Gross	receipts \$8,807,903.		
	Applicat	tion pending	F Name and address of principal officer:	H(a) Is this a gro	oup return fo	or subordinates? 🗌 Yes 🛛 No		
			D.J. Gothe, 1307 N. MacDill Ave, Tampa, FL 336			es included? Yes No		
<u> </u>	Tax-exe	empt status:	▼ 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	If "No," a	ittach a li	st. See instructions.		
J	Website		gctampa.org	H(c) Group e				
1		organization: X		ation: 1977	M State	of legal domicile: FL		
P	art I	Summa						
	1		cribe the organization's mission or most significant activities: \underline{TO} er			people,		
JCe			lly those who need us most, to reach their ful	ll potentia	al as			
nai			ive, caring, responsible citizens.					
vel	2		box if the organization discontinued its operations or disposed ovoting members of the governing body (Part VI, line 1a)		1 1			
ğ	3			3	40			
Activities & Governance	4)	4	40			
/itie	5			5	342			
cti	6		ber of volunteers (estimate if necessary)		6	672		
∢	7a		ated business revenue from Part VIII, column (C), line 12		7a	0.		
	b	Net unrelat	ed business taxable income from Form 990-T, Part I, line 11		7b	0.		
		Contributio	une and superty (Davit) (III line 11)	Prior Year		Current Year		
ue	8		ons and grants (Part VIII, line 1h)	7,646,		8,054,102.		
Revenue	9	-	ervice revenue (Part VIII, line 2g)		727.	51,958.		
Be	10 11		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,365,		14,634.		
	12		ue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		971.	507,219.		
	12		I similar amounts paid (Part IX, column (A), lines 1–3)	9,755,		8,627,913.		
	14		aid to or for members (Part IX, column (A), line 4)	235,	148.	39,750.		
~	15		her compensation, employee benefits (Part IX, column (A), lines 5–10)	4,654,	830	5,270,553.		
Expenses	16a		al fundraising fees (Part IX, column (A), line 11e)	1,051,	037.	5,270,555.		
ben	b		aising expenses (Part IX, column (D), line 25) 956, 893.					
ы	17		enses (Part IX, column (A), lines 11a–11d, 11f–24e)	3,217,	413.	3,509,405.		
	18		nses. Add lines 13–17 (must equal Part IX, column (A), line 25)	8,107,		8,819,708.		
	19		ess expenses. Subtract line 18 from line 12	1,647,		-191,795.		
or es				Beginning of Curre		End of Year		
Net Assets or Fund Balances	20	Total asset	s (Part X, line 16)	17,748,		18,020,147.		
t Ass d Ba	21		ties (Part X, line 26)		971.	2,106,246.		
Fund	22		or fund balances. Subtract line 21 from line 20	16,886,		15,913,901.		
	art II		re Block			-		

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

			09	/01/2023						
Sign	Signature of officer		Date							
Here	D.J. Gothe, Chief Financial Officer									
	Type or print name and title									
Paid	Print/Type preparer's name	Preparer's signature	Date	Check if PTIN						
Preparer	Rick Reeder, CPA	Rick Reeder, CPA Julu	09/01/2023	self-employed P00063034						
Use Only			Firm's EIN 59-3478492							
	Firm's address 3339 W. Bearss	Avenue, Tampa, FL 33618	Phone	eno. (813)908-5310						
May the IRS	6 discuss this return with the preparer	shown above? See instructions		🛛 🗙 Yes 🗌 No						
For Paperwork Reduction Act Notice, see the separate instructions. BAA REV 05/17/23 PRO Form 990 (2022										

Form 99	Page 2
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: To enable all young people, especially those who need us most, to reach their full potential as productive, caring, responsible citizens.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ _7,065,032. including grants of \$0.) (Revenue \$331,926.)

In 2022, Boys & Girls Clubs of Tampa Bay proudly served 12,663 youth ages 5-18 throughout Hillsborough and Pasco Counties.In serving youth, our mission is to identify those "who need us the most" and for Boys & Girls Clubs of Tampa Bay, that focus is on families and youth facing the effects of poverty. Of the youth served throughout our Clubs, 86% live at or below the federal poverty level. To best combat the affect of poverty on young individuals. Boys & Girls Clubs provides three pillars of development to our youth. The first pillar of Academic Success is focused around grade advancement and ultimately high school graduation. This is achieved through structured programs that enhance the child's learning environment. In 2022, the high school graduation rate among high school Seniors who regularly attended our Clubs was 100%. The second pillar of focused development is Health & Wellness. With 86% of our youth gualifying for free or reduced school lunches, See Part III, Ln 4a statement

4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other progra	m services (Describe on Se		····· ·	
4e	(Expenses \$	including n service expenses	grants of \$) (Re 7,065,032.	evenue \$)	
70	i stai piograi		1,000,002.		

Form 99	0 (2022)		F	Page 3
Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	×	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .	10	×	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	×	
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		×
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	×	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	×	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	×	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
15	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		×
16	for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		×
17	assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		×
18	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		×
19	Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	×	
	If "Yes," complete Schedule G, Part III	19		×
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		

Part	V Checklist of Required Schedules (continued)			
			Yes	1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the	22	×	┢
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	×	
4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		╀
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	240 24c		T
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		ł
5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		+
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		
6	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	250		
7	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		
В	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	20a		╉
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	200 28c		
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	×	ł
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		t
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	×	
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		t
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Ī
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		Ī
B	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	×	İ
art				T
			Yes	İ
1a b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable12Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable11	-		t
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	×	

Form 99	0 (2022)		F	Page 5					
Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 342								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	×						
- 3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	 3a		×					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×					
b	If "Yes," enter the name of the foreign country								
F -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	F -							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		^					
с 6а	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50							
Ua	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).	00							
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods								
~	and services provided to the payor?	7a	×						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	×	<u> </u>					
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was								
	required to file Form 8282?	7c		×					
d	If "Yes," indicate the number of Forms 8282 filed during the year								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		×					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8									
_	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>					
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12								
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b								
11	Section 501(c)(12) organizations. Enter:								
a	Gross income from members or shareholders								
b	Gross income from other sources. (Do not net amounts due or paid to other sources								
	against amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
Ŀ	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans								
~	the organization is licensed to issue qualified health plans 13b Enter the amount of reserves on hand 13c								
с 14а	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14a							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			<u> </u>					
	excess parachute payment(s) during the year?	15		×					
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		×					
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities								
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17							
	If "Yes," complete Form 6069.								

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

Secti	on A. Governing Body and Management										
					Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	40								
	If there are material differences in voting rights among members of the governing body, or										
	if the governing body delegated broad authority to an executive committee or similar										
	committee, explain on Schedule O.										
b	Enter the number of voting members included on line 1a, above, who are independent . 1b 40										
2											
0	any other officer, director, trustee, or key employee?			2	×						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?										
4	Did the organization make any significant changes to its governing documents since the prior For			4		×					
5	Did the organization become aware during the year of a significant diversion of the organizati			5		×					
6	Did the organization have members or stockholders?			6		×					
7a	Did the organization have members, stockholders, or other persons who had the power to			_							
h	one or more members of the governing body?			7a		×					
b	Are any governance decisions of the organization reserved to (or subject to approva stockholders, or persons other than the governing body?	• •		7b		×					
8	Did the organization contemporaneously document the meetings held or written actions ur the year by the following:	Iderta	ken during								
а	The governing body?			8a	×						
b	Each committee with authority to act on behalf of the governing body?			8b	×						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot		reached at								
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule			9		×					
Secti	on B. Policies (This Section B requests information about policies not required by th	e Int	ernal Reven	ue Co	ode.)						
					Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?			10a		×					
b	If "Yes," did the organization have written policies and procedures governing the activities or affiliates, and branches to ensure their operations are consistent with the organization's exert			10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body bef	ore fili	ng the form?	11a	×						
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990).									
12a				12a	×						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			12b	×						
С	Did the organization regularly and consistently monitor and enforce compliance with the describe on Schedule O how this was done.			12c	×						
13	Did the organization have a written whistleblower policy?			13	×						
14	Did the organization have a written document retention and destruction policy?			14	×						
15	Did the process for determining compensation of the following persons include a review a independent persons, comparability data, and contemporaneous substantiation of the deliberation		••••••								
а	The organization's CEO, Executive Director, or top management official			15a	×						
b	Other officers or key employees of the organization			15b	×						
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or sim										
	with a taxable entity during the year?			16a		×					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization										
	participation in joint venture arrangements under applicable federal tax law, and take steps										
<u> </u>	organization's exempt status with respect to such arrangements?	• •		16b							
	on C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed FL		0 and 000 7		tion	01/->					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicabl (3)s only) available for public inspection. Indicate how you made these available. Check all the			(sec	uon 5	001(C)					
40	☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain on Se	chedu	ile O)			- R					

- Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year.
- State the name, address, and telephone number of the person who possesses the organization's books and records. 20 D.J. Gothe, 1307 N MacDill Ave, Tampa, FL 33607 (813)875-5771

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

				(C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and title	Average	(do not check more than one box, unless person is both an						Reportable	Reportable	Estimated amount
	hours per week				-	or/trust	·	compensation from the	compensation from related	of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1)Terry Carter	40.00]								
CEO				×				288,633.	0.	21,466.
(2) Elisa Jackson Chief Development Officer	40.00	-		×				108,647.	0.	14,302.
(3) D.J. Gothe	40.00									
CFO				×				96,302.	0.	19,542.
(4) Matt Dumar	2.00	1								
Board Chairman		×		×				0.	0.	0.
(5) Alex Good	2.00									
Treasurer		×		×				0.	0.	0.
(6) Ed Narain	2.00	×		x						
Chair-Elect		^		^				0.	0.	0.
(7) John Tomlin	2.00	×		x				0		0
Secretary				^				0.	0.	0.
(8) Chris Roederer Director	2.00	×						0.	0.	0.
(9) Marc Spencer	2.00							0.	0.	0.
Director	2.00	×						0.	0.	0.
(10) Greg Hearing	2.00							0.	0.	
Director	2.00	×						0.	0.	0.
(11) Scott Jacobsen	2.00									
Director		×						0.	0.	0.
(12)Karl Brandes, Esq.	2.00									
Director		×						0.	0.	0.
(13) Eddie Gomez	2.00									
Director		×						0.	0.	0.
(14)Jerome Ryans	2.00	1								
Director		×						0.	0.	0.

Part VII Section A. Officers, Directors,	Trustees,	Key I	Emp	oloy	yee	s, an	d⊦	lighest Compe	ensated Emplo	yees (continued)
(C)										
(A) Name and title	(B) Average hours	box,	ot ch unles	neck is pe	rson	e than o is both or/trust	n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(15)Larry Bevis	2.00									
Director		×						0.	0.	0.
(16)Keith Lawless Director	2.00	×						0.	0.	0.
(17) Lori Liburdi Director	2.00	×						0.	0.	0.
(18) Phil Malcolm	2.00									
Director		×						0.	0.	0.
(19) Karen Mincey	2.00									
Director		×						0.	0.	0.
(20)Collin Jotham	2.00									
Director		×						0.	0.	0.
(21) Brian Best Director	2.00	×						0.	0.	0.
(22) Nik Palles Director	2.00	×						0.	0.	0.
(23) Angelie Spurling Director	2.00	×						0.	0.	0.
(24) Matt Pierson Director	2.00	×						0.	0.	0.
(25) Reginald O. Godbolt, Colonel Director	2.00	×						0.	0.	0.
1b Subtotal								493,582.	0.	55,310.
c Total from continuation sheets to Part	VII, Sectio	n A						0.	0.	0.
								493,582.	0.	55,310.
2 Total number of individuals (including bu		to th	nose	e list	ed	above	e) w	ho received mor	e than \$100,000	of

reportable compensation from the organization

			Yes	No
3	Did the organization list any former officer, director, trustee, key employee, or highest compensated			
	employee on line 1a? If "Yes," complete Schedule J for such individual	3		×
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	individual	4	×	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual			
	for services rendered to the organization? If "Yes," complete Schedule J for such person	5		×

2

Section B. Independent Contractors

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

	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to received more than \$100,000 of compensation from the organization	those listed above) who	

Page 8

Part VIII Statement of Revenue

Part	(VIII	Statement of Revenue Check if Schedule O contains a respor	ise or note to ar	y line in this Pa	art VIII		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts, ts	1a	Federated campaigns 1a	234,518.				
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues 1b	279,968.]			
, Gi	С	Fundraising events 1c	292,093.				
ifts ar A	d	Related organizations 1d	482,037.	-			
nila	е	Government grants (contributions) 1e	3,323,813.	-			
ons Sir	f	All other contributions, gifts, grants, and similar amounts not included above					
her			3,441,673.	-			
I Ot	g	Noncash contributions included in lines 1a–1f	¢ 000 400				
Son	h	Total. Add lines 1a–1f	\$ 900,426.	8,054,102.			
<u> </u>			Business Code	0,054,102.			
e	2a	Program Revenue	900099	51,958.	51,958.	0.	0.
Program Service Revenue	b			51,550.	51,550.		0.
jram Ser Revenue	c						
am eve	d						
bgra Re	е						
Pro	f	All other program service revenue					
	g	Total. Add lines 2a–2f		51,958.			
	3	Investment income (including dividende					
		other similar amounts)		14,634.	0.	0.	14,634.
	4	Income from investment of tax-exempt bo	•				
	5	Royalties					
	6.		(ii) Personal	-			
	6a b	Gross rents 6a 68,719. Less: rental expenses 6b		-			
	b c	Rental income or (loss) 6c 68,719.		-			
	d			68,719.	0.	0.	68,719.
	7a	Gross amount from (i) Securities	(ii) Other		0.	0.	00,719.
		sales of assets		-			
		other than inventory 7a					
е	b	Less: cost or other basis]			
evenue		and sales expenses . 7b					
		Gain or (loss) 7c					
erF		Net gain or (loss)					
Other R	8a	Gross income from fundraising					
0		events (not including \$ 292,093. of contributions reported on line					
		1c). See Part IV, line 18 8a	618,490.				
	b	Less: direct expenses 8b	179,990.	-			
	c	Net income or (loss) from fundraising eve		438,500.		0.	438,500.
	9a	Gross income from gaming					13073001
		activities. See Part IV, line 19 . 9a					
	b	Less: direct expenses 9b					
	С	Net income or (loss) from gaming activitie	es				
	10a	Gross sales of inventory, less					
		returns and allowances 10a		-			
	b	Less: cost of goods sold 10b					
	С	Net income or (loss) from sales of invento	-				
sno	11-		Business Code				
nec	11a b						-
scellanec Revenue	D D						
Miscellaneous Revenue	d	All other revenue					
ž	e	Total. Add lines 11a–11d	L				
	12			8,627,913.	51,958.	0.	521,853.
			DEV/05/47/00		•	•	- 000 (2020)

Part IX Statement of Functional Expenses

	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX							
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21							
2	Grants and other assistance to domestic individuals. See Part IV, line 22	39,750.	39,750.					
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16							
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	402 502	105 041	100.000	204.050			
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .	493,582.	105,841.	182,883.	204,858			
7	Other salaries and wages	3,977,975.	3,306,110.	279,754.	392,111			
8	Pension plan accruals and contributions (include							
~	section 401(k) and 403(b) employer contributions)	103,720.	68,455.	20,744.	14,52			
9 10	Other employee benefits	353,286.	233,563.	68,445.	51,27			
10 11	Payroll taxes	341,990.	273,938.	25,522.	42,53			
a	Management							
b								
с	Accounting							
d	Lobbying							
е	Professional fundraising services. See Part IV, line 17							
f	Investment management fees							
g	(A), amount, list line 11g expenses on Schedule O.)	210 747	177 100		00 70			
12	Advertising and promotion	319,747.	177,180.	51,785.	90,78			
13	Office expenses	45,627.	39,359.	3,157.	3,11			
14	Information technology	278,378.	208,595.	42,178.	27,60			
15	Royalties							
16	Occupancy	396,871.	367,356.	17,699.	11,81			
17	Travel	217,640.	210,835.	1,234.	5,57			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials							
19	Conferences, conventions, and meetings	60,522.	30,060.	8,612.	21,85			
20	Interest	34,721.	15,499.	19,222.				
21 22	Depreciation, depletion, and amortization	472,607.	425,346.	37,809.	9,45			
23		177,230.	162,408.	14,822.	J, 13.			
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)							
а	Supplies	1,223,439.	1,191,433.	8,475.	23,53			
b	Direct youth services	167,691.	167,691.	0.				
с								
d								
е	All other expenses	114,932.	41,613.	15,442.	57,87			
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	8,819,708.	7,065,032.	797,783.	956,893			
20	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)							

Form 990 (2022)

	n 990 (20	,			Page 11
Ρ	art X				_
		Check if Schedule O contains a response or note to any line in this Pa	(A) Beginning of year		
	1	Cash-non-interest-bearing	4,256,362.	1	4,864,535.
	2	Savings and temporary cash investments	410,987.	2	414,292.
	3	Pledges and grants receivable, net	723,898.	3	1,407,533.
	4	Accounts receivable, net	,20,000.	4	1,10,,000.
	5	Loans and other receivables from any current or former officer, director,		-	
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Āŝ	9	Prepaid expenses and deferred charges	95,451.	9	97,914.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 11,162,972.			
	b	Less: accumulated depreciation 10b 3,941,790.	7,529,461.	10c	7,221,182.
	11	Investments-publicly traded securities	805,127.	11	614,357.
	12	Investments-other securities. See Part IV, line 11	3,854,569.	12	3,227,280.
	13	Investments-program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	72,738.	15	173,054.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	17,748,593.	16	18,020,147.
	17	Accounts payable and accrued expenses	359,289.	17	385,388.
	18	Grants payable		18	
	19		231,854.	19	1,607,148.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
ies	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
jį		controlled entity or family member of any of these persons			
Liabilities	00			22	
_	23 24	Secured mortgages and notes payable to unrelated third parties		23 24	
	24 25	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third		24	
	25	parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D	270,828.	25	113,710.
	26	Total liabilities. Add lines 17 through 25	861,971.	26	2,106,246.
Ś	20	Organizations that follow FASB ASC 958, check here		20	2,100,210.
če		and complete lines 27, 28, 32, and 33.			
llan	27	Net assets without donor restrictions	11,752,480.	27	11,446,586.
Ba	28	Net assets with donor restrictions	5,134,142.	28	4,467,315.
pu		Organizations that do not follow FASB ASC 958, check here	0,101,110		1,10,,010,
μ		and complete lines 29 through 33.			
o	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
et /	32	Total net assets or fund balances	16,886,622.	32	15,913,901.
ž	33	Total liabilities and net assets/fund balances	17,748,593.	33	18,020,147.

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Form **990** (2022)

orm 99	0 (2022)				Page 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8	,627,	913.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8	,819,	708.
3	Revenue less expenses. Subtract line 2 from line 1	3		-191,	795.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	16	,886,	622.
5	Net unrealized gains (losses) on investments	5		-780,	926.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
0	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	15	,913,	901.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🗆
				Ye	s No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	on		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			a	×
	If "Yes," check a box below to indicate whether the financial statements for the year were co	mpiled	or		
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?			b ×	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ited on	а		
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ow				
	the audit, review, or compilation of its financial statements and selection of an independent account			c ×	:
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on		
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	orth in t	he		
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		-	a ×	:
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not un		he		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such	audits .	3	b ×	:
	REV 05/17/23 PRO			orm 99	0 (2022)

Boys & Girls Clubs of Tampa Bay, Inc.

Form 990: Return of Organization Exempt from Income Tax

Part VII: Section A (continued)

				Posi	tion						
	Average hours per week		ctor		al tru			Reportable		Estimated amount of other	
	(list any		C2 - Institutional trustee C3 - Officer					compensation	Reportable compensation	compensation	
Name and title	hours for	C3 =	Key					from the	from related	from the	
	related organizatio		-	-	-		a	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	organization and related	
	on the righ			lest C	omper	Isale	1	(W-Z/1099-MISC)	(W-2/1099-MISC)	organizations	
	_ -		Form	er							
		C1	C2	C3	C4	C5	C6	-			
Albert Lee	2.00	37									
Director		Х						0.	0.	0.	
Martin Saavedra, Jr.	2.00	x									
Director		Å						0.	0.	0.	
Tomas Birriel	2.00	x									
Director		Â						0.	0.	0.	
Paul Blaylock	2.00	x									
Director		A						0.	0.	0.	
Carolynn Smith-Jones	2.00	x									
Director		А						0.	0.	0.	
Brian Breseman	2.00	x									
Director		21						0.	0.	0.	
Regina Marrow	2.00	x									
Director		А						0.	0.	0.	
Rick Alvarez	2.00	x									
Director								0.	0.	0.	
Ernest Carrera	2.00	x									
Director								0.	0.	0.	
Matt Jacobson	2.00	x									
Director								0.	0.	0.	
Russ Tiejema	2.00	x									
Director								0.	0.	0.	
Holly Tomlin	2.00	x									
Director								0.	0.	0.	
Erin Knight	2.00	x									
Director								0.	0.	0.	
Jessica Vega-Eugene	2.00	x									
Director								0.	0.	0.	

Boys & Girls Clubs of Tampa Bay, Inc.

Form 990: Return of Organization Exempt from Income Tax

Part VII: Section A (continued)

Name and title	(list hours	week any for ted ations	dire C2 - C3 - C4 - C5 - emplo	ctor Inst Offi Key High	vidua ituti cer emplo est c	onal yee	trust	ee	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
			C1	C2	C3	C4	C5	C6			
Luis Visot Director	2.00		х						0.	0.	0.
Shaylia McRae Director	2.00		х						0.	0.	0.
Tiffany Love Director	2.00		х						0.	0.	0.
Tom Salemy Director	2.00		x						0.	0.	0.
									0.	0.	0.

г

Additional Information From Form 990: Return of Organization Exempt from Income Tax

Form 990: Return of Organization Exempt from Income Tax Form 990, Page 2, Part III, Line 4a (continued)

Continuation Statement

Description
the focus on health, nutrition and wellness is critical to their academic success. Youth
in our Clubs participate in programs to support healthy eating habits. Other programs
focused on wellness include healthy decision making to prevent youth from taking on
risky behaviors. The third pillar of development is Character & Leadership. Programs
here focus on instilling a sense of confidence and exposure to the community
around them through education and service. More than 708 hours of community
service were completed by our youth members in 2022. Combined with focused
programming, our Clubs serve as a safe place youth can find structure and a
sense of belonging. Through mentoring, a sense of self-worth, ability to
contribute to the community around them, and independence are critical life skills
developed at Boys & Girls Clubs of Tampa Bay.

SCHE	DUI	LE	Α
(Form	990))	

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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.

Name	of the	organizatio

(D)

(E) Total

2022
Open to Public Inspection

Name	of the organization					Employer identification number		
Boys	s & Girls Clubs of Tampa					59-0624368		
Par	t I Reason for Public Char	rity Status. (All	l organizations mus	t comple	ete this p	oart.) See instruction	ons.	
	organization is not a private founda				-	,		
2	2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3	A hospital or a cooperative hos			-	-)(A)(iii).		
4								
5	An organization operated for t section 170(b)(1)(A)(iv). (Comp		college or university	owned o	r operate	d by a government	al unit	described in
						neral public		
8	A community trust described in	n section 170(b)	(1)(A)(vi). (Complete	Part II.)				
9	An agricultural research organizer or university or a non-land-granuniversity:	nt college of agr	iculture (see instructio	ons). Ente	r the nam	ne, city, and state of	the col	lege or
10	An organization that normally r receipts from activities related support from gross investment acquired by the organization at	to its exempt fu income and un	nctions, subject to ce related business taxal	rtain exce ble incom	eptions; a ie (less se	nd (2) no more than action 511 tax) from	33 ¹ /3%	o of its
11	An organization organized and	operated exclusion	sively to test for public	c safety.	See sect i	on 509(a)(4).		
12	An organization organized and o	operated exclusi	vely for the benefit of,	to perfor	m the fun	ctions of, or to carry	out the	purposes of
	one or more publicly supported							
	the box on lines 12a through 12	d that describes	the type of supporting	g organiza	ation and	complete lines 12e, ⁻	12f, and	12g.
а	Type I. A supporting organ the supported organization supporting organization. Yo	(s) the power to	regularly appoint or e	lect a ma	jority of t			
b	Type II. A supporting organ control or management of t organization(s). You must o	the supporting o	rganization vested in	the same				
С	Type III functionally integri its supported organization(s						ally inte	grated with,
d	Type III non-functionally in that is not functionally integrequirement (see instruction	grated. The orga	nization generally mu	st satisfy	a distribu	ition requirement an		0 ()
е	Check this box if the organ functionally integrated, or T						e II, Typ	e III
f	Enter the number of supported o	organizations .					. [
g	Provide the following information	about the supp	ported organization(s).					
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization Ir governing ment?	(v) Amount of monetary support (see instructions)	other	Amount of support (see tructions)
				Yes	No			
(A)								
(B)								
(C)								

Part IISupport 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.)

Secti	on A. Public Support	o quality and					
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						34,288,570.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	6,616,660.	6,607,721.	5,364,034.	7,646,053.	8,054,102.	34,288,570.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						34,288,570.
	on B. Total Support	-		-	•		
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	6,616,660.	6,607,721.	5,364,034.	7,646,053.	8,054,102.	34,288,570.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	82,376.	83,124.	143,830.	51,824.	83,353.	444,507.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						34,733,077.
12	Gross receipts from related activities, etc	•	,			12	
13	First 5 years. If the Form 990 is for the organization, check this box and stop he	•			or fifth tax ye	ear as a section	on 501(c)(3)
Soati	on C. Computation of Public Suppor		• • • • •				· · · · []
<u>3ecu</u> 14	Public support percentage for 2022 (line	•		11 column (f)		14	98.72%
15	Public support percentage for 2022 (inter Public support percentage from 2021 Scl		-			15	98.75%
16a	33 ¹ / ₃ % support test—2022. If the organ						
	box and stop here. The organization qua						
b							
17a	17a 10%-facts-and-circumstances test-2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization in Part VI how the organization meets the organization	on meets the fa e facts-and-cir	acts-and-circu cumstances te	mstances test, est. The organ	, check this bo ization qualifie	x and stop he s as a publicly	ere. Explain supported
18	Private foundation. If the organization						
	instructions						
						0 - 1	A (Earm 990) 2022

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

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

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						_
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
-	,						
с 8	Add lines 7a and 7b						
0	line 6.)						
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	(a) 2010	(b) 2019	(0) 2020	(u) 2021	(e) 2022	
10a	Gross income from interest, dividends,						
iva	payments received on securities loans, rents,						
	royalties, and income from similar sources.						
b	Unrelated business taxable income (less						
-	section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the	-			-		
	organization, check this box and stop he						
	on C. Computation of Public Suppor						
15	Public support percentage for 2022 (line					15	%
<u>16</u>	Public support percentage from 2021 Scl					16	%
	on D. Computation of Investment In		-	by line 12 colu	imp (f))	17	0/
17 18	Investment income percentage for 2022 (Investment income percentage from 202			-		17	<u>%</u>
18 19a	33 ¹ / ₃ % support tests – 2022. If the organ					-	
198	17 is not more than $33^{1/3}$ %, check this box						
b	33 ¹ / ₃ % support tests – 2021. If the organiz	-	-	-		-	
D.	line 18 is not more than $33^{1}/_{3}$ %, check this						
20	Private foundation. If the organization di	-	-	-			
		a not oncon u	237 31 110 14	,, 51 100, 1		a. 14 000 1100	

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 on 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 on 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 line 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

1

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

10b

Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part **VI** how providing such benefit carried out the purposes of the supported organization(s) that operated. supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

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

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 3 By reason of the relationship described on line 2, above, 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

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 year (see instructions). 1
- а 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
- С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of а the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No," provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2a

2b

3a

3b

Yes No

Yes No

1

2

1

Yes No

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations	3-	
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ				
Sect	ion 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			
Sect	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):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	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 0.015 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 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C-Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6			
		<u> </u>			

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

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Schedule A (Form 990) 2022

Schedu	le A (Form 990) 2022			Page 7		
Part	V Type III Non-Functionally Integrated 509(a)(3	B) Supporting Organi	zations (continued)	1		
Sect	ion D—Distributions			Current Year		
1	Amounts paid to supported organizations to accomplish of	exempt purposes	1			
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	rted 2			
3	Administrative expenses paid to accomplish exempt purp	nizations 3				
4	Amounts paid to acquire exempt-use assets	4				
5	Qualified set-aside amounts (prior IRS approval required-	–provide details in Part	VI) 5			
6	Other distributions (describe in Part VI). See instructions.		6			
7	Total annual distributions. Add lines 1 through 6.		7			
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	ponsive 8			
9						
10	Line 8 amount divided by line 9 amount		10	D		
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022		
_1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required – <i>explain in Part VI</i>). See instructions.					
3	Excess distributions carryover, if any, to 2022					
а	From 2017					
b	From 2018					
С	From 2019					
d	From 2020					
е	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2022 distributable amount					
i	Carryover from 2017 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D, line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2022 distributable amount					
С	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in</i> Part VI . See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j and 4c.					
8	Breakdown of line 7:					
а	Excess from 2018					
b	Excess from 2019					
С	Excess from 2020					
d	Excess from 2021					
е	Excess from 2022					

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Schedule A (Form 990) 2022

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

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SCHEDULE D		Supplementa	OMB No. 1545-0047		
(Form	n 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.			2022
Departm	ent of the Treasury	A	Attach to Form 990.	Open to Public	
	Revenue Service	Go to www.irs.gov/Form99	0 for instructions and the latest informat		Inspection
	f the organization	Clubs of Tampa Bay, Inc.		59-0624	
Par			sed Funds or Other Similar Funds		
		ete if the organization answered "			
			(a) Donor advised funds	(b) F	Funds and other accounts
1		at end of year			
2		ue of contributions to (during year) .			
3		ue of grants from (during year)			
4 5		ue at end of year	advisors in writing that the assets held	d in dono	r advised
•	•		organization's exclusive legal control?		
6	•	u	nd donor advisors in writing that grant		be used
			t of the donor or donor advisor, or for		
		·		• • •	· · · 🗌 Yes 🗌 No
Par		rvation Easements.			
1		ete if the organization answered "` conservation easements held by the o			
		of land for public use (for example, recrea		a historic	ally important land area
		of natural habitat			I historic structure
	Preservatio	n of open space	—		
2			d a qualified conservation contribution	in the form	n of a conservation
		he last day of the tax year.			Held at the End of the Tax Year
a				. <u>2a</u>	
b	-	-	storic structure included in (a)		
c d			acquired after July 25, 2006, and not o		
			· · · · · · · · · · · · · · · · · · ·	· 2d	
3		nservation easements modified, trans	ferred, released, extinguished, or term	inated by	the organization during the
	tax year				
4 5	Number of sta	tes where property subject to conservation have a written policy requ	arding the periodic monitoring, inspe	oction ha	ndling of
Ŭ			ements it holds?		· · · \ \ Yes \ No
6	Staff and volunt	teer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservati	
7	Amount of exp	enses incurred in monitoring, inspecting	g, handling of violations, and enforcing c	onservatio	n easements during the year
8			2(d) above satisfy the requirements of se		
9			onservation easements in its revenue a		
			the footnote to the organization's finar	ncial state	ments that describes the
	-	accounting for conservation easemer			
Part	Comple	ete if the organization answered "			
1a	of art, historic	al treasures, or other similar assets	B ASC 958, not to report in its revenue held for public exhibition, education, o its financial statements that describe	or resear	ch in furtherance of public
b	art, historical t provide the fol	reasures, or other similar assets held lowing amounts relating to these item		earch in fu	rtherance of public service,
	(i) Revenue in	cluded on Form 990, Part VIII, line 1			. \$
-	(ii) Assets inclu	uded in Form 990, Part X		• • •	. \$
2		ation received or held works of art, unts required to be reported under FA	historical treasures, or other similar a SB ASC 958 relating to these items:	ssets for	tinancial gain, provide the
а			· · · · · · · · · · · · · · ·		. \$
b	Assets include	ed in Form 990, Part X	<u> </u>		. \$

Schedu	le D (Form 990) 2022					Page 2	
Part	III Organizations Maintaining	Collections of A	Art, Historical 1	Freasures, or (Other Similar Ass	sets (continued)	
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and otl	her records, chec	k any of the foll	owing that make sig	gnificant use of its	
а	Public exhibition d Loan or exchange program						
b	Scholarly research		e 🗌 Other				
С	Preservation for future generations						
4	Provide a description of the organizat		and explain how t	hey further the c	organization's exem	pt purpose in Part	
	XIII.			,	5		
5	During the year, did the organization	solicit or receive	donations of art,	historical treasu	res, or other simila	r	
	assets to be sold to raise funds rather	than to be mainta	ined as part of th	e organization's	collection?	🗌 Yes 🗌 No	
Part	IV Escrow and Custodial Arra	ingements.					
	Complete if the organization 990, Part X, line 21.	answered "Yes'	' on Form 990, I	Part IV, line 9, c	or reported an am	ount on Form	
1a	Is the organization an agent, trustee,					t	
	included on Form 990, Part X?					🗌 Yes 🗌 No	
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the following t	able:			
					An	nount	
С	Beginning balance			· · · ·	1c		
d	3,				1d		
е	Distributions during the year				1e		
f	Ending balance				1f		
2a	Did the organization include an amour						
b	If "Yes," explain the arrangement in Pa	art XIII. Check here	e if the explanatio	n has been provi	ded on Part XIII .	🛛	
Par			, an Earna 000 I				
	Complete if the organization				() =		
		(a) Current year	(b) Prior year	(c) Two years back		(e) Four years back	
1a	Beginning of year balance	809,590.	747,798.	702,951	. 605,557.	684,006.	
b	Contributions						
С		141 001	107 756	07 400	125 400	26 626	
d	Grants or scholarships	-141,261.	107,756.	87,490	. 135,422.	-36,636.	
e	Other expenditures for facilities and						
C	programs	40,479.	37,390.	34,856	. 30,278.	34,200.	
f	Administrative expenses	7,984.	8,574.			7,613.	
	End of year balance	619,866.	809,590.	747,798		605,557.	
g 2	Provide the estimated percentage of t					005,557.	
a	Board designated or quasi-endowmer	•	%		u u3.		
b	Permanent endowment 10		70				
c	Term endowment %						
Ŭ	The percentages on lines 2a, 2b, and	2c should equal 10	0%				
3a	Are there endowment funds not in the			at are held and a	administered for the	9	
•••	organization by:		e e gamzatier ti			Yes No	
	(i) Unrelated organizations					3a(i) ×	
						3a(ii) ×	
b	If "Yes" on line 3a(ii), are the related of					3b	
4	Describe in Part XIII the intended uses	•	•				
Part		-					
	Complete if the organization		' on Form 990, I	Part IV, line 11a	a. See Form 990, I	Part X, line 10.	
	Description of property	(a) Cost or ot	her basis (b) Cost o		Accumulated depreciation	(d) Book value	
	Land		0.			0.	
b				89,726.	427,848.	561,878.	
c	Leasehold improvements			03,812.	2,358,664.	6,545,148.	
d	Equipment			69,434.	1,155,278.	114,156.	
e	Other		±,2		_,,		
	Add lines 1a through 1e. (Column (d) n		90, Part X. columi	n (B), line 10c.)		7,221,182.	
	5 ((-)						

Schedule D (Form 990) 2022 Investments-Other Securities. Part VII Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (3) Other Investments held at 3,227,280. FMV foundation (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) 3,227,280 Part VIII Investments-Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (b) Book value (a) Description of investment (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) Cash value life insurance 75,139. (2) Construction in progress 97,915. (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 173,054 Other Liabilities. Part X Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Due to foundation 113,710 (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 113,710. 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedu	e D (Form 990) 2022		Page 4
Part		Retur	'n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	8,762,934.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		105 001
е	Add lines 2a through 2d	2e	135,021.
3	Subtract line 2e from line 1	3	8,627,913.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)	5	8,627,913.
Part		r Ket	urn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	9,735,655.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	915,947.
3	Subtract line 2e from line 1	3	8,819,708.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)	5	8,819,708.
Part	Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b		
2; Par	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in 	format	tion.
in s	upport of the Organization's programs and activities.		

Schedule D (Form 990) 2022 Page 5				
Part XIII	Supplemental Information (continued)			

		Supplement	al Informatio	n Regard	ing Fundı	raising or Gam	ing Activities	OMB No. 1545-0047	
(For	n 990)	Complete if	the organization an organization ente	2022					
	ment of the Treasury Revenue Service	G		Attach to Form 990 or Form 990-EZ. o www.irs.gov/Form990 for instructions and the latest information.					
	of the organization						Employer identif	Inspection ication number	
Boy		lubs of Tamp	-				59-062436	-	
Par		sing Activities. 0-EZ filers are n				vered "Yes" on	Form 990, Part IV	, line 17.	
1			•			owing activities. C	Check all that apply.		
а	Mail solicit	ations		e [Solicitati	on of non-govern	iment grants		
b		d email solicitatio	ns	f		on of governmen	•		
c d	Phone soli	citations solicitations		g	Special f	fundraising events	S		
2a			ten or oral agree	ement with	any individ	lual (including off	icers, directors, trus	stees.	
							fundraising services		
b		e 10 highest paid at least \$5,000 by			draisers) pu	ursuant to agreen	nents under which t	he fundraiser is to be	
	(i) Name and addre or entity (fur		(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
				Yes	No				
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
Total 3				tered or lic	ensed to s	olicit contributior	ns or has been noti	fied it is exempt from	

Schedule G (Form 990) 2022

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

		(a) Event #1 Fall Gala	(b) Event #2 Taste of Kentucky	(c) Other events	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Sevenue	Gross receipts	444,827.	164,204.	301,552.	910,583.
<u>۲</u> 2	Less: Contributions	128,625.	102,080.	61,388.	292,093.
3	Gross income (line 1 minus line 2) .	316,202.	62,124.	240,164.	618,490.
4	Cash prizes				
5	Noncash prizes				
6 susses	Rent/facility costs	27,192.		5,974.	33,166.
Direct Expenses	Food and beverages	30,441.	71.	55,997.	86,509.
8 Direc	Entertainment	1,800.		850.	2,650.
9	Other direct expenses .	24,323.	10,810.	22,532.	57,665.
10 11	Direct expense summary. Ad Net income summary. Subtra	179,990. 438,500.			

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

Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))					
Reve	1	Gross revenue									
es	2	Cash prizes									
Direct Expenses	3	Noncash prizes									
rect E	4	Rent/facility costs									
Ö	5	Other direct expenses .									
	6	Volunteer labor	□ Yes% □ No	□ Yes % □ No	☐ Yes% ☐ No						
	7	Direct expense summary. Ac	ld lines 2 through 5 in c	olumn (d)							
	8	Net gaming income summar	y. Subtract line 7 from li	ine 1, column (d)							
-	 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 										
10		Were any of the organization's g	aming licenses revokec	l, suspended, or termina	ated during the tax year	? . 🗌 Yes 🗌 No					

Schedu	ile G (Form 990) 2022 Page 3
11	Does the organization conduct gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name
	Address
15a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the
	amount of gaming revenue retained by the third party \$
С	If "Yes," enter name and address of the third party:
	Name
	Address
16	Gaming manager information:
	Name
	Gaming manager compensation \$
	Description of services provided
	Director/officer
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b	spent in the organization's own exempt activities during the tax year \$
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.								OMB No. 1545-0047		
	C C			Form 990.	, Fait IV, Inte 21 01 2	-2.		Open to	o Public		
Department of the Treasury Internal Revenue Service		Go to w	ww.irs.gov/Form99		ormation.				ection		
Name of the organization							Employer iden	tification numb	per		
Boys & Girls Clubs of T							59-06243	368			
Part I General Information						6					
1 Does the organization mainta the selection criteria used to	award the grants	or assistance?				-		d XYes	🗌 No		
2 Describe in Part IV the organ	•										
Part II Grants and Other As Part IV, line 21, for an	ssistance to Do ny recipient that	received more the	zations and Don nan \$5,000. Part	nestic Governm Il can be duplica	tents. Complete ated if additional	if the organization space is needed	on answered d.	"Yes" on	Form 990,		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Descriptio noncash assist		(h) Purpose o or assista	-		
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
(11)											
(12)											
2 Enter total number of section3 Enter total number of other of	–	-									

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Scholarships	22	39,750.			
j					
t IV Supplemental Information. Pr	ovide the information re	equired in Part I, lin	e 2; Part III, colum	n (b); and any other addition	onal information.
III, col (b): The Organizati	on monitors attend	lance and prog	ress of the st	udents who receive	scholarships.

Schedule I (Form 990) 2022

SCHEDULE J		Compensation	Information	OMB No.	1545-0	047
(Form	990)	For certain Officers, Directors, Truste Compensated E	es, Key Employees, and Highest	20	22	2
		Complete if the organization answered '	"Yes" on Form 990, Part IV, line 23.	Open t	o Pul	blic
Department of the Treasury Internal Revenue Service Attach to Form 990. Go to www.irs.gov/Form990 for instructions and			-	ectio		
Name o	f the organization		Employer identificati	on number		
		lubs of Tampa Bay, Inc.	59-0624368			
Part	Questic	ns Regarding Compensation			Yes	No
1 a		ropriate box(es) if the organization provided any o ection A, line 1a. Complete Part III to provide any re		orm		
			g allowance or residence for personal use			
	Travel for c	ompanions 🗌 Paymen	nts for business use of personal residence			
			or social club dues or initiation fees			
	Discretiona	ry spending account	al services (such as maid, chauffeur, chef)			
b	If any of the h	oxes on line 1a are checked, did the organizat	tion follow a writton policy regarding powr	ont		
D		nent or provision of all of the expenses des				
				· 1b		
2	directors, trus	nization require substantiation prior to reimbu ees, and officers, including the CEO/Executive		line		
	1a?			· 2	_	
3	Indicate which	, if any, of the following the organization used to	establish the compensation of the			
•		CEO/Executive Director. Check all that apply. Do		a		
	related organiz	ation to establish compensation of the CEO/Exe	cutive Director, but explain in Part III.			
	•		employment contract			
			nsation survey or study			
	∐ Form 990 c	f other organizations X Approva	al by the board or compensation committee			
4		r, did any person listed on Form 990, Part VII, Se r a related organization:	ection A, line 1a, with respect to the filing			
а	Receive a sev	erance payment or change-of-control payment?		. 4a		×
b	Participate in (or receive payment from a supplemental nonqual	lified retirement plan?	. 4b		×
С		or receive payment from an equity-based compe	-	. 4c		×
	If "Yes" to any	of lines 4a-c, list the persons and provide the ap	pplicable amounts for each item in Part III.			
	Only section	501(c)(3), 501(c)(4), and 501(c)(29) organization	us must complete lines 5–9			
5	For persons	isted on Form 990, Part VII, Section A, line		any		
	-	contingent on the revenues of:				
a		on?				×
b		ganization?		. 5b		×
	II TES OFFIIIR	sa or sb, describe in Part III.				
6		isted on Form 990, Part VII, Section A, line contingent on the net earnings of:	1a, did the organization pay or accrue	any		
а	The organizati	on?		. 6a		×
b		ganization?		. 6b		×
	If "Yes" on line	e 6a or 6b, describe in Part III.				
7	For nersons 1	sted on Form 990, Part VII, Section A, line 1	a did the organization provide any ponfi	xed		
'		described on lines 5 and 6? If "Yes," describe in				×
8		unts reported on Form 990, Part VII, paid or acci				
	to the initial	contract exception described in Regulations	section 53.4958-4(a)(3)? If "Yes," descu	ribe	1	
	in Part III .			· 8		×
0	lf "Voc" or "	as Q did the organization also follow the wol	auttable produmption procedure describes			
9		ne 8, did the organization also follow the rebection 53.4958-6(c)?	Duttable presumption procedure described		1	
				3	1	1

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

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

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

		(B) Breakdown of W-2 ar				(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)–(D)	in column (B) reported as deferred on prior Form 990
Terry Carter	(i)	228,873.	55,250.	4,510.	14,074.	7,392.	310,099.	0.
1 CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							+
16	(ii)							

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

Schedule J (Form 990) 2022

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

Boys & Girls Clubs of Tampa Bay, Inc.

Employer identification number 59-0624368

2 Art-3 Art-4 Boo	 Works of art Historical treasures Fractional interests oks and publications othing and household ods 	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method c noncash con			•
2 Art-3 Art-4 Boo	 Historical treasures Fractional interests oks and publications othing and household ods 							
3 Art-4 Boo	-Fractional interests oks and publications othing and household ods							
4 Boo	oks and publications othing and household ods							
	othing and household							
	othing and household							
5 Clot	ods							
6 Car	rs and other vehicles							
	ats and planes							
	ellectual property							
	curities-Publicly traded							
	curities-Closely held stock .							
	curities-Partnership, LLC,							
	trust interests							
12 Sec	curities-Miscellaneous							
13 Qua	alified conservation							
	ntribution—Historic uctures							
	alified conservation							
	ntribution—Other							
	al estate-Residential							
	al estate – Commercial							
	al estate—Other							
	od inventory							
	storical artifacts							
	ientific specimens							
	cheological artifacts							
	-	×	279076	873,126.				
	ner(Program supplies) ner(Property and equipment)	×	279078	27,300.				
			Δ	27,300.	F M V			
27 Oth 28 Oth	ner () ner ()							
	mber of Forms 8283 received	by the or	nanization during the tax y	lear for contributions for				
	ich the organization completed				29			
	···· ··· ··g-···· ··· ··· ··· ···		,,	.g	23		Yes	No
30a Dur	ring the year, did the organizat	tion receive	by contribution any prope	arty reported in Part I lines	1 through		100	
	, that it must hold for at least 3							
	ed for exempt purposes for the					30a		×
	Yes," describe the arrangemen		J			004		^
	es the organization have a		tance policy that require	es the review of any n	onstandard			
	ntributions?					31	×	
	es the organization hire or use				ell noncash		~	

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

32a

×

Part II	Form 990) 2022 Page 2 Supplemental Information, Provide the information required by Part L lines 30b, 32b, and 33, and whether
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received,
	or a combination of both. Also complete this part for any additional information.

SCHEDULE O (Form 990)	Form 990) Complete to provide information for responses to specific questions on									
Department of the Treasury	Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.		20 22 Open to Public							
Internal Revenue Service										
Name of the organization										
Boys & Girls Cl	lubs of Tampa Bay, Inc.	59-062436	28							
Pt VI, Line 2:	John Tomlin and Holly Tomlin - family relationship.									
Pt VI, Line 11k	o: A draft copy of the Form 990 is emailed to members	of the b	oard							
prior to filing	prior to filing.									
	c: The Organization has a Conflict of Interest policy		omplete							
the Code of Eth	nics Certificate. When a Board Member has a conflict	of inter	est							
with regard to	a matter before the Board, he or she is expected to	abstain f	rom							
voting and repo	ort to the Board their conflict.									
Pt VI, Line 15a	a: Officers of the board conduct a performance review	of CEO a	nd							
	ation against Boys & Girls Clubs of America national o									
Pt VI, Line 15k	o: Boys and Girls Clubs of Tampa Bay participates in a	a Job Cla	ssification							
& Compensation	Management Program that is a salary administration a	nalysis c	ompleted							
by Boys & Girls	s Clubs of America. Salary recommendations are based	upon a r	eview							
of salary range	es, job descriptions and regional data from Boys & Gi	rls Clubs								
of America, sim	nilar area agencies, state of Florida, other Boys & G	irls Club								
affiliates in t	the Southeast, and information provided by BGC Tampa	Bay. On	a							
yearly basis ea	ach employee, in agreement with their supervisor, set	s measura	ble							
goals for organ	goals for organizational and personal accomplishments. These performance goals									
are reviewed informally throughout the year and formally in the months of January										
and February fo	ollowing year-end. Once a determination is made on the	e outcome								
of the organiza	ational goals a bonus may be given. Salary increases	are deter	mined							
yearly dependir	ng on the short and long term funding projections as	well as p	ersonal							

Schedule O (Form 990) 2022	Page 2
Name of the organization	Employer identification number
Boys & Girls Clubs of Tampa Bay, Inc.	59-0624368
performance and a market-based compensation strategy.	
Pt VI, Line 19: The most current Form 990 is available on the Organ	nization's
website and all required documents are available upon request.	

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

Attach to Form 990.

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

Name of the organization

SCHEDULE R (Form 990)

Boys & Girls Clubs of Tampa Bay, Inc.

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(Section cont en	g) 512(b)(13) rolled tity?
						Yes	No
(1) Boys & Girls Clubs of Tampa Bay Foundation, Inc. 59-3049838 1307 N. MacDill Ave. Tampa FL 33607	Support Boys & Girls Clubs of Tampa Bay	FL	501(C)(3)	11	NO		×
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							



59-0624368

Department of the Treasury Internal Revenue Service

Schedule R (Form 990) 2022

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, Part III because it had one or more related organizations treated as a partnership during the tax year. (d) (g) (i) (k) (a) (b) (c) (e) (f) (h) (i) Predominant Direct controlling Name, address, and EIN of Primary activity Legal Share of total Share of end-of-Disproportionate Code V-UBI General or Percentage income (related, related organization domicile entity income vear assets allocations? amount in box 20 managing ownership unrelated, of Schedule K-1 (state or partner? excluded from foreign (Form 1065) tax under country) Yes No Yes No sections 512-514) (1) (2) (3) ____(4) (5) (6) _____(7)

Part IV

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

	J. J. J. J. J. J. J. J. J. J. J. J. J. J	-							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
				1	1				

Part V

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Y	es No
1 During the tax year, did the organization engage in any of the following transactions with or	e or more related orgar	nizations listed in Parts	s II–IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .				1a	×
b Gift, grant, or capital contribution to related organization(s)				1b	×
c Gift, grant, or capital contribution from related organization(s)				1c 3	< 🗌
d Loans or loan guarantees to or for related organization(s)				1d	×
e Loans or loan guarantees by related organization(s)				1e	×
f Dividends from related organization(s)				1f	×
g Sale of assets to related organization(s)				1g	×
h Purchase of assets from related organization(s)				1h	×
i Exchange of assets with related organization(s)			-	1i	×
j Lease of facilities, equipment, or other assets to related organization(s)				1j	×
				-	
k Lease of facilities, equipment, or other assets from related organization(s)				1k	×
 Performance of services or membership or fundraising solicitations for related organization(< 🗌
m Performance of services or membership or fundraising solicitations by related organization(1m	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).				1n	×
• Sharing of paid employees with related organization(s)				10	×
p Reimbursement paid to related organization(s) for expenses				1p 3	<
q Reimbursement paid by related organization(s) for expenses				- 1-	× –
r Other transfer of cash or property to related organization(s)				1r	×
s Other transfer of cash or property from related organization(s)			+	1s	$-\mathbf{x}$
2 If the answer to any of the above is "Yes," see the instructions for information on who must					
	· · · · · · · · · · · · · · · · · · ·		·		
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining	g amount i	nvolved
	type (a-s)				
(1) Boys & Girls Clubs of Tampa Bay Foundation, Inc.	С	482,037.	actual		
(2) Boys & Girls Clubs of Tampa Bay Foundation, Inc.	1	109,583.	FV of inkind	servi	ces
(3) Boys & Girls Clubs of Tampa Bay Foundation, Inc.	q	71,000.	actual		
(4) Boys & Girls Clubs of Tampa Bay Foundation, Inc.	q	8,359.	actual		
	-				
(5)			ł		
_(6)					
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Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	income (related, unrelated, excluded	Are all p sec 501(tion c)(3)	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) ortionate tions?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	20 managing (-1 partner?		(k) Percentage ownership
			sections 512–514)	Yes	No			Yes	No		Yes	No	
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Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.	