** PUBLIC DISCLOSURE COPY **

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Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Inspection and ending A For the 2024 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change BOYS & GIRLS CLUB OF TAMPA BAY, INC. Name change 59-0624368 Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/ 1307 N. MACDILL AVENUE (813)875-5771 termin-ated 10,767,374. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended TAMPA, FL 33607 H(a) Is this a group return Applica-F Name and address of principal officer: D • J • Yes X No for subordinates? pending 1307 N. MACDILL AVE, TAMPA, FL 33607 ∐Yes L No **H(b)** Are all subordinates included? Tax-exempt status: X = 501(c)(3)(insert no.) 4947(a)(1) or L If "No," attach a list. See instructions WWW.BGCTAMPA.ORG H(c) Group exemption number J Website: **K** Form of organization: **X** Corporation Association L Year of formation: 1977 M State of legal domicile: FL Part I Summary Briefly describe the organization's mission or most significant activities: TO ENABLE ALL YOUNG PEOPLE Activities & Governance ESPECIALLY THOSE WHO NEED US MOST, TO REACH THEIR FULL POTENTIAL AS \perp if the organization discontinued its operations or disposed of more than 25% of its net assets. 38 Number of voting members of the governing body (Part VI, line 1a) <u>38</u> Number of independent voting members of the governing body (Part VI, line 1b) 406 5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) 650 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year** Current Year 10,366,099. 9,785,166. Contributions and grants (Part VIII, line 1h) Revenue 43,112. 209,606. Program service revenue (Part VIII, line 2g) 149,200. 189,384. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 706,369. 497,639. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 10,681,795. 11,264,780. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 28,500. 31,750. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 6,531,231. 6,683,646. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Salaries, other compensation, surply

16a Professional fundraising fees (Part IX, column (A), line 11e)

769,749. Expenses **b** Total fundraising expenses (Part IX, column (D), line 25) 3,915,596. 3,928,385. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 10,475,327. 10,643,781. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 789,453. 38,014. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 17,753,292. 18,507,936. 20 Total assets (Part X, line 16) 545,380. 770,157. 21 Total liabilities (Part X, line 26) 17,207,912. 737,779. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign D.J. GOTHE, CHIEF FINANCIAL OFFICER Here Type or print name and title PTIN Preparer's name Rreparer's signature SAM A. LAZZARA 10/17/2025 P01342929 Paid RIVERO, GORDIMER & COMPANY, P.A. Firm's EIN 59-3040705 Preparer Firm's name

TAMPA, FL 33602

Use Only

Firm's address 201 N. FRANKLIN ST., SUITE

X Yes

Phone no. (813) 875-7774

| Pa | Statement of Program Service Accomplishments | X |
|----|---|---------------|
| _ | Check if Schedule O contains a response or note to any line in this Part III | A |
| 1 | Briefly describe the organization's mission: TO ENABLE ALL YOUNG PEOPLE, ESPECIALLY THOSE WHO NEED US MOST, T | 10 |
| | REACH THEIR FULL POTENTIAL AS PRODUCTIVE, CARING, RESPONSIBLE | <u> </u> |
| | CITIZENS. | |
| | 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? | Yes X No |
| | If "Yes," describe these new services on Schedule O. | _ 100 == 110 |
| 3 | | Yes X No |
| 3 | If "Yes," describe these changes on Schedule O. | _ 163 [1NO |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by exp | nenses |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expe | |
| | revenue, if any, for each program service reported. | 11000, 4114 |
| | (Code:) (Expenses \$ 8,554,212 • including grants of \$ 31,750 •) (Revenue \$ 4 | 62.513. |
| ти | BOYS & GIRLS CLUBS OF TAMPA BAY IS ONE OF THE LARGEST YOUTH SERV | |
| | ORGANIZATIONS IN FLORIDA, PROVIDING SAFE, INCLUSIVE SPACES AND I | |
| | CHANGING PROGRAMS FOR THOUSANDS OF KIDS AND TEENS ACROSS HILLSBO | |
| | AND PASCO COUNTIES. WITH MORE THAN 25 CLUB AND SCHOOL-BASED SITE | |
| | ORGANIZATION SERVES OVER 12,000 YOUTH ANNUALLY THROUGH ACADEMIC | , IIII |
| | SUPPORT, LEADERSHIP DEVELOPMENT, WORKFORCE READINESS, MENTAL WEL | TMECC |
| | AND ENRICHMENT PROGRAMS. | шивоо, |
| | AND ENVICAMENT PROGRAMS. | |
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| | | |
| | (CONTINUED ON SCHEDULE O) | |
| | (CONTINUED ON SCHEDULE O) | |
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| 4b | (Code:) (Expenses \$ |) |
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| 4d | Other program services (Describe on Schedule O.) | |
| | (Expenses \$ including grants of \$) (Revenue \$) | |
| 4e | Total program service expenses 8,554,212. | - 000 (222 () |

Part IV Checklist of Required Schedules

| | | | Yes | No | | | | |
|-----|---|-----|-----|------|--|--|--|--|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | | | | | |
| | If "Yes," complete Schedule A | 1 | X | | | | | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | X | | | | | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | | | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | X | | | | |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | ا ۔۔ | | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | X | | | | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | ٦, | | | | |
| _ | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | X | | | | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | 6 | | x | | | | |
| _ | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | | | | | | | |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | _ | | x | | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. | 7 | | | | | | |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | x | | | | |
| _ | Schedule D, Part III | 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? If "Yes," complete Schedule D, Part IV | 9 | | x | | | | |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | 9 | | 22 | | | | |
| 10 | or in quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | Х | | | | | |
| 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, | 10 | | | | | | |
| •• | as applicable. | | | | | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | | | | | |
| ŭ | Part VI | 11a | Х | | | | | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | | | | | |
| - | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | Х | | | | | |
| 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? If "Yes," complete Schedule D, Part VIII | 11c | | Х | | | | |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | | | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | Х | | | | |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X | | | | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | | | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | X | | | | | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | | | | | |
| | Schedule D, Parts XI and XII | 12a | X | | | | | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | | | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X | | | | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X | | | | |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X | | | | |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | | | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | 445 | | X | | | | |
| 15 | or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | 14b | | 22 | | | | |
| 13 | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X | | | | |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | 13 | | | | | | |
| 10 | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X | | | | |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | 10 | | | | | | |
| •• | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | х | | | | |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | | | | | |
| - | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | Х | | | | | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | | | | | |
| | complete Schedule G, Part III | 19 | | Х | | | | |
| 20a | | 20a | | Х | | | | |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | | | | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | | | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | Х | | | | |

Form 990 (2024) BOYS & GIRLS CLUB OF TAMPA BAY, INC. Part IV | Checklist of Required Schedules (continued)

| | | | 1 | T |
|-------------|---|------------|-----------------|-------------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | Yes | No |
| 22 | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | х | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | Х | |
| 2 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? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | 24a | | X |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | . | | |
| | any tax-exempt bonds? | 24c 24d | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | 240 | | |
| 2 5a | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | x |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | 254 | | |
| - | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | Х |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | l |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | 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? If | 00- | | X |
| h | "Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28a 28b | | X |
| | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//f | 200 | | |
| · | "Yes," complete Schedule L, Part IV | 28c | | х |
| 29 | Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M | 29 | Х | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | 37 |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | 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 | 24 | Х | |
| 35 2 | Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 34 35a | '` | Х |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | 33a | | |
| - | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | 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 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | | | |
| D- | Note: All Form 990 filers are required to complete Schedule 0 It V Statements Regarding Other IRS Filings and Tax Compliance | 38 | X | |
| Pal | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | L L |
| 1. | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | | Yes | No |
| ıa b | | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| Ü | (gambling) winnings to prize winners? | 1c | х | |
| | · · | | | |

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 406 | | | | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | | | | | | | |
| 3а | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | Х | | | | | | |
| | 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 | | Х | | | | | | |
| b | If "Yes," enter the name of the foreign country | | | | | | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | 37 | | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X | | | | | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Х | | | | | | |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5с | | | | | | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | 0- | | Х | | | | | | |
| | any contributions that were not tax deductible as charitable contributions? | 6a | | | | | | | | |
| D | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6h | | | | | | | | |
| 7 | | 6b | | | | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). 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 | Х | | | | | | | |
| a b | | 7b | X | | | | | | | |
| C | If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | 75 | | | | | | | | |
| · | to file Form 8282? | 7c | | х | | | | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | ,, | | | | | | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | Х | | | | | | |
| f | | | | | | | | | | |
| g | | | | | | | | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7g 7h | N/ | A | | | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | | | | | | | |
| | sponsoring organization have excess business holdings at any time during the year? N/A | 8 | | | | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds: | | | | | | | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? N/A | 9a | | | | | | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A | 9b | | | | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | | | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a | | | | | | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A 11a | | | | | | | | | |
| a | | | | | | | | | | |
| D | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | | | | | | | | | |
| 100 | amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | | | | | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | .za | | | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | | | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? N/A | 13a | | | | | | | | |
| | 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 | | | | | | | | | |
| С | Enter the amount of reserves on hand | | | | | | | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X | | | | | | |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | | | | | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | | | | | | | |
| | excess parachute payment(s) during the year? | 15 | | Х | | | | | | |
| | 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 | | X | | | | | | |
| | 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? N/A | 17 | | | | | | | | |
| | If "Yes," complete Form 6069. | | | | | | | | | |

432005 12-10-24

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

| | Check if Schedule O contains a response or note to any line in this Part VI | | | $\lfloor X \rfloor$ |
|----------|--|---------|----------|---------------------|
| Sec | tion 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 38 | | | |
| | 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 38 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | |
| | officer, director, trustee, or key employee? | 2 | Х | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | 3 | | Х |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | Х |
| 6 | Did the organization have members or stockholders? | 6 | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | |
| | more members of the governing body? | 7a | | Х |
| b | | | | |
| _ | persons other than the governing body? | 7b | | Х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | The governing body? | 8a | Х | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | |
| • | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | Х |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | The second Brequeste information about periode not require by the internal ristoriae deads.) | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | 100 | X |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | 100 | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Х | |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | - i i d | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Х | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X | |
| C | | 120 | | |
| · | on Schedule O how this was done | 12c | х | |
| 13 | Print the state of | 13 | X | |
| 14 | Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? | 14 | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | 17 | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| • | The organization's CEO, Executive Director, or top management official | 15a | х | |
| a h | Other officers or key employees of the organization | 15b | X | |
| U | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | 130 | | |
| 162 | | | | |
| iva | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | Х |
| h | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | IVa | | - 21 |
| D | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | 16h | | |
| 800 | exempt status with respect to such arrangements? tion C. Disclosure | 16b | | |
| | | | | |
| 17 10 | List the states with which a copy of this Form 990 is required to be filed FL Section 6104 requires an experiention to make its Forms 1032 (1034 or 1034 A if applicable), 900, and 900 T (section 501(a)/3). | o ople |) over: | abla |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) | o only | , avalla | auie |
| | for public inspection. Indicate how you made these available. Check all that apply. X Ours we be its X Uses request Other (explain on Schodule O) | | | |
| 10 | X Own website Another's website X Upon request Other (explain on Schedule O) | d 6: | anie! | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an | u rinar | icial | |
| 00 | statements available to the public during the tax year. | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records D.J. GOTHE - (813)875-5771 | | | |
| | 1307 N. MACDILL AVE, TAMPA, FL 33607 | | | |
| | | | | |

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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.

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

- 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.

| (A) | (B) | l | (C) | | (D) | (E) | (F) | | | | | |
|--|-------------------|--------------------------|-----------------------|---------|--------------|------------------------------|--------|-----------------|-------------------------------|--------------------|--|--|
| Name and title | Average | Posit (do not check m | | | | | one | Reportable | Reportable | Estimated | | |
| | hours per | box | , unle | ss pe | rson i | is bot | h an | compensation | compensation | amount of | | |
| | week (list any | \vdash | | | | | , | from the | from related organizations | other compensation | | |
| | hours for | or director | | | | pe | | organization | (W-2/1099-MISC/ | from the | | |
| | related | tee or | ustee | | | ensate | | (W-2/1099-MISC/ | 1099-NEC) | organization | | |
| | organizations | al trus | onal tr | | loyee | comp | | 1099-NEC) | | and related | | |
| | below line) | Individual trustee | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organizations | | |
| (1) FREDDY WILLIAMS | 24.00 | _ | _ | | | | _ | 10 | | | | |
| CHIEF EXECUTIVE OFFICER | 21.00 | | | Х | | | | 0. | 242,815. | 24,231. | | |
| (2) DJ GOTHE | 24.00 | | | | | | | " | | | | |
| CHIEF FINANCIAL OFFICER | 21.00 | | | Х | | | | 156,153. | 0. | 36,501. | | |
| (3) PATRICK RYAN | 40.00 | | | | | | | | _ | | | |
| CHIEF PARTNERSHIPS AND GROWTH OFFICE | | | | X | | | | 144,965. | 0. | 17,177. | | |
| (4) CASSIE KACKLEY | 24.00 | | | | | | | | | | | |
| CHIEF DEVELOPMENT OFFICER | 16.00 | | | Х | | | | 0. | 135,672. | 8,628. | | |
| (5) CINDY BAUER | 24.00 | | | 37 | | | | | 127 217 | F 200 | | |
| CHIEF HUMAN RESOURCES OFFICER | 16.00 24.00 | | | Х | | | | 0. | 137,317. | 5,288. | | |
| (6) MANDY TAYLOR | | X | | | | | | 0. | 131,699. | 9,821. | | |
| CHIEF OPERATING OFFICER (7) ELISA JACKSON | 40.00 | ^ | | | | | | 0. | 131,033. | 9,021. | | |
| CHIEF DEVELOPMENT OFFICER | 20.00 | - | | Х | | | | 104,053. | 0. | 17,035. | | |
| (8) ED NARAIN | 2.00 | | | | | | | | | | | |
| BOARD CHAIRMAN | | х | | х | | | | 0. | 0. | 0. | | |
| (9) RUSS TIEJEMA | 2.00 | | | | | | | | | | | |
| TREASURER | | Х | | Х | | | | 0. | 0. | 0. | | |
| (10) MATT DUMAR | 2.00 | | | | | | | | | | | |
| IMMEDIATE PAST BOARD CHAIR | | Х | | X | | | | 0. | 0. | 0. | | |
| (11) HOLLY TOMLIN | 2.00 | | | | | | | | | _ | | |
| FOUNDATION MEMBER | | Х | | Х | | | | 0. | 0. | 0. | | |
| (12) LARRY BEVIS | 2.00 | | | | | | | | _ | _ | | |
| VICE CHAIRMAN | | Х | | X | | | | 0. | 0. | 0. | | |
| (13) MARC SPENCER | 2.00 | l | | | | | | | | • | | |
| DIRECTOR | 0 00 | Х | | | | | | 0. | 0. | 0. | | |
| (14) GREG HEARING | 2.00 | ,, | | | | | | _ | | 0 | | |
| DIRECTOR | 2 00 | Х | | | | | | 0. | 0. | 0. | | |
| (15) SCOTT JACOBSEN | 2.00 | ,, | | | | | | _ | 0 | 0 | | |
| DIRECTOR (16) WARL PRANDER EGO | 2.00 | Х | | | | | | 0. | 0. | 0. | | |
| (16) KARL BRANDES ESQ DIRECTOR | 4.00 | X | | | | | | 0. | 0. | 0. | | |
| (17) EDDIE GOMEZ | 2.00 | ^ | | | | | | 0. | 0. | <u> </u> | | |
| DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. | | |
| DINECTOR | | 77 | | | | | | <u>U•</u> | U • | - 000 | | |

432007 12-10-24

Page 8

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

| (A) Name and title | (B) Average hours per | Position (do not check more than one box, unless person is both an | | | | than | | (D) Reportable | (E) Reportable | | | (F) timate nount (| |
|---|--|--|----------|------|--------|--|-------------|---|--|------|-------------------|-------------------------------------|------------------------|
| | week (list any hours for related organizations below line) | tee or director | | | irecto | Highest compensated highest compensated complexed highest compensated highest compensa | stee) | compensation from the organization (W-2/1099-MISC/ 1099-NEC) | compensation from related organizations (W-2/1099-MISO 1099-NEC) | | com fr orga | other pensa om the anizati d relate | tion e ion ed |
| (18) JEROME RYANS DIRECTOR | 2.00 | х | | | | | | 0. | | 0. | | | 0. |
| (19) CARTER ANDERSON | 2.00 | | | | | 1 | | • | | - | | | • |
| DIRECTOR | | Х | | | | | | 0. | | 0. | | | 0. |
| (20) MICHAEL DEHNEY | 2.00 | | | | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | | 0. | | | 0. |
| (21) LORI LIBURDI | 2.00 | l | | | | | | | | | | | _ |
| DIRECTOR | | Х | | | | | | 0. | | 0. | | | 0. |
| (22) PHIL MALCOLM DIRECTOR | 2.00 | x | | | | | | 0. | 7 | 0. | | | 0. |
| (23) KAREN MINCEY | 2.00 | | | | | + | | | | - | | | • |
| DIRECTOR | | х | | | | | | 0. | Ĭ | 0. | | | 0. |
| (24) JOHN TOMLIN | 2.00 | | | | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | | 0. | | | 0. |
| (25) ADAM DIASTI | 2.00 | ,, | | | | | | | | | | | ^ |
| DIRECTOR | 2.00 | Х | | | | \vdash | | 0. | | 0. | | | 0. |
| (26) NIK PALLES DIRECTOR | 2.00 | Х | | | | C | | 0. | | 0. | | | 0. |
| 1b Subtotal | <u>I</u> | | <u> </u> | | | 1 | | 405,171. | | | 11 | 8,6 | |
| c Total from continuation sheets to Part VI | I, Section A | | | | | | | 0. | | 0. | | - | 0. |
| d Total (add lines 1b and 1c) | | | - 10 | . 1 |) | | | 405,171. | 647,50 | 3. | 11 | 8,6 | 81. |
| 2 Total number of individuals (including but n | ot limited to th | ose | liste | d al | bove | e) wl | no r | eceived more than \$10 | 0,000 of reportable | 9 | | | |
| compensation from the organization | | 1. | • | | | | | | | | | | 3 |
| | | | | | | | | | | | | Yes | No |
| 3 Did the organization list any former officer, | | | - | - | - | | _ | • | • | | | | Х |
| line 1a? If "Yes," complete Schedule J for \$ 4 For any individual listed on line 1a, is the su | | | | | | | | her compensation from | | ···· | 3 | | |
| and related organizations greater than \$15 | | | | | | | | | | ı | 4 | х | |
| 5 Did any person listed on line 1a receive or a | _ | | | | | | | | | ···· | | | |
| rendered to the organization? If "Yes," com | - | | | | - | | | - | | | 5 | | Х |
| Section B. Independent Contractors | | | | | | | | | | | | | |
| 1 Complete this table for your five highest co | | | | | | | | | | pens | ation f | rom | |
| the organization. Report compensation for | the calendar y | ear (| endi | ng v | vith | or w | rithir I | | year. | | | _ | |
| (A) Name and business | address | NO | ONE | 3 | | | | (B) Description of | services | С | (C omper | | า |
| | | | | | | | | <u> </u> | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | _ | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 2 Total number of independent contractors (i | ncluding but n | ot li | mite | d to | tho | se li | stec | d above) who received r | nore than | | | | |

\$100,000 of compensation from the organization SEE PART VII, SECTION A CONTINUATION SHEETS

| | IRLS CL | JB | OI | · 1 | 'Al | IP <i>I</i> | <u> </u> | BAY, INC. | 59-062 | 4368 |
|--|-------------------|--------------------------------|-----------------------|---------|--------------|------------------------------|----------|--------------------|----------------------------------|--------------------------|
| Part VII Section A. Officers, Directors, Tru | ustees, Key E | mpl | oyee | s, a | nd F | ligh | est | Compensated Employ | rees (continued) | |
| (A) | (B) | | | (C | C) | | | (D) | (E) | (F) |
| Name and title | Average | | | Posi | ition | | | Reportable | Reportable | Estimated |
| | hours | (c | heck | all t | that | app | ly) | compensation | compensation | amount of |
| | per | | | | | au | | from | from related | other |
| | week (list any | fo | | | | Highest compensated employee | | the organization | organizations (W-2/1099-MISC) | compensation from the |
| | hours for | direc | | | | na pa | | (W-2/1099-MISC) | (** 2/ 1000 141100) | organization |
| | related | tee or | ıstee | | | en sate | | , | | and related |
| | organizations | Individual trustee or director | Institutional trustee | | loyee | dwo: | | | | organizations |
| | below | ividua | itutio | Officer | Key employee | hest o | Former | | | |
| | line) | Pul | Inst | 0Hf | Key | Hig | Бог | | | |
| (27) ANGELIE SPURLING | 2.00 | ↓ | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0 |
| (28) MATT PIERSON | 2.00 | ļ | | | | | | | | • |
| DIRECTOR | 2 00 | Х | | | | | | 0. | 0. | 0 |
| (29) REGINALD O GODBOLT COLONEL | 2.00 | ١ | | | | | | | | |
| DIRECTOR | 2 00 | Х | | | | | | 0. | 0. | 0 |
| (30) MICHAEL HEALY | 2.00 | ٠, | | | | | | 0.3 | 0 | 0 |
| DIRECTOR | 2.00 | Х | | | | | | 0. | 0. | 0 |
| (31) MELANIE MARTIN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0 |
| (32) TOMAS BIRRIEL | 2.00 | <u> </u> | | | | | | <u> </u> | 0. | 0 |
| DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0 |
| (33) DANNY PERSAUD | 2.00 | 122 | | | | | | 0. | • | 0 |
| DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0 |
| (34) CAROLYNN SMITH-JONES | 2.00 | | | | | | | 0. | | |
| DIRECTOR | | x | | | | ~ | | 0. | 0. | 0 |
| (35) KAREN SPARKMAN | 2.00 | | | | | | | - | | |
| DIRECTOR | | X | | | |)~ | | 0. | 0. | 0 |
| (36) RONRICO SMITH | 2.00 | | | -) | // | | | | | |
| DIRECTOR | | X | | | Ť | | | 0. | 0. | 0 |
| (37) RICK ALVAREZ | 2.00 | | | | | | | | | |
| DIRECTOR | | X | • | | | | | 0. | 0. | 0 |
| (38) ERNEST CARRERA | 2.00 | / | | | | | | _ | _ | _ |
| DIRECTOR | C | X | | | | | | 0. | 0. | 0 |
| (39) MATT JACOBSON | 2.00 | ↓ | | | | | | | | |
| DIRECTOR | 0.00 | Х | | | | | | 0. | 0. | 0 |
| (40) CHRIS ROEDERER | 2.00 | ١,, | | | | | | | | • |
| DIRECTOR | 2 00 | Х | | | | | | 0. | 0. | 0 |
| (41) ERIN KNIGHT | 2.00 | X | | | | | | 0. | 0. | _ |
| DIRECTOR (42) JESSICA VEGA-EUGENE | 2.00 | ₽ | | | | | | 0. | 0. | 0 |
| OURECTOR | 2.00 | X | | | | | | 0. | 0. | 0 |
| (43) SHAYLIA MCRAE | 2.00 | <u> </u> | | | | | | 0. | 0. | 0 |
| DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0 |
| (44) TIFFANY LOVE | 2.00 | 123 | | | | | | | • | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0 |
| (45) JEFF CALLAHAN | 2.00 | + | | | | | | | | |
| DIRECTOR | | x | | | | | | 0. | 0. | 0 |
| | | Ť | | | | | | | | |
| | | 1 | | | | | | | | |
| | • | • | • | | | | | | | |
| Total to Part VII, Section A, line 1c | | | | | | | | | | |
| | | | | | | | | | | |

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 132,335 1 a Federated campaigns 1a **b** Membership dues 1b 252,907. 251,970. c Fundraising events 1c 477,132 d Related organizations 1d 4,668,439 e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 4,002,383. 1f 884,735 g Noncash contributions included in lines 1a-1f 1g |\$ h Total. Add lines 1a-1f 9,785,166 **Business Code** 2 a PROGRAM REVENUE 900099 Program Service Revenue 209,606 209,606 b f All other program service revenue g Total. Add lines 2a-2f 209,606 Investment income (including dividends, interest, and 189,384, 189,384. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 69,610 6 a Gross rents 0 **b** Less: rental expenses ... 6b 69,610. **c** Rental income or (loss) 69,610 69,610. d Net rental income or (loss) (ii) Other 7 a Gross amount from sales of (i) Securities assets other than inventory 7a b Less: cost or other basis Other Revenue 7b and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not 251,970. of including \$ contributions reported on line 1c). See Part IV, line 18 513,608 85,579. **b** Less: direct expenses c Net income or (loss) from fundraising events 428,029 428,029, 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue d All other revenue e Total. Add lines 11a-11d

12 432009 12-10-24

Form **990** (2024)

687,023.

10,681,795.

Total revenue. See instructions

209,606

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).

| D- | Check if Schedule O contains a respon | nse or note to any line in (A) | (B) | (C) | |
|--------|--|--------------------------------|-----------------------------|---------------------------------|-----------------------|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | 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 | 31,750. | 31,750. | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 405,171. | 331,191. | 44,654. | 29,326 |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | 4 050 500 | | 205 450 |
| 7 | Other salaries and wages | 5,322,086. | 4,352,783. | 584,153. | 385,150 |
| 8 | Pension plan accruals and contributions (include | 167 412 | 125 126 | 10 220 | 12 020 |
| | section 401(k) and 403(b) employer contributions) | 167,413. | 135,136. | 18,339. | 13,938 |
| 9 | Other employee benefits | 363,713. | 293,590. | 39,841. | 30,282 |
| 10 | Payroll taxes | 425,263. | 342,277. | 48,352. | 34,634 |
| 11 | Fees for services (nonemployees): | | 401 | | |
| а | • | 295. | 98. | 161. | 36 |
| b | Legal | 53,208. | 17,678. | 28,984. | 6,546 |
| С | • | 33,200. | 11,010. | 20,304. | 0,340 |
| | Lobbying | | | | |
| e | , | | , | | |
| f | Investment management fees | -() | | | |
| g | column (A), amount, list line 11g expenses on Sch O.) | 323,624. | 77,933. | 143,737. | 101,954 |
| 12 | Advertising and promotion | 32370211 | 7.77550 | 22077070 | 202,302 |
| 13 | Office expenses | 76,260. | 11,725. | 23,394. | 41,141 |
| 14 | Information technology | 275,646. | 141,090. | 92,956. | 41,600 |
| 15 | Royalties |) | , | , , , , , | , |
| 16 | Occupancy | 414,991. | 290,316. | 120,410. | 4,265 |
| 17 | Travel | 291,646. | 275,833. | 12,494. | 3,319 |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 114,686. | 38,572. | 53,697. | 22,417 |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | 55,489. | 28,650. | 26,839. | |
| 22 | Depreciation, depletion, and amortization | 519,714. | 492,020. | 27,694. | |
| 23 | Insurance | 192,496. | 157,462. | 22,907. | 12,127 |
| 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 0.) | | | | |
| а | SUPPLIES | 1,353,207. | 1,339,443. | 5,588. | 8,176 |
| b | DIRECT YOUTH SERVICES | 189,678. | 189,678. | | 14 |
| С | MISCELLANEOUS EXPENSE | 46,580. | 6,987. | 25,620. | 13,973 |
| d | BANK AND MERCHANT SERVI | 20,865. | | | 20,865 |
| е | All other expenses | 10 (42 524 | 0 554 040 | 1 210 000 | 760 740 |
| 25 | Total functional expenses. Add lines 1 through 24e | 10,643,781. | 8,554,212. | 1,319,820. | 769,749 |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | Form 990 (202) |

| Pai | π λ | Balance Sheet | | | | | |
|-----------------------------|----------|---|-----------------------|-----------------------|---------------------------------|-----------|---------------------------|
| | | Check if Schedule O contains a response or n | ote to an | y line in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 4,253,604. | 1 | 4,919,811 |
| | 2 | Savings and temporary cash investments | | | 426,787. | 2 | 258,431 |
| | 3 | Pledges and grants receivable, net | | | 1,300,449. | 3 | 1,196,955 |
| | 4 | Accounts receivable, net | | | | 4 | 221,139 |
| | 5 | Loans and other receivables from any current | | | | | |
| | | trustee, key employee, creator or founder, sub | ostantial o | contributor, or 35% | | | |
| | | controlled entity or family member of any of th | ese pers | ons | | 5 | |
| | 6 | Loans and other receivables from other disqu | alified pe | rsons (as defined | | | |
| ţ | | under section 4958(f)(1)), and persons describ | ction 4958(c)(3)(B) | | 6 | | |
| | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| ⋖ | 9 | Prepaid expenses and deferred charges | | | 106,322. | 9 | 119,842 |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 11,889,292. | | | |
| | b | Less: accumulated depreciation | 10b | 4,962,641. | 7,266,387. | 10c | 6,926,651 |
| | 11 | Investments - publicly traded securities | | | 691,475. | 11 | 745,150 |
| | 12 | Investments - other securities. See Part IV, line | | 3,629,261. | 12 | 4,039,032 | |
| | 13 | Investments - program-related. See Part IV, lin | | | | 13 | |
| | 14 | Intangible assets | | | <u> </u> | 14 | 00.005 |
| | 15 | Other assets. See Part IV, line 11 | | 4 14 | 79,007. | 15 | 80,925 |
| | 16 | Total assets. Add lines 1 through 15 (must ed | | | 17,753,292. | 16 | 18,507,936 |
| | 17 | Accounts payable and accrued expenses | | | 355,493. | 17 | 504,713 |
| | 18 | Grants payable | | | 142 467 | 18 | 265 444 |
| | 19 | Deferred revenue | | | 143,467. | 19 | 265,444 |
| | 20 | Tax-exempt bond liabilities | | 20 | | | |
| | 21 | Escrow or custodial account liability. Complet | | , | | 21 | |
| Liabilities | 22 | Loans and other payables to any current or fo | | | | | |
| | | trustee, key employee, creator or founder, sub | | | | 00 | |
| E E | | controlled entity or family member of any of the | | | | 22 | |
| | 23 24 | Secured mortgages and notes payable to unrulate | | | | 23 24 | |
| | 25 | Unsecured notes and loans payable to unrela Other liabilities (including federal income tax, | | | | 24 | |
| | 25 | parties, and other liabilities not included on lin | | | | | |
| | | | es 17-24 _/ | i. Complete Fart X | 46,420. | 25 | 0 |
| | 26 | of Schedule D | | | 545,380. | 26 | 770,157 |
| | 20 | Organizations that follow FASB ASC 958, c | | | 3 23 7 3 3 3 1 | 20 | 7.07237 |
| es | | and complete lines 27, 28, 32, and 33. | neek nei | <u> </u> | | | |
| au | 27 | ** | | | 12,205,321. | 27 | 12,020,802 |
| Ba | 28 | Net assets with donor restrictions | | | 5,002,591. | 28 | 5,716,977 |
| <u> </u> | | Organizations that do not follow FASB ASC | · · | | <u> </u> | | |
| 7 | | and complete lines 29 through 33. | | | | | |
| ō | 29 | Capital stock or trust principal, or current fund | ds | | | 29 | |
| set | 30 | Paid-in or capital surplus, or land, building, or | | | | 30 | |
| As | 31 | Retained earnings, endowment, accumulated | | | | 31 | |
| Net Assets or Fund Balances | 32 | Total net assets or fund balances | | | 17,207,912. | 32 | 17,737,779 |
| _ | 33 | Total liabilities and net assets/fund balances | | | 17,753,292. | 33 | 18,507,936 |

| Par | rt XI Reconciliation of Net Assets | | | | | | | |
|--------------------------------------|---|-------|---------------------|-------------------|--------------------------|--|--|--|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | | | |
| 1 2 3 4 5 6 7 8 | Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments | 1 2 3 | L0,68 L0,64 3 | 1,7 3,7 8,0 | 81. 14. 12. 53. | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | 0. | | | |
| 10 | | | | | | | | |
| Par | rt XIII Financial Statements and Reporting | | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | Yes | No | | | |
| 1 2a | 1 / 1 | | | | | | | |
| b | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis | | | | | | | |
| С | c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | | | | | | | |
| | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? | | За | х | | | | |
| <u></u> | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | | | | | | |

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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.

Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

BOYS & GIRLS CLUB OF TAMPA BAY, INC.

Employer identification number 59-0624368

| Pa | rt I | Reason for Public (| Charity Status. | (All organizations must c | omplete tl | nis part.) S | See instructions. | | | | | |
|------|-------|---|-------------------------|--|------------------|---------------------------------|---------------------------------------|----------------------------|--|--|--|--|
| The | organ | ization is not a private found | lation because it is: (| For lines 1 through 12, o | check only | one box.) | | | | | | |
| 1 | | A church, convention of ch | | | | | | | | | | |
| 2 | | A school described in sect i | | | | | | | | | | |
| 3 | | A hospital or a cooperative | | | |)(b)(1)(A)(i | ii). | | | | | |
| 4 | | A medical research organiz | | | | | | the hospital's name | | | | |
| • | | city, and state: | anon operated in col | njanoson wana noopita | . 400011501 | | | the freepital e flame, | | | | |
| 5 | | | or the benefit of a co | llogo or university owner | d or opera | tod by a a | overnmental unit describ | and in | | | | |
| 3 | ш | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in | | | | | | | | | | |
| | | section 170(b)(1)(A)(iv). (Complete Part II.) | | | | | | | | | | |
| 6 | X | A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in | | | | | | | | | | |
| 7 | Δ | | | ntial part of its support f | rom a gov | ernmenta | unit or from the general | public described in | | | | |
| _ | | section 170(b)(1)(A)(vi). (C | . , | | | | | | | | | |
| 8 | Н | A community trust describe | | | | | | | | | | |
| 9 | | An agricultural research org | | | | | | | | | | |
| | | or university or a non-land-o | grant college of agric | ulture (see instructions). | . Enter the | name, cit | v, and state of the collec | je or | | | | |
| | | university: | | | | | | | | | | |
| 10 | Ш | An organization that norma | * | | | _ | · · · · · · · · · · · · · · · · · · · | - | | | | |
| | | activities related to its exen | | | | | | | | | | |
| | | income and unrelated busin | ness taxable income | (less section 511 tax) from | om busine | sses acqu | ired by the organization | after June 30, 1975. | | | | |
| | | See section 509(a)(2). (Cor | mplete Part III.) | | | | | | | | | |
| 11 | Щ | An organization organized a | and operated exclusi | ively to test for public sa | fety. See | section 50 |)9(a)(4). | | | | | |
| 12 | | An organization organized a | and operated exclusi | ively for the benefit of, to | perform : | the function | ons of, or to carry out the | e purposes of one or | | | | |
| | | more publicly supported or | ganizations describe | ed in section 509(a)(1) o | r section | 509(a)(2). | See section 509(a)(3). (| Check the box on | | | | |
| | | lines 12a through 12d that | describes the type o | of supporting organizatio | n and con | nplete line | s 12e, 12f, and 12g. | | | | | |
| а | | | anization operated, s | upervised, or controlled | by its sup | ported or | ganization(s), typically by | giving giving | | | | |
| | | the supported organization | on(s) the power to re | gularly appoint or elect a | a majority | of the dire | ctors or trustees of the s | supporting | | | | |
| | | organization. You must o | omplete Part IV, Se | ections A and B. | | | | | | | | |
| b | | Type II. A supporting org | anization supervised | or controlled in connec | tion with it | s support | ed organization(s), by ha | aving | | | | |
| | | control or management o | f the supporting orga | anization vested in the s | ame perso | ons that co | ontrol or manage the sup | ported | | | | |
| | | organization(s). You mus | t complete Part IV, | Sections A and C. | | | | | | | | |
| С | | Type III functionally inte | grated. A supporting | g organization operated | in connec | tion with, | and functionally integrat | ed with, | | | | |
| | | its supported organization | n(s) (see instructions | s). You must complete F | Part IV, Se | ections A, | D, and E. | | | | | |
| d | | Type III non-functionally | integrated. A supp | orting organization oper | ated in co | nnection v | vith its supported organ | ization(s) | | | | |
| | | that is not functionally int | egrated. The organiz | zation generally must sat | tisfy a dist | ribution re | quirement and an attent | iveness | | | | |
| | | requirement (see instruct | , - | • | - | | | | | | | |
| е | | Check this box if the orga | * | | | | | | | | | |
| | | functionally integrated, or | | | | | 31 , 31 , 31 | | | | | |
| f | Ente | er the number of supported o | | | | | | | | | | |
| g | | vide the following information | | | | | | | | | | |
| | (| i) Name of supported | (ii) EIN | (iii) Type of organization | (iv) Is the orga | nization listed ng document? | (v) Amount of monetary | (vi) Amount of other | | | | |
| | | organization | | (described on lines 1-10 above (see instructions)) | Yes | No | support (see instructions) | support (see instructions) | | | | |
| | | | | above (oce mondonomy) | | | | | | | | |
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| Tota | .1 | | | | | | | | | | | |

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

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

| Sec | ction A. Public Support | ,, | • | , | | | |
|------|---|-----------------------|---------------------|----------------------|---------------------------------------|------------------------|------------------------|
| | ndar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
| | Gifts, grants, contributions, and | , | , | , | ` ' | () | (, |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 5364034. | 7646053. | 8054102. | 10366099. | 9957100. | 41387388. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization'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 | 5264024 | BC46050 | 0054400 | 10066000 | 0055400 | 44207200 |
| | Total. Add lines 1 through 3 | 5364034. | 7646053. | 8054102. | 10366099. | 9957100. | 41387388. |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | _ A | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | 2 | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | ~O, | | 707 260 |
| _ | column (f) | | | | | | 797,268. |
| | Public support. Subtract line 5 from line 4. | | | | | | 40390120. |
| | ndar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (a) 2024 | (f) Total |
| | Amounts from line 4 | 5364034. | 7646053. | 8054102. | 10366099. | 9957100. | (f) Total 41387388. |
| | Gross income from interest, | | | | | 7707200 | |
| Ü | dividends, payments received on | | | 5 | | | |
| | securities loans, rents, royalties, | | \ C | | | | |
| | and income from similar sources | 143,830. | 51,824. | 83,353. | 211,212. | 258,994. | 749,213. |
| 9 | Net income from unrelated business | , | ~ () | · | | - | |
| _ | activities, whether or not the | | 1,65 | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | 1,10 | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 42136601. |
| 12 | Gross receipts from related activities, | etc. (see instruction | ons) | | | 12 | |
| 13 | First 5 years. If the Form 990 is for the | ne organization's fi | rst, second, third, | fourth, or fifth tax | year as a section 5 | 601(c)(3) | |
| | organization, check this box and stor | | | | | | |
| | ction C. Computation of Publ | | | | | | 06 22 |
| | Public support percentage for 2024 (| | | | | 14 | 96.33 % 98.52 % |
| | Public support percentage from 2023 | | | | · · · · · · · · · · · · · · · · · · · | 15 | |
| 16a | 33 1/3% support test - 2024. If the c | • | | • | | • | |
| I. | stop here. The organization qualifies | | | | | | |
| D | 33 1/3% support test - 2023. If the c | • | | • | | • | |
| 17^ | and stop here. The organization qual 10% -facts-and-circumstances tes | | | | | | |
| 11 d | and if the organization meets the fact | ū | | | | | • |
| | meets the facts-and-circumstances to | | , | • | • | vi now the organi. | |
| h | 10% -facts-and-circumstances tes | _ | | * * * | - | I7a and line 15 is | |
| | more, and if the organization meets the | - | | | | | 1370 01 |
| | organization meets the facts-and-circ | | | | - | | |
| 18 | Private foundation. If the organization | | | | | | ns |
| | | cc u | | ,,, | , | | |

Schedule A (Form 990) 2024

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.)

| Se | ction A. Public Support | ,,, | , | | | | |
|------|---|-----------------------------|--------------------------|----------------------|----------------------|---------------------|-----------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (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 per- | | | | | | |
| | formed, 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 bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | ~7 | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | -07 | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| | Amounts included on lines 1, 2, and | | | 1 | | | |
| | 3 received from disqualified persons | | | | | | |
| k | Amounts included on lines 2 and 3 received | | | 30 | | | |
| | from other than disqualified persons that | | | | | | |
| | exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| | Add lines 7a and 7b | | | 5 | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | |
| Se | ction B. Total Support | | | | • | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, | | | | | | |
| | dividends, payments received on securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | | | | | | |
| k | Unrelated business taxable income | 110 | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | . (O) | | | | | |
| c | 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 | ne organization's fi | rst, second, third, | fourth, or fifth tax | year as a section 5 | 501(c)(3) organizat | ion, |
| | check this box and stop here | • | | | | | |
| Se | ction C. Computation of Publ | ic Support Pe | rcentage | | | | |
| 15 | Public support percentage for 2024 (| line 8, column (f), c | divided by line 13, | column (f)) | | 15 | % |
| 16 | Public support percentage from 2023 | 3 Schedule A, Part | III, line 15 | | | 16 | % |
| Se | ction D. Computation of Inve | stment Incom | e Percentage | | | | |
| 17 | Investment income percentage for 20 |)24 (line 10c, colur | nn (f), divided by li | ne 13, column (f)) | | 17 | % |
| | Investment income percentage from | | | | | 18 | % |
| 19a | 33 1/3% support tests - 2024. If the | organization did n | not check the box | on line 14, and line | e 15 is more than 3 | 3 1/3%, and line | 17 is not |
| | more than 33 1/3%, check this box a | nd stop here. The | organization quali | fies as a publicly s | supported organiza | tion | |
| k | 33 1/3% support tests - 2023. If the | organization did n | not check a box or | line 14 or line 19a | a, and line 16 is mo | ore than 33 1/3%, | and |
| | line 18 is not more than 33 1/3%, che | eck this box and st | op here. The orga | nization qualifies a | as a publicly suppo | rted organization | |
| 20 | Private foundation If the organization | an did not chack a | boy on line 14 10 | a ar 10h ahaak ti | hic hay and see inc | tructions | |

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 |
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| Par | ort IV Supporting Organizations (continued) | | | |
|-----|--|--------------|-----|----|
| | , and the second | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described on line 11a above? | 11b | | |
| | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, | 1.1.2 | | |
| _ | provide detail in Part VI. | 11c | | |
| Sec | ction B. Type I Supporting Organizations | | | |
| | JI 11 5 5 | | Yes | No |
| 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 | | | |
| | 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 superganization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated amounts. | | | |
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 19 tile | | |
| 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. | 2 | | |
| Sec | ction C. Type II Supporting Organizations | | | |
| | JI 11 3 3 | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| • | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI now control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Sec | ction D. All Type III Supporting Organizations | | | |
| | <i>y</i> 11 0 0 | | 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 | | |
| Sec | ction E. Type III Functionally Integrated Supporting Organizations | • | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see in | structions). | | |
| а | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a governmental | | | |
| | entity (see instructions). | | | |
| 2 | Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| 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. | 2b | | |
| 3 | Parent of Supported Organizations. Answer lines 3a and 3b below. | | | |
| а | 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. | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |

| Pa | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting | g Orga | anizations | |
|------|--|----------|-------------------------------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying | trust c | n Nov. 20, 1970 (<i>explain in</i> | Part VI). See instructions |
| | All other Type III non-functionally integrated supporting organizations must | comple | te Sections A through E. | |
| 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 | | |
| | 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 | | |
| e | Discount claimed for blockage or other factors | | 4 | |
| | (explain in detail in Part VI): | Y | | |
| 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 | | |
| | 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 | | |
| 7 | Check here if the current year is the organization's first as a non-functionally | v intear | ated Type III supporting org | anization (see |

Schedule A (Form 990) 2024

instructions).

Schedule A (Form 990) 2024

b Excess from 2021 c Excess from 2022 d Excess from 2023 e Excess from 2024

| Part VI | Supplemental Information Dravide the evaluations required by Dort II line 10: Dort II line 17: av 17b; Dort III line 19: |
|----------|--|
| . art 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. |
| | ine 1; Part IV, Section D, lines Z and 3; Part IV, Section E, lines 1c, Za, Zb, 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 B (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

Employer identification number

BOYS & GIRLS CLUB OF TAMPA BAY, INC.

59-0624368

| Organization type (check o | one): |
|---|---|
| Filers of: | Section: |
| Form 990 or 990-EZ | \boxed{X} 501(c)(3) (enter number) organization |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | 527 political organization |
| Form 990-PF | 501(c)(3) exempt private foundation |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | 501(c)(3) taxable private foundation |
| | s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. |
| General Rule | |
| property) from any Special Rules X For an organization sections 509(a)(1) contributor, during | in filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. In described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one of the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; I line 1. Complete Parts I and II. |
| contributor, during literary, or education | n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one is the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, onal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering of the contributor name and address), II, and III. |
| year, contributions is checked, enter h purpose. Don't co | n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the seculusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., mplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year\$ |
| answer "No" on Part IV, line | nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must e 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify g requirements of Schedule B (Form 990). |

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

Schedule B (Form 990) (Rev. 12-2024)

Name of organization Employer identification number

BOYS & GIRLS CLUB OF TAMPA BAY, INC.

59-0624368

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | I space is needed. | |
|------------|---|----------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | | \$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | | s <u>1,184</u> ,890. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | | \$ <u>1,462,548.</u> | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | <i>B</i> 10/10 | \$ 796,571. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | | \$ <u>477,132.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 6 | | \$ 950,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

Name of organization Employer identification number

BOYS & GIRLS CLUB OF TAMPA BAY, INC.

59-0624368

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | l space is needed. | |
|------------|--|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 7 | | \$ 276,086. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 8 | | \$ 884,735. | Person Payroll Noncash X (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | -;606511 | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | Priorie Priori | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Name of organization Employer identification number

BOYS & GIRLS CLUB OF TAMPA BAY, INC.

59-0624368

| Part II | Noncash Property (see instructions). Use duplicate copies of Part II if a | dditional space is needed. | |
|------------------------------|---|---|------------------------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| 8 | MEALS AND SNACKS | \$84,735. | 12/31/24 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ 600 | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| 402452 01 0 | | \$ | le B (Farm 000) / Barr 10, 000 / J |

Employer identification number

Name of organization

59-0624368 BOYS & GIRLS CLUB OF TAMPA BAY, INC. Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

BOYS & GIRLS CLUB OF TAMPA BAY, INC.

Employer identification number 59-0624368

| Pai | t I Organizations Maintaining Donor Advise | ed Funds or Other Similar Fund | s or Accounts. Complete if the |
|-----|---|--|--|
| | organization answered "Yes" on Form 990, Part IV, lir | ne 6. | |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in | writing that the assets held in donor advi | sed funds |
| | are the organization's property, subject to the organization's | - | |
| 6 | Did the organization inform all grantees, donors, and donor a | | |
| | for charitable purposes and not for the benefit of the donor of | | |
| | • • | | |
| Pai | | | |
| 1 | Purpose(s) of conservation easements held by the organizat | ion (check all that apply). | |
| | Preservation of land for public use (for example, recrea | ation or education) Preservation o | f a historically important land area |
| | Protection of natural habitat | | f a certified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a quali | fied conservation contribution in the form | n of a conservation easement on the last |
| | day of the tax year. | | Held at the End of the Tax Year |
| а | Total number of conservation easements | 40 | 2a |
| | Total acreage restricted by conservation easements | | 2b |
| | Number of conservation easements on a certified historic str | | |
| d | Number of conservation easements included on line 2c acqu | uired after July 25, 2006, and not | |
| | on a historic structure listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, transferred, re | | |
| | year | ~0 | - |
| 4 | Number of states where property subject to conservation ea | sement is located | |
| 5 | Does the organization have a written policy regarding the pe | | |
| | violations, and enforcement of the conservation easements | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | , handling of violations, and enforcing cor | nservation easements during the year |
| | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | dling of violations, and enforcing conserv | ation easements during the year |
| | | | |
| 8 | Does each conservation easement reported on line 2d above | e satisfy the requirements of section 170 | (h)(4)(B)(i) |
| | and section 170(h)(4)(B)(ii)? | | Yes No |
| 9 | In Part XIII, describe how the organization reports conservat | ion easements in its revenue and expens | e statement and |
| | balance sheet, and include, if applicable, the text of the foot | note to the organization's financial staten | nents that describes the |
| | organization's accounting for conservation easements. | | |
| Pai | t III Organizations Maintaining Collections of | | Other Similar Assets. |
| | Complete if the organization answered "Yes" on Form | n 990, Part IV, line 8. | |
| 1a | If the organization elected, as permitted under FASB ASC 95 | 58, not to report in its revenue statement | and balance sheet works |
| | of art, historical treasures, or other similar assets held for pu | blic exhibition, education, or research in f | furtherance of public |
| | service, provide in Part XIII the text of the footnote to its final | ncial statements that describes these ite | ms. |
| b | If the organization elected, as permitted under FASB ASC 95 | 58, to report in its revenue statement and | balance sheet works of |
| | art, historical treasures, or other similar assets held for public | c exhibition, education, or research in fur | therance of public service, |
| | provide the following amounts relating to these items. | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | \$ |
| | (ii) Assets included in Form 990, Part X | | \$ <u> </u> |
| 2 | If the organization received or held works of art, historical tre | easures, or other similar assets for financi | |
| | the following amounts required to be reported under FASB A | ASC 958 relating to these items: | |
| а | Revenue included on Form 990, Part VIII, line 1 | | \$ |
| h | Assets included in Form 990 Part Y | | <u> </u> |

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

Schedule D (Form 990) (Rev. 12-2024)

Schedule D (Form 990) (Rev. 12-2024)

6,926,651.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

| Schedule D (Form 990) (Rev. 12-2024)BOYS & GIR | LS CLUB OF TA | MPA BAY, | INC. | 59 | -0624368 | Page 3 |
|--|----------------------------|-------------------|--------------|----------------|-------------------|--------|
| Part VII Investments - Other Securities | | | | | | |
| Complete if the organization answered "Yes" | | | | | | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method o | of valuation | : Cost or end | -of-year market v | value |
| (1) Financial derivatives | | | | | | |
| (2) Closely held equity interests | | | | | | |
| (3) Other | | | | | | |
| (A) INVESTMENTS HELD AT | | | | | | |
| (B) FOUNDATION | 4,039,032. | END-OF- | YEAR | MARKET | VALUE | |
| (C) | | | | | | |
| (D) | | | | | | |
| (E) | | | | | | |
| (F) | | | | | | |
| (G) | | | | | | |
| (H) | | | | | | |
| Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) | 4,039,032. | | | | | |
| Part VIII Investments - Program Related. | | | | | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line | 11c. See Form 99 | 0, Part X, | line 13. | | |
| (a) Description of investment | (b) Book value | | | | -of-year market v | value |
| (1) | | | | 1 | | |
| (2) | | | () |) | | |
| (3) | | | 77 | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| (6) | | | | | | |
| (7) | | .r(C) | | | | |
| (8) | | 11 | | | | |
| (9) | | | | | | |
| Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) | G | | | | | |
| Part IX Other Assets | 10 | | | | | |
| Complete if the organization answered "Yes" | on Form 990. Part IV, line | 11d. See Form 99 | 0. Part X. | line 15. | | |
| | Description | | , , | I | (b) Book va | alue |
| (1) | 160 | | | | . , | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| (6) | | | | | | |
| (7) | | | | | | |
| (1) | | | | | | |
| (9) | | | | | | |
| Total. (Column (b) must equal Form 990, Part X, line 15, co | ol (R)) | | | | | |
| Part X Other Liabilities | (<i>D</i>)// | | | | | |
| Complete if the organization answered "Yes" | on Form 990 Part IV line | 11e or 11f See F | orm 990 F | Part X line 25 | | |
| 1. (a) Description of liability | | 110 01 1111 000 1 | 01111 000, 1 | 4,77, 1110 20 | (b) Book va | alue |
| (1) Federal income taxes | | | | | (2) 20011 10 | |
| | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| <u>(4)</u> | | | | | | |
| (5) | | | | | | |
| <u>(6)</u> | | | | | | |
| (7) | | | | | | |
| (8) | | | | | | |
| (9) | ./ (D)\ | | | - | | |
| Total. (Column (b) must equal Form 990. Part X. line 25. co | II. (D)) | | | | | |

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... X Schedule D (Form 990) (Rev. 12-2024)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the



SCHEDULE G (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

BOVE & CIRIC CLUB OF TAMPA BAV TNC

Employer identification number 59-0624368

| | GIRLS CHOD OF TAME | | | | 33-0024 | |
|---|---|---------------------------|-----------------|--------------------------|------------------------|--------------------------------------|
| Part I Fundraising Activities required to complete this par | Complete if the organization answ t. | ered "Y | 'es" o | n Form 990, Part IV, I | ine 17. Form 990-E2 | Z filers are not |
| 1 Indicate whether the organization rais | | ing acti | vities. | Check all that apply | | |
| a Mail solicitations | | | | overnment grants | • | |
| | | | | | | |
| | | | | nment grants | | |
| c Phone solicitations | g Specia | l fundra | iising | events | | |
| d In-person solicitations | | | | | | |
| 2 a Did the organization have a written of | or oral agreement with any individua | ıl (inclu | ding o | fficers, directors, trus | stees, or | |
| key employees listed in Form 990, P | art VII) or entity in connection with | orofess | ional t | fundraising services? | Yes | No |
| b If "Yes," list the 10 highest paid indi- | | | | | | ne. |
| compensated at least \$5,000 by the | | | u.g. o | | | |
| | organization. | | | | 4 | |
| | | (iii) | Did | 4 | (v) Amount paid | (|
| (i) Name and address of individual | (ii) Activity | fundr have c or cor | aiser | | to (or retained by) | (vi) Amount paid to (or retained by) |
| or entity (fundraiser) | (II) / totality | | trol of utions? | from activity | fundraiser | organization |
| | | | 1110115: | | listed in col. (i) | |
| | | Yes | No | | | |
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| X | | | | | | |
| | • | • | | | | |
| Total | | | | | | |
| 3 List all states in which the organization | on is registered or licensed to solicit | contrib | ution | s or has been notified | d it is exempt from re | egistration |
| or licensing. | | | | | | |
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LHA 432081 01-14-25 Schedule G (Form 990) (Rev. 12-2024)

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

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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b.

| | 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 YANKEES | (b) Event #2 TASTE OF | (c) Other events | (d) Total events | | | | | | | |
| Revenue | | | | KENNEDY | 4 | (add col. (a) through | | | | | | | |
| | | | (event type) | (event type) | (total number) | col. (c)) | | | | | | | |
| | | | 71 7 | 71 / | , | | | | | | | | |
| | 1 | Gross receipts | 368,060. | 165,589. | 231,929. | 765,578. | | | | | | | |
| | 2 | Less: Contributions | 151,000. | 87,500. | 13,470. | 251,970. | | | | | | | |
| | 3 | Gross income (line 1 minus line 2) | 217,060. | 78,089. | 218,459. | 513,608. | | | | | | | |
| | 4 | Cash prizes | | | | | | | | | | | |
| | 5 | Noncash prizes | | | | | | | | | | | |
| Direct Expenses | 6 | Rent/facility costs | 18,491. | 1,550. | 5,319. | 25,360. | | | | | | | |
| rect E | 7 | Food and beverages | 6,507. | 5,741. | 13,965. | 26,213. | | | | | | | |
| ⊡ | | | | | 0 \ | | | | | | | | |
| | 9 | Entertainment Other direct expenses | 9,222. | 11,394. | 13,390. | 34,006. | | | | | | | |
| | 10 | Direct expense summary. Add lines 4 through | 2: 1 (1) | | • | 85,579. | | | | | | | |
| | | Net income summary. Subtract line 10 from li | | 30 | | 428,029. | | | | | | | |
| Pa | | | | | reported more than | • | | | | | | | |
| | | \$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)) | | | | | | | |
| Rev | 1 | Gross revenue | ~C) | | | | | | | | | | |
| - | | Cash prizes | VI, | | | | | | | | | | |
| pense | | Noncash prizes | | | | | | | | | | | |
| Direct Expenses | | Rent/facility costs | 7 | | | | | | | | | | |
| ij | | | | | | | | | | | | | |
| | 5 | Other direct expenses | Yes % | Yes % | Yes % | | | | | | | | |
| | 6 | Volunteer labor | No No | No No | No No | | | | | | | | |
| | 7 | Direct expense summary. Add lines 2 through | n 5 in column (d) | | | | | | | | | | |
| | 8 | Net gaming income summary. Subtract line 7 | from line 1, column (d) | | | | | | | | | | |
| 9 Enter the state(s) in which the organization conducts gaming activities: | | | | | | | | | | | | | |
| a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: | | | | | | | | | | | | | |
| | | | | | | | | | ere any of the organization's gaming licenses re Yes," explain: | • | | • | Yes No |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

432082 01-14-25 Schedule G (Form 990) (Rev. 12-2024)

| Sch | nedule G (Form 990) (Rev. 12-2024)BOYS & GIRLS CLUB OF TAMPA BAY, INC. 59-0 | 0624368 | Page 3 |
|-----|--|---------------------|----------|
| 11 | Does the organization conduct gaming activities with nonmembers? | Yes | ☐ No |
| 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? | Yes | ☐ No |
| 13 | Indicate the percentage of gaming activity conducted in: | | |
| | | 13a | % |
| | a The organization's facility | 13b | |
| | An outside facility | I3D | % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | |
| | | | |
| | Name | | |
| | | | |
| | Address | | |
| | | | |
| 15a | a Does the organization have a contract with a third party from whom the organization receives gaming revenue? | ∴ L Yes | └── No |
| | | | |
| k | o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount | | |
| | of gaming revenue retained by the third party \$ | | |
| , | c If "Yes," enter the name and address of the third party: | | |
| • | on 100, onto the hame and address of the third party. | | |
| | Nama | | |
| | Name | | |
| | | | |
| | Address | | |
| | | | |
| 16 | Gaming manager information: | | |
| | \mathcal{O}_{\bullet} | | |
| | Name | | |
| | | | |
| | Gaming manager compensation \$ | | |
| | | | |
| | Description of services provided | | |
| | Ecosiliption of convioce provided | | |
| | | | |
| | · · · · · · · · · · · · · · · · · · · | | |
| | | | |
| | Director/officer Employee Independent contractor | | |
| | | | |
| 17 | | | |
| 8 | a Is the organization required under state law to make charitable distributions from the gaming proceeds to | | |
| | retain the state gaming license? | ∴ L Yes | └── No |
| k | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | | |
| | organization's own exempt activities during the tax year \$ | | |
| Pa | art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV | art III, lines 9, 9 | 9b, 10b, |
| | 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | | |
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2024.04031 BOYS & GIRLS CLUB OF TAMPA 395400_1

SCHEDULE I (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

| Name of the organization BOYS & GIRLS CLUB OF TAMPA BAY, INC. | | | | | | | Employer identification number 59-0624368 | |
|---|---|--------------------|------------------------------------|--------------------------|----------------------------------|--|---|---------------------------------------|
| Part I | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| | | | | | | | | etion |
| | riteria used to award the grants or assi | | | | | | | |
| 2 D | escribe in Part IV the organization's pro | ocedures for monit | oring the use of grant | funds in the Unite | d States. | | | |
| Part I | | | | | | anization answered " | Yes" on Form 990, Par | t IV, line 21, for any |
| | recipient that received more than | | | | | | | 1 |
| 1 (a | 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) Description of noncash assistance | (h) Purpose of grant or assistance |
| | | | | | NO | | | |
| | | | | 2/0 | | | | |
| | | | < | 515 | | | | |
| | | | 10/10 | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 2 E | nter total number of section 501(c)(3) a | nd government or | ganizations listed in th | ne line 1 table | | | | |
| | | | | | | | | |

| Part III | Grants and Other Assistance to Domestic Individu Part III can be duplicated if additional space is neede | als. Complete if the d. | e organization answ | ered "Yes" on Form 9 | 990, Part IV, line 22. | |
|----------|--|--|--------------------------|---------------------------------------|---|---------------------------------------|
| | (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
| | | | | | | |
| aguer N | NAME DO | 1.0 | 21 750 | | | |
| SCHOLA | KSHIPS | 12 | 31,750. | . 0. | CASH PAID | |
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| | | | colo | | | |
| Part IV | Supplemental Information. Provide the information r | equired in Part I, lir | ne 2; Part III, column | n (b); and any other a | dditional information. | |
| | III, COLUMN B | MOE AND D | DOODEGG OF | | NIMO LILIO | |
| | ORGANIZATION MONITORS ATTENDA | ANCE AND P | ROGRESS OF | THE STUDE | INTS WHO | |
| KECE | IVE SCHOLLARSHIPS: | -(10 | | | | |
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SCHEDULE J (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

BOYS & GIRLS CLUB OF TAMPA BAY, INC.

Part I Questions Regarding Compensation

Employer identification number 59-0624368

| | | | Yes | No |
|------------|--|----|-----|----|
| 1 a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, | | | |
| | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| | First-class or charter travel Housing allowance or residence for personal use | | | |
| | Travel for companions Payments for business use of personal residence | | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | |
| | Discretionary spending account Personal services (such as maid, chauffeur, chef) | | | |
| | | | | |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or | | | |
| | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | |
| | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | 2 | | |
| | | | | |
| 3 | Indicate which, if any, of the following the organization used to establish the compensation of the organization's | | | |
| | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to | | | |
| | establish compensation of the CEO/Executive Director, but explain in Part III. | | | |
| | Compensation committee Written employment contract | | | |
| | Independent compensation consultant X Compensation survey or study | | | |
| | Form 990 of other organizations X Approval by the board or compensation committee | | | |
| | | | | |
| 4 | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | |
| | organization or a related organization: | | | |
| а | Receive a severance payment or change-of-control payment? | 4a | | X |
| | Participate in or receive payment from a supplemental nonqualified retirement plan? | 4b | | X |
| С | Participate in or receive payment from an equity-based compensation arrangement? | 4c | | X |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| | | | | |
| | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the revenues of: | | | |
| а | The organization? | 5a | | X |
| | Any related organization? | 5b | | Х |
| | If "Yes" on line 5a or 5b, describe in Part III. | | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the net earnings of: | | | |
| а | The organization? | 6a | | X |
| b | Any related organization? | 6b | | X |
| | If "Yes" on line 6a or 6b, describe in Part III. | | | |
| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments | | | |
| | not described on lines 5 and 6? If "Yes," describe in Part III | 7 | | X |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | | | |
| | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | | X |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | | | |
| | Regulations section 53.4958-6(c)? | 9 | | |

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

Schedule J (Form 990) (Rev. 12-2024)

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 and/or 1099-MISo compensation | C and/or 1099-NEC | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) |
|--------------------------------------|------|--|--------------------------------------|-------------------------------------|-----------------------------------|-------------------------|------------------------------------|---|
| (A) Name and Title | | (i) Base (ii) Bonus & incentive compensation c | | (iii) Other reportable compensation | compensation | 4 | | reported as deferred on prior Form 990 |
| (1) FREDDY WILLIAMS | (i) | 0. | 0. | 0. | 0.4 | 0. | 0. | 0. |
| CHIEF EXECUTIVE OFFICER | (ii) | 242,815. | 0. | 0. | 9,961. | 14,270. | 267,046. | 0. |
| (2) DJ GOTHE | (i) | 156,153. | 0. | 0. | 9,369. | | | 0. |
| CHIEF FINANCIAL OFFICER | (ii) | 0. | 0. | 0. | 6. | 0. | 0. | 0. |
| (3) PATRICK RYAN | (i) | 144,965. | 0. | 0. | 8,698. | 8,479. | 162,142. | 0. |
| CHIEF PARTNERSHIPS AND GROWTH OFFICE | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | .(7) | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
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| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

| Part III Supplemental Information |
|---|
| Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. PART II |
| THE BOYS AND GIRLS CLUBS OF TAMPA BAY, INC. AND BOYS & GIRLS CLUBS OF |
| THE SUNCOAST, INC. ENTERED INTO A SHARED SERVICE AGREEMENT FOR CERTAIN |
| KEY OFFICERS. UNDER THE SHARED SERVICE AGREEMENT, SUNCOAST PAYS 40% OF |
| THE CFO'S SALARY AND TAMPA PAYS SUNCOAST 60% OF SALARIES AND EXPENSES |
| FOR THEIR CEO AND CHIEF HUMAN RESOURCES OFFICER. |
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Inspection

Employer identification number

| | BOYS & GIRLS | CLUB | OF TAMPA | BAY, | INC. | 59-0 | 624 | 368 | |
|-----------------|--|-------------------------------|--|-------------------|---|------------------|----------|-----|-----|
| Pa | rt I Types of Property | | | | | | | | |
| | | (a) Check if applicable | (b) Number of contributions or items contributed | amou | (c) ash contribution ints reported on 0, Part VIII, line 1g | (d) Method of de | etermir | • | ts |
| 1 | Art - Works of art | | | | | | | | |
| 2 | Art - Historical treasures | | | | | | | | |
| 3 | Art - Fractional interests | | | | | | | | |
| 4 | Books and publications | | | | | | | | |
| 5 | Clothing and household goods | | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | | |
| 7 | Boats and planes | | | | | | | | |
| 8 | Intellectual property | | | | | 1 | | | |
| 9 | Securities - Publicly traded | | | | | 7 | | | |
| 10 | Securities - Closely held stock | | | | |) * | | | |
| 11 | Securities - Partnership, LLC, or | | | | ~ 0 | | | | |
| | trust interests | | | | () | | | | |
| 12 | Securities - Miscellaneous | | | | | | | | |
| 13 | Qualified conservation contribution - | | | _ (| 2, | | | | |
| | Historic structures | | | | | | | | |
| 14 | Qualified conservation contribution - Other | | | | | | | | |
| 15 | Real estate - Residential | | G | | | | | | |
| 16 | Real estate - Commercial | | . 0 | | | | | | |
| 17 | Real estate - Other | | | | | | | | |
| 18 | Collectibles | | | | | | | | |
| 19 | Food inventory | • | 6 | | | | | | |
| 20 | Drugs and medical supplies | | | | | | | | |
| 21 | Taxidermy | | | | | | | | |
| 22 | Historical artifacts | | <u> </u> | | | | | | |
| 23 | Scientific specimens | \leftarrow | | | | | | | |
| 24 | Archeological artifacts Other (PROGRAM SUPPLIE) | Х | 249,233 | | 884,735. | EM7 | | | |
| 25 | 011 | · A | 249,233 | | 004,733. | I M v | | | |
| 26 | Other (| | | | | | | | |
| 27 28 | Other () Other (| | | | | | | | |
| <u>20</u> 29 | Number of Forms 8283 received by the organi | zation durin | a the tax year for a | L Contribution | one | | | | |
| 29 | for which the organization completed Form 82 | | - | | | | | | |
| | 101 Which the organization completed Form 02 | 00, i ait v, L | onee Acknowledg | jernerit . | 23 | | | Yes | No |
| 30a | During the year, did the organization receive b | v contributio | on any property rei | norted on | Part I lines 1 thro | inh 28 that it | | 103 | 140 |
| - | must hold for at least 3 years from the date of | , | ,, , , | | , | • , | | | |
| | exempt purposes for the entire holding period | | | | | | 30a | | х |
| b | If "Yes," describe the arrangement in Part II. | • | | | | | - | | |
| 31 | Does the organization have a gift acceptance | oolicv that re | equires the review | of any no | onstandard contribu | utions? | 31 | Х | |
| | Does the organization hire or use third parties | | | | | | <u> </u> | | |
| | contributions? | | - | | | | 32a | | х |
| b | If "Yes," describe in Part II. | | | | ••••• | | | | |
| 33 | If the organization didn't report an amount in c | olumn (c) fo | r a type of propert | y for whic | ch column (a) is che | ecked, | | | |
| - | describe in Part II. | . (-, 10 | 71 [| , | (-, | , | | | |

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

Schedule M (Form 990) 2024

Schedule M (Form 990) 2024

432142 01-18-25

SCHEDULE O (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

59-0624368

Name of the organization

PART

I,

BOYS & GIRLS CLUB OF TAMPA BAY, INC.

PRODUCTIVE, CARING, RESPONSIBLE CITIZENS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: OVER 80% OF CLUB MEMBERS QUALIFY FOR FREE AND REDUCED LUNCH, AND 89% LIVE AT OR BELOW THE POVERTY LEVEL. EACH CLUB IS STAFFED BY CARING PROFESSIONALS WHO FOSTER A SENSE OF BELONGING AND EMPOWER YOUTH TO REACH THEIR FULL POTENTIAL. IN ADDITION TO AFTERSCHOOL AND SUMMER PROGRAMMING, THE CLUBS OFFER SPECIALIZED INITIATIVES SUCH AS TEEN WORKFORCE DEVELOPMENT, STEM EDUCATION, AND MENTORSHIP PROGRAMS. IN 2024, 100% OF THE CLUBS HIGH SCHOOL SENIORS GRADUATED ON TIME, WITH A PLAN FOR THEIR FUTURE. AS A LEADER IN YOUTH DEVELOPMENT, BOYS & GIRLS CLUBS OF TAMPA BAY IS COMMITTED TO BREAKING DOWN BARRIERS AND ENSURING THAT EVERY CHILD REGARDLESS OF BACKGROUND OR CIRCUMSTANCE HAS ACCESS TO THE TOOLS, SUPPORT, AND OPPORTUNITIES THEY NEED TO THRIVE.

FORM 990, PART VI, SECTION A, LINE 2:

JOHN TOMLIN AND HOLLY TOMLIN - FAMILY RELATIONSHIP

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

A DRAFT COPY OF THE FORM 990 IS EMAILED TO MEMBERS OF THE BOARD PRIOR TO FILING.

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

THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY THAT IS INCLUDED IN THE CODE OF ETHICS FOR BOARD MEMBERS. ANNUALLY, BOARD MEMBERS COMPLETE THE CODE OF ETHICS CERTIFICATE. WHEN A BOARD MEMBER HAS A CONFLICT OF INTEREST WITH REGARD TO A MATTER BEFORE THE BOARD, HE OR SHE IS EXPECTED TO ABSTAIN FROM VOTING AND REPORT TO THE BOARD THEIR CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15:

OFFICERS OF THE BOARD CONDUCT A PERFORMANCE REVIEW OF CEO AND REVIEW COMPENSATION AGAINST BOYS & GIRLS CLUBS OF AMERICA NATIONAL DATA. BOYS & GIRLS CLUBS OF TAMPA BAY PARTICIPATES IN A JOB CLASSIFICATION & COMPENSATION MANAGEMENT PROGRAM THAT IS A SALARY ADMINISTRATION ANALYSIS COMPLETED OF SALARY RANGES, JOB DESCRIPTIONS AND REGIONAL DATA FROM BOYS GIRLS CLUBS OF AMERICA, SIMILAR AREA AGENCIES, STATE OF FLORIDA, OTHER BOYS GIRLS CLUB AFFILIATES IN THE SOUTHEAST, AND INFORMATION PROVIDED BY BGC TAMPA BAY. ON A YEARLY BASIS, EACH EMPLOYEE, IN AGREEMENT WITH THEIR SUPERVISOR, SETS MEASURABLE GOALS FOR ORGANIZATIONAL AND PERSONAL ACCOMPLISHMENTS. THESE PERFORMANCE GOALS ARE REVIEWED INFORMALLY THROUGHOUT THE YEAR AND FORMALLY IN THE MONTHS OF JANUARY AND FEBRUARY FOLLOWING YEAR-END. ONCE A DETERMINATION IS MADE ON THE OUTCOME OF THE ORGANIZATIONAL GOALS, A BONUS MAY BE GIVEN. SALARY INCREASES ARE DETERMINED YEARLY DEPENDING ON THE SHORT AND LONG TERM FUNDING PROJECTIONS AS WELL AS PERSONAL PERFORMANCE AND A MARKET-BASED COMPENSATION STRATEGY.

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

THE MOST CURRENT FORM 990 IS AVAILABLE ON THE ORGANIZATION'S WEBSITE AND ALL REQUIRED DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C

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

Schedule O (Form 990) (Rev. 12-2024)

395400 1

LHA 432211 01-15-25

SCHEDULE R (Form 990)

(Rev. January 2025)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

| BOYS & GIRLS (| CLUB OF TAMPA BAY, | INC. | | | | 59-06243 | 368 | |
|---|---------------------------------------|---|-------------------------------|--|-----------|---------------------------------|-----------------------------|------------------------------------|
| Part I Identification of Disregarded Entities. Comple | te if the organization answered "Yes" | on Form 990, Part IV, line 3 | 3. | | | | | |
| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state of foreign country) | or Total inco | (e) me End-of-yea | | Direct o | (f) controlling ntity | 9 |
| | | | 0// | | | | | |
| | | 110 | | | | | | |
| | | 1050 | | | | | | |
| Part II Identification of Related Tax-Exempt Organiz organizations during the tax year. | ations. Complete if the organization | answered "Yes" on Form 99 | 0, Part IV, line 34, l | because it had one | e or more | related tax-exe | empt | |
| (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) et controlling entity | contr | g) 512(b)(13) rolled ity? |
| BOYS & GIRLS CLUBS OF TAMPA BAY FOUNDATION, INC 59-3049838, 1307 N. MACDILL AVE, | SUPPORT BOYS & GIRLS CLUBS | | | | | | res | |
| TAMPA, FL 33607 | OF TAMPA BAY | FLORIDA | 501(C)(3) | LINE 11 | NO | | | X |
| | | | | | | | | |
| | - | | | | | | | |

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

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | Legal domicile (state or | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | end-of-year | (h) Percentage ownership | (i) Sect 512(b contro entit | ion (13) olled |
|--|-----------------------------|-----------------------------|-------------------------------|---|---------------------------------|-------------|--------------------------------|---|----------------------|
| | C1 | foreign country) | | or trust) | | assets | | Yes | |
| | 10 | | | | | | | | |
| | 80 | | | | | | | | |
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Page 3

Yes No

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

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

| 1 | During the tax year, did the organization engage in any of the following transactions | s with one or more r | elated organizations listed | l in Parts II-IV? | | | | | |
|-----|--|----------------------------|-----------------------------|--------------------------------------|------------|--------|--------|--|--|
| а | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | , | | | 1a | | Х | | |
| b | | | | | | | Х | | |
| С | | | | | 1c | Х | | | |
| d | | | | | 1d | | Х | | |
| е | Loans or loan guarantees by related organization(s) | | | | 1e | | Х | | |
| | | | | | | | | | |
| f | Dividends from related organization(s) | | | | 1f | | X | | |
| g | Sale of assets to related organization(s) | | <u> </u> | | 1 g | | Х | | |
| h | Purchase of assets from related organization(s) | | | | 1h | | Х | | |
| i | Exchange of assets with related organization(s) | | | | | | X | | |
| j | j Lease of facilities, equipment, or other assets to related organization(s) | | | | | | | | |
| | Lease of facilities, equipment, or other assets from related organization(s) | | | | 41. | | Х | | |
| K | Lease of facilities, equipment, or other assets from related organization(s) | nization(a) | | | 1k 1l | Х | | | |
| ' | Performance of services or membership or fundraising solicitations for related organ Performance of services or membership or fundraising solicitations by related organ | nization(s) | | | 1m | 122 | Х | | |
| " | Sharing of facilities, equipment, mailing lists, or other assets with related organization | on(a) | | | 1n | | X | | |
| 0 | | | | | | | X | | |
| · | Sharing of paid employees with related organization(s) | | | | 10 | | | | |
| р | Reimbursement paid to related organization(s) for expenses | | | | 1p | х | | | |
| | Reimbursement paid by related organization(s) for expenses | | | | 1g | | Х | | |
| ٩ | Troinibarbothorit paid by Tolatod organization(b) for expenses | | | | -19 | | | | |
| r | Other transfer of cash or property to related organization(s) | | | | 1r | | х | | |
| s | Other transfer of cash or property from related organization(s) | | | | 1s | | Х | | |
| 2 | If the answer to any of the above is "Yes," see the instructions for information on w | | | | | | | | |
| | (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount in | volved | | | | |
| | BOYS & GIRLS CLUBS OF TAMPA BAY FOUNDATION | | | | | | | | |
| | INC. | С | 477,132. | ACTUAL | | | | | |
| | BOYS & GIRLS CLUBS OF TAMPA BAY FOUNDATION | L | 111 770 | FV OF INKIND SERVICES | | | | | |
| (2) | INC. BOYS & GIRLS CLUBS OF TAMPA BAY FOUNDATION | п | 111,779. | FV OF INKIND SERVICES | | | | | |
| | INC. | P | 76,799. | ACTUAL | | | | | |
| 1-7 | | | , | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| (5) | | | | | | | | | |
| (6) | | | | | | | | | |
| | 3 10-23-24 | 48 | | Schedule R (Form | 990) (F | Rev. 1 | -2025) | | |

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) | (b) | (c) | (d) | (e) Are a |) | (f) | (g) | (h |) | (i) | () | i) | (k) |
|------------------------|------------------|----------------------------|--|----------------------------|-------------|---------------|-------------|----------|----------|--|------|--------|------------|
| Name, address, and EIN | Primary activity | Legal domicile | Predominant income (related, unrelated, excluded from tax under sections 512-514) | partners | S Sec. | Share of | Share of | Dispro | por- | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | Gene | ral or | Percentage |
| of entity | | (state or foreign | excluded from tax under | partners 501(c) orgs |)(3) :.? | total | end-of-year | allocati | ons? | of Schedule K-1 | part | ner? | ownership |
| | | country) | sections 512-514) | Yes | | income | assets | Yes | No | (Form 1065) | Yes | NO | |
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Form **8868** (Rev. January 2025)

1307 N. MACDILL AVENUE

33607

TAMPA, FL

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

due date for filing your

instructions

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

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I - Identification Type or Name of exempt organization, employer, or other filer, see instructions. Taxpaver identification number (TIN) Print 59-0624368 BOYS & GIRLS CLUB OF TAMPA BAY, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions.

Enter the Return Code for the return that this application is for (file a separate application for each return) 01 **Application Is For** Return **Application Is For** Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 8870 12 Form 5330 (individual) Form 990-T (trust other than above) 06 13 Form 990-T (corporation) 07 Form 5330 (other than individual) 14

| Form 1041-A | 08 Form 990-T (governmental entiti | es) | | | 15 |
|--|--|------------------|-------------|--------------|---------|
| After you enter your Return Code, complete either Part | t II or Part III. Part III, including signature, is applicab | le only for ar | extension | of | |
| time to file Form 5330. | | | | | |
| • If this application is for an extension of time to file Form | n 5330, you must enter the following information. | | | | |
| Plan Name | | | | | |
| Plan Number | | | | | |
| Plan Year Ending (MM/DD/YYYY) | | | | | |
| Part II - Automatic Extension of Time To File for Exemp | pt Organizations (see instructions) | | | | |
| The books are in the care of $D \cdot J \cdot GOTHE$ | | | | | |
| | ILL AVE - TAMPA, FL 33607 | | | | |
| Telephone No. (813)875-5771 | Fax No | | | | |
| • If the organization does not have an office or place of | business in the United States, check this box | | | [| |
| • If this is for a Group Return, enter the organization's for | our-digit Group Exemption Number (GEN) | . If this is for | the whole | group, che | ck this |
| box If it is for part of the group, check this box | | | | | |
| 1 I request an automatic 6-month extension of time u | until NOVEMBER 15 ,20 25 ,to | file the exem | pt organiza | ation return | for |
| the organization named above. The extension is fo | r the organization's return for: | | | | |
| X calendar year 20 24 or | | | | | |
| tax year beginning | , 20 , and ending | | | | |
| | | _ | | | |
| 2 If the tax year entered in line 1 is for less than 12 m | nonths, check reason: Initial return | Final retur | า | | |
| Change in accounting period | | | | | |
| 3a If this application is for Forms 990-PF, 990-T, 4720 | , or 6069, enter the tentative tax, less | | | | |
| any nonrefundable credits. See instructions. | | 3a | \$ | | 0. |
| b If this application is for Forms 990-PF, 990-T, 4720 | , or 6069, enter any refundable credits and | | | | |
| estimated tax payments made. Include any prior ye | ear overpayment allowed as a credit. | 3b | \$ | | 0. |
| c Balance due. Subtract line 3b from line 3a. Include | e your payment with this form, if required, by | | | | |
| using EETPS (Electronic Federal Tax Payment Syst | tem). See instructions | 30 | \$ | | 0. |

using EFTPS (Electronic Federal Tax Payment System). See instructions.