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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Α	For the	e 2024 calendar year, or tax year beginning and	ending	_	
В	Check if applicable	C Name of organization BOYS & GIRLS CLUB OF TAMPA BAY		D Employer identific	cation number
	Addres				
	Name change			59-30498	38
	Initial return		Room/suite	E Telephone numbe	r
	Final return/	1307 N. MACDILL AVENUE		(813)875	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	608,697.
	Ameno	TAMPA, PD 55007		H(a) Is this a group re	eturn
	Applic tion pendir	F Name and address of principal officer: DIDD WINTERS			? Yes X No
		1307 N. MACDILL AVE, TAMPA, FL 33607		H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c	or 527	1	list. See instructions
	Websit			H(c) Group exemptio	
		organization: X Corporation Trust Association Other	L Year	of formation: 1990 N	$f 1$ State of legal domicile; ${f FL}$
Р	art I	Summary	OD (2 3 3 T T	CAMTON MAG	ODELAMED HOD
9		Briefly describe the organization's mission or most significant activities: THE (
Activities & Governance		THE PURPOSE OF FUNDRAISING, HOLDING, AND			
Veri		Check this box if the organization discontinued its operations or dispose			ssets.
Ĝ				3	37
ళ		Number of independent voting members of the governing body (Part VI, line 1b)			0
ij	6	Total number of individuals employed in calendar year 2024 (Part V, line 2a) Total number of volunteers (estimate if necessary)			37
휹	72			7a	0.
Ă	' b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
_	<u> </u>	The difficulties business taxable insuring from sectify artify into the financial section of the		Prior Year	Current Year
a)	8	Contributions and grants (Part VIII, line 1h)		302,183.	295,665.
ğ	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		291,747.	313,032.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		593,930.	608,697.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		459,179.	477,132.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .		0.	3,537.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ă	b	Total fundraising expenses (Part IX, column (D), line 25)		105 601	444 404
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		105,631.	111,194.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		564,810.	591,863.
	19	Revenue less expenses. Subtract line 18 from line 12		29,120.	16,834.
Net Assets or Find Ralances			Ве	ginning of Current Year 13,148,634.	End of Year
SSE	20	Total assets (Part X, line 16)		3,636,861.	14,387,440.
let/	21	Total liabilities (Part X, line 26)	······-	9,511,773.	10,220,891.
P	⊵ 22 art II	Net assets or fund balances. Subtract line 21 from line 20		J, JII, 115.	10,220,001.
		Ities of perjury, I declare that I have examined this return, including accompanying schedule	es and statem	nents, and to the hest of m	ny knowledge and belief it is
	-	t, and complete. Declaration of preparer (other than officer) is based on all information of w			iy kilowicago alia bollol, it lo
	,	,,,,,,,,			
Sig	ın	Signature of officer		Date	
He		BILL WINTERS, CHAIRMAN			
		Type or print name and title			
		Preparer's name Preparer's signature	1	Date Check	PTIN
Pai	d	SAM A. LAZZARA Dan a hayy		10/17/2025 if self-employe	
Pre	parer	Firm's name RIVERO, GORDIMER & COMPANY, P.A.			9-3040705
Use	Only	Firm's address 201 N. FRANKLIN ST., SUITE 2200			
		TAMPA, FL 33602		Phone no. (8	
Ма	y the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE ORGANIZATION WAS CREATED FOR THE PURPOSE OF FUNDRAISING, HOLDING,
	AND MANAGING FUNDS WHICH ARE USED FOR THE CONTINUING FINANCIAL SUPPORT
	OF THE BOYS & GIRLS CLUBS OF TAMPA BAY, INC.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$ 477, 132 • including grants of \$ 477, 132 •) (Revenue \$
4a	(Code:) (Expenses \$ 477,132. including grants of \$ 477,132.) (Revenue \$ FUNDING TO SUPPORT THE BOYS & GIRLS CLUB OF TAMPA BAY, INC.
	TONDING TO BOTTOK! THE BOTD & GIRLD CHOD OF TAMEA DAT, INC.
	<u> </u>
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$
_	
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 477,132.
	Form 990 (2024

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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		х
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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	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,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		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	Х	
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? 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			
	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,			
	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
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	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	

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	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			
04 -	Schedule J	23	X	
24 a	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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			x
00	Schedule L, Part I	25b		_^
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		X
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			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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			3,7
_	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	-	<u> </u>
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
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		Х
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			₩.
24	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	34	х	
35 a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			Ť
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		L
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			l
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		x	
Pa	Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance	38	_^	
. u	Check if Schedule O contains a response or note to any line in this Part V			
	1 == == == == == == == == = == = = = =		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	<u> </u>

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

b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 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. 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). 5a. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a. Did any taxable party notify the organization file Form 8885.7? 5b. Did any taxable party notify the organization file Form 8885.7? 5c. If "Yes," the ine 5a or 5b, did the organization file Form 8885.7? 5c. Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization soliot any contributions that were not tax deductible of as charitable contributions? 5c. If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). 6c. If "Yes," did the organization notify the donor of the value of the globe of the grain of the payor" of the payor of the organization notify the donor of the value of the globe personal property for which, it was required to file Form 8282? 6c. If the organization neceive a payment in excess of 57 made party as a contribution of payment or the payor of the organization received a contribution of cars, boats, airplanes, or plate you have a payment organization received a contribution of cars, boats, airplanes, or plate you have a payment organization received a contribution of cars, boats, airplanes, or plate you have a payment organization make a distribution of a donor, donor advisor, or related person? 6a. If the organization received a contribution of cars, boats, airplanes, or plate organization by the				Yes	No
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b 3d Did the organization have unrelated business gross income of \$1,000 or more during the year? 3d Did the organization have unrelated business gross income of \$1,000 or more during the year? 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 accountity? 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 accountity? 5a Max the organization a party to a prohibitod tax shelter transaction at any time during the tax year? 5a Did any taxole party notify the organization in the ways or a party to a prohibitod tax shelter transaction? 5b Did any taxole party notify the organization file form 8880.7? 5c If "Yes," did the organization in accountable of the second secondary organization and secondary organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5b If "Yes," did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible? 5c Did the organization necessary applient in coxess of \$75 made party as a contribution and party for goods and selections or gifts were not tax deductible? 5c Did the organization necessary applient in coxes of \$75 made party as a contituition and party for goods and selection organization selections and selection organization selections and selection organization selections and selections are selected to grow any transition organ	2a				
38 Did the organization have unrelated business gross income of \$1,000 or more during the year? 49 Bit "Yes," inst fide a form 950-75 for his year? "I "No" to live 8b, provide an explanation on Schedule O. 40 At any time during the catendar 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)? 50 Bit "Yes," either the name of the foreign country. 50 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAP). 51 Se Was the organization aparty to a prohibited tax she helter transaction? 52 See Was the organization aparty to a prohibited tax she helter transaction? 53 See Time 5 or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 54 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 55 Lif "Yes" in 65 or 5b, did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions hat we not tax deductible and scharitable contributions? 56 Life See the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible and scharitable contributions? 56 Life organization shall may receive deductible contributions under section 170(c). 57 Did the organization shall may receive deductible contributions under section 170(c). 58 Did the organization receive a payment in excess of \$75 mate party as a contribution and party for goods and sequence of the payment of the payment of the value of the goods or services provided? 59 Did the organization received a contribution of unified the year 70 Life organization secure and payment in excess of \$75 mate party as a contribution of the payment in the payment in the payment in excess of \$75 mate party as a contribution of the payment in ex		filed for the calendar year ending with or within the year covered by this return			
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 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. 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). 5a. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a. Did any taxable party notify the organization file Form 8885.7? 5b. Did any taxable party notify the organization file Form 8885.7? 5c. If "Yes," the ine 5a or 5b, did the organization file Form 8885.7? 5c. Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization soliot any contributions that were not tax deductible of as charitable contributions? 5c. If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). 6c. If "Yes," did the organization notify the donor of the value of the globe of the grain of the payor" of the payor of the organization notify the donor of the value of the globe personal property for which, it was required to file Form 8282? 6c. If the organization neceive a payment in excess of 57 made party as a contribution of payment or the payor of the organization received a contribution of cars, boats, airplanes, or plate you have a payment organization received a contribution of cars, boats, airplanes, or plate you have a payment organization received a contribution of cars, boats, airplanes, or plate you have a payment organization make a distribution of a donor, donor advisor, or related person? 6a. If the organization received a contribution of cars, boats, airplanes, or plate organization by the	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
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 accounts (FBAR). 5b If Yes, "enter the name of the foreign country. 5c Was the organization are party to a prohibited tax shetler transaction at any time during the tax year? 5d Did any taxable party notify the organization that it was or is a party to a prohibited tax shetler transaction? 5d Did any taxable party notify the organization that it was or is a party to a prohibited tax shetler transaction? 5d Did any taxable party notify the organization that it was or is a party to a prohibited tax shetler transaction? 5d Did was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductible as charitable contributions? 5d Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductible as charitable contributions? 5d Did the organization include with every solidation an express statement that such contributions or gifts were not tax deductible? 7d Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and shydes privided to the payor? 7a Did the organization self-excess and the value of the goods or services provided? 1 Provide the organization received a payment in excess of \$75 made party as a contribution or diverse to the payment of the organization received as contribution or foreign the year. 9 If the organization received a contribution or foreign the year. 9 If the organization received a contribution or foreign the year. 1 If the organization received a contribution or foreign they are payments. Or foreign they are payments of the payments	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
financial account in a foreign country (such as a bank account, securities account, or other financial account;? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 5a Was the organization a party to a prohibited tax shelter transaction of any time during the tax year? 5b Did any taxable party notify the organization file form 8886-17? 5c If "Yes" to line 5a or 5b, did the organization file form 8886-17? 5c If "Yes" to line 5a or 5b, did the organization file form 8886-17? 5c If yes the organization may a manual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive appropriate in excess of \$75 made party as a contribution and party for goods and \$evicle provided to the payor? 7 Did to the organization receive any funds, directly or indirectly, or pay premiums on §peasonal benefit contract? 7 Did if "Yes," did the organization neotity the donor of the value of the goods or services provided? 7 Did the organization receive any funds, directly or indirectly, to pay premiums on §peasonal benefit contract? 9 Did the organization receive any contribution of qualified intellectual property of the forganization file from 899 as required? 10 If the organization received a contribution of cars, boats, airplanes, or plate by shore properties of the organization file a Form 1098-07 to 1 N/A 10 Section 501(c)(7) organizations. Enter 11 In the organization has a maintaining donor advised funds. Did given growing organization has a contribution of cars, boats, airplanes, or plate by shore properties and the properties of the properties of the properties of the properties of the propertie	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
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that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17				
	••		17		
		If "Yes," complete Form 6069.	••		

59-3049838 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			X
Sec	tion A. Governing Body and Management			
	and the distribution of the control		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year la		100	110
	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			
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			
Ū	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		X
6	Did the organization have members or stockholders?	6		X
7a		l		
7 4	more members of the governing body?	7a		Х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	74		
	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:	75		
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	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	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	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			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed FL			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
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.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization n (A)	(B)	l	111126		C)	пре	isat	(D)	(E)	(F)
Name and title	Average			Posi	ر itior	1		Reportable	Reportable	(F) Estimated
Name and the	hours per		not c	heck	more	than		compensation	compensation	amount of
	week	offic	cer an	d a d	irecto	or/trus	tee)	from	from related	other
	(list any	· director						the	organizations	compensation
	hours for	or dire				ted		organization	(W-2/1099-MISC/	from the
	related	stee o	rustee			eu sa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al tru	onal tı		loyee	comp		1099-NEC)		and related
	below	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) FREDDY WILLIAMS	line) 5 • 0 0	Ĕ	ü	JO.	-S	E E	요	.01		
CEO	40.00	1		х				0.	242,815.	24,231.
(2) D.J. GOTHE	5.00									
CFO	40.00	1		x		C		0.	156,153.	36,501.
(3) BILL WINTERS	2.00) ~			,	-
CHAIRMAN		Х		X				0.	0.	0.
(4) MICHAEL BEDKE	2.00									
VICE CHAIR		X		Х				0.	0.	0.
(5) BRANDON MAY	2.00	1	•						_	
SECRETARY/TREASURER		X		Х				0.	0.	0.
(6) HAL STEINBRENNER	2.00							_	_	_
CHAIRMAN EMERITUS		Х		Х				0.	0.	0.
(7) HOLLY TOMLIN	2.00								_	
IMMEDIATE PAST CHAIR)	Х						0.	0.	0.
(8) MARC JACOBSON	2.00	l								•
DIRECTOR		Х						0.	0.	0.
(9) BRIAN BEST	2.00	,,								0
DIRECTOR	2 00	Х						0.	0.	0.
(10) SHERIFF CHAD CHRONISTER	2.00	٠,,							0	0
DIRECTOR	2 00	Х						0.	0.	0.
(11) ROGER ROBSON	2.00	X						0.	0.	0.
DIRECTOR (12) ARMANDO ROCHE	2.00	^				-		0.	0.	0.
DIRECTOR	2.00	X						0.	0.	0.
(13) DAN HEVIA	2.00	^			_			0.	0.	0.
DIRECTOR	2.00	x						0.	0.	0.
(14) IAN A. MACKECHNIE	2.00							0.	•	0.
DIRECTOR	2.00	x						0.	0.	0.
(15) BOB BASHAM	2.00									
DIRECTOR		x						0.	0.	0.
(16) CARLOS MENENDEZ	2.00									
DIRECTOR		х						0.	0.	0.
(17) NICK READER	2.00									
DIRECTOR		Х				L	L	0.	0.	0.

432007 12-10-24

BOYS & GIRLS CLUB OF TAMPA BAY 59-3049838 FOUNDATION, INC. Page 8 Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (F) (D) (E) Position Name and title Average Reportable Reportable Estimated (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any organizations compensation ndividual trustee or director the hours for organization (W-2/1099-MISC/ from the related nstitutional trustee (W-2/1099-MISC/ 1099-NEC) organization organizations 1099-NEC) and related below organizations line) 2.00 (18) CHRISTINA DITULLIO STEINBRENNER 0. 0. 0. DIRECTOR (19) ALBERT DOCOBO 2.00 X 0 0. 0. DIRECTOR 2.00 (20) KEVIN GOWEN 0 X 0. 0. DIRECTOR (21) MARIO GARCIA 2.00 X 0. DIRECTOR 0 0. 2.00 (22) ALEX WALTER 0 0 DIRECTOR Х 0. (23) JULIANNE HOLT 2.00 X 0. DIRECTOR 0 0. 2.00 (24) DEAN MIRABELLA X 0 0. 0. DIRECTOR 2.00 (25) MARTIN HERNANDEZ 0. X 0. 0. DIRECTOR 2.00 (26) VIC HOLCOMB DIRECTOR Х 0 0 0. 0. 398,968. 60 1b Subtotal 0. 0. c Total from continuation sheets to Part VII, Section A 398,968. 60,732. 0. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable 0 compensation from the organization

			103	140
3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		Х
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes," complete Schedule J for such person	5		X
_	" D. I.			

Section B. Independent Contractors

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

(A) Name and business address	NONE	(B) Description of services	(C) Compensation

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

SEE PART VII, SECTION A CONTINUATION

	AIION, IN								39-304	9030
Part VII Section A. Officers, Directo	rs, Trustees, Key	Empl	oyee	es, a	nd F	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos		1		Reportable	Reportable	Estimated
	hours		checl	k all t	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week					oyee		the	organizations	compensation
	(list any	recto				empl		organization	(W-2/1099-MISC)	from the
	hours for	or di	8			ated		(W-2/1099-MISC)		organization
	related	nstee	trust		æ	suedu				and related organizations
	organizatio below	la tr	tional		nploy	st con	_			Organizations
	line)	S Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) HORATIO JONES	2.0		╀┈		×	┢	ь.			
DIRECTOR	2.0	\dashv_{x}						0.	0.	0.
(28) DANNY PERSAUD	2.0		+						•	•
	2.0	\dashv_{x}						0.	0.	0.
DIRECTOR COURT INC.	2.0		_					0.	0.	0.
(29) ANGELLE SPURLING	2.0	\dashv_{x}						0.	0.	_
DIRECTOR			_					0.	0.	0.
(30) JIM MCVAY	2.0	\dashv_{x}						0.4	0.	_
DIRECTOR	2 0							0.	0.	0.
(31) FLORRIE WILLIS	2.0	\dashv_{x}							0.	_
DIRECTOR	2 0							0.	0.	0.
(32) LISA SIMINGTON	2.0	\dashv_{x}						0.	0.	_
DIRECTOR			_					0.	0.	0.
(33) SUZY LOPEZ	2.0							.01		_
DIRECTOR		X	_					0.	0.	0.
(34) ANGELA NORTH	2.0					4				
DIRECTOR		X				C		0.	0.	0.
(35) CARLTON FLEMING	2.0					7	7			
DIRECTOR		X						0.	0.	0.
(36) GLENN PERMUY JR.	2.0									•
DIRECTOR		X						0.	0.	0.
(37) WENDELL DUGGINS	2.0									
DIRECTOR		X						0.	0.	0.
(38) DR. KEVIN SCOTT	2.0									
DIRECTOR		X						0.	0.	0.
(39) CASEY GONZMART, JR.	2.0							_	_	_
DIRECTOR		X						0.	0.	0.
	V									
		\neg								
		\neg								
		\neg								
		_	•	•	•	•	•			
Total to Part VII, Section A, line 1c										
								i .		

Form 990 (2024) FOUNDAT
Part VIII | Statement of Revenue

ı a	1 L V	•••		or note to any lin	o in this Port VIII			
			Check if Schedule O contains a response	or note to any iir	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	_	_	Followski di compositore di Mari					300010113 0 12 0 14
ant			Federated campaigns 1a					
שַׁ בַּ			Membership dues 1b					
fts,			Fundraising events 1c					
ia ia			Related organizations 1d					
Sir			Government grants (contributions) 1e					
utio er (f	All other contributions, gifts, grants, and	205 665				
P. P			···	295,665.				
ont		_	Noncash contributions included in lines 1a-1f 1g \$		205 665			
<u>a</u> C		h	Total. Add lines 1a-1f		295,665.			
				Business Code				
ice	2	а						
er Je		b						
n S en		С						
Program Service Revenue		d						
rog		е						
Ф		f	All other program service revenue					
		g	Total. Add lines 2a-2f					
	3		Investment income (including dividends, intere	st, and				
			other similar amounts)		313,032			313,032.
	4		Income from investment of tax-exempt bond p		16	,		
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a		~			
		b	Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
•		b	Less: cost or other basis					
nue			and sales expenses7b	*				
Revenue		С	Gain or (loss) 7c					
		d	Net gain or (loss)					
ther	8	а	Gross income from fundraising events (not					
₹			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18					
			Less: direct expenses 8b					
			` '					
	9	а	Gross income from gaming activities. See					
			Part IV, line 19 9a					
			Less: direct expenses9b					
			` ' " "					
	10	а	Gross sales of inventory, less returns					
			and allowances 10a					
		b	Less: cost of goods sold10b					
		С	Net income or (loss) from sales of inventory					
<u>s</u>				Business Code				
eor re	11	а						
lan		b						
Miscellaneous Revenue		С						
Mis			All other revenue					
		е	Total. Add lines 11a-11d					24.5 2.5
	12		Total revenue. See instructions		608,697.	0.	0.	313,032.

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).

360	tion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon				
- Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	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	477 122	477 122		
	and domestic governments. See Part IV, line 21	477,132.	477,132.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and			•	
_	persons described in section 4958(c)(3)(B)	2 077			3,077
7	Other salaries and wages	3,077.			3,077
8	Pension plan accruals and contributions (include			~ ·	
_	section 401(k) and 403(b) employer contributions)	225.			225
9	Other employee benefits	235.		-	235
10	Payroll taxes	433.			∠35
11	Fees for services (nonemployees):		.01		
a			.,(0		
b		16,000.		16,000.	
C	S F	10,000.	6	10,000.	
d	, s F				
e	, , , , , , , , , , , , , , , , , , ,	14,866.	,	14,866.	
f	Investment management fees	14,000.		14,000.	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)	-,5			
12	Advertising and promotion	6,066.		1,213.	4,853
13	Office expenses				
14	Information technology				
15	Royalties)			
16	Occupancy				
17	Travel	8,269.			8,269
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,095.		1,095.	
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	CONCOLUMING PERC	64,167.			64,167
b	MISCELLANEOUS	731.		731.	•
С					
d					
е					
25	Total functional expenses. Add lines 1 through 24e	591,863.	477,132.	33,905.	80,826
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 (2024)

Part X | Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or r	note to a	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			136,836.	1	141,506
	2	Savings and temporary cash investments			4,279,237.	2	1,085,262
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul	bstantia	ontributor, or 35%			
		controlled entity or family member of any of the	nese per	ns		5	
	6	Loans and other receivables from other disqu	ıalified p	sons (as defined			
		under section 4958(f)(1)), and persons describ				6	
SIS	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
۲	9	Prepaid expenses and deferred charges			4,411.	9	
	10a	Land, buildings, and equipment: cost or other		•	A		
		basis. Complete Part VI of Schedule D		0.			
	b	Less: accumulated depreciation			0.		11 110 101
	11	Investments - publicly traded securities			6,712,978.	11	11,148,404
	12	Investments - other securities. See Part IV, lin			1,968,752.	12	2,012,268
	13	Investments - program-related. See Part IV, lin				13	
	14	Intangible assets			46 420	14	
	15	Other assets. See Part IV, line 11		4 1	46,420.	15	14 207 440
+	16	Total assets. Add lines 1 through 15 (must ed			13,148,634. 7,600.	16	14,387,440 11,600
	17	Accounts payable and accrued expenses			7,000.	17	11,600
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
Liabilities	22	Loans and other payables to any current or for					
		trustee, key employee, creator or founder, sul				22	
_ E	22	controlled entity or family member of any of the Secured mortgages and notes payable to unr				23	
	23 24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,	**			24	
	20	parties, and other liabilities not included on lir					
		of Schedule D		-	3,629,261.	25	4,154,949
	26	Total liabilities. Add lines 17 through 25			3,636,861.	26	4,166,549
		Organizations that follow FASB ASC 958, c			.,,		, ,
Ses		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			7,430,680.	27	8,083,537
ם	28	Net assets with donor restrictions			2,081,093.	28	2,137,354
		Organizations that do not follow FASB ASC					
[and complete lines 29 through 33.	•				
0	29	Capital stock or trust principal, or current fund	ds			29	
ו מַנ	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			9,511,773.	32	10,220,891
_	33	Total liabilities and net assets/fund balances			13,148,634.	33	14,387,440

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1				97.
2	Total expenses (must equal Part IX, column (A), line 25)	2				63.
3	Revenue less expenses. Subtract line 2 from line 1	3				34.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9			73.
5	Net unrealized gains (losses) on investments	5		69	2,2	84.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	10	,22	0,8	91.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O				
За	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?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

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.

2024

OMB No. 1545-0047

Open to Public Inspection

Name of the organization BOYS & GIRLS CLUB OF TAMPA BAY FOUNDATION, INC.

Employer identification number 59-3049838

P	rt I	Reason for		Charity Status		nmnlete ti	nis nart I S	See instructions	3 3013030
Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)									
	orgar	•		•		•	•		
1	Н	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i) .							
2	Ш				Attach Schedule E (Forr				
3	Щ	A hospital or a c	cooperative	hospital service orga	anization described in s e	ection 170	(b)(1)(A)(i	ii).	
4		A medical resea	rch organiz	zation operated in co	njunction with a hospita	l described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization	operated f	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental unit describ	ped in
		section 170(b)	(1)(A)(iv). (Complete Part II.)					
6				•	nental unit described in	section 17	70(b)(1)(A)	(v).	
7								unit or from the general	public described in
				Complete Part II.)				A goneral	pasio accomba in
8				•	(1)(A)(vi). (Complete Par	+ 11 \			
9	\equiv						nd in coni	unction with a land-grant	collogo
9	ш								
			a non-iano-	grant college of agric	culture (see instructions)	. Enter the	name, cit	v, and state of the collec	ge or
40		university:							
10								ons, membership fees, a	
					•	1.4	7 1	n 33 1/3% of its support	
					(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509							
11					ively to test for public sa				
12	X							ons of, or to carry out the	
		more publicly su	ipported o	rganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 509(a)(3). (Check the box on
		_lines 12a throug	h 12d that	describes the type of	of supporting organization	n and con	nplete lines	s 12e, 12f, and 12g.	
a			oorting org	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), typically by	/ giving
		the supported	l organizati	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or trustees of the s	supporting
		organization.	You must o	complete Part IV, Se	ections A and B.				
b		Type II. A sup	porting org	ganization supervised	d or controlled in connec	tion with it	s support	ed organization(s), by ha	aving
		control or mar	nagement o	of the supporting org	anization vested in the s	same perso	ons that co	ontrol or manage the sup	ported
				st complete Part IV,					
c	X	- T				in connec	tion with,	and functionally integrat	ed with,
					s). You must complete				,
c		_						vith its supported organ	ization(s)
								quirement and an attent	
				, .	nplete Part IV, Section	-		•	
e		_		*				a Type I, Type II, Type III	
٠			-		nally integrated support			rype i, rype ii, rype iii	
	Ent	er the number of	-	* *	many integrated support	ing organi	zation.		1
				n about the supporte	ad organization(s)				
		(i) Name of supporte		(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other
	,	organization		(,	(described on lines 1-10	in your governi		support (see instructions)	support (see instructions)
BO	vc	& GIRLS (פמוז.די		above (see instructions))	Yes	No		
OF		MPA BAY,		59-0624368	7	x		477,132.	0.
OF	14	MPA DAI,	TIVC.	39-0024300	,			411,134.	0.
Tota	al							477,132.	0.

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	Tion 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	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							
4	Total. Add lines 1 through 3							
	The portion of total contributions							
Ŭ	by each person (other than a							
	governmental unit or publicly				•			
	supported organization) included				~			
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
					~ () '			
6	column (f) Public support, Subtract line 5 from line 4.							
	etion B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total	
	Amounts from line 4	(4) 2020	(5) 2021	(O) ZUZZ	(u) 2020	(6) 2024	(i) rotal	
	Gross income from interest.							
Ŭ	dividends, payments received on		_	5				
	securities loans, rents, royalties,							
	and income from similar sources							
9	Net income from unrelated business		~()°					
•	activities, whether or not the		1.60					
	business is regularly carried on							
10	Other income. Do not include gain) ·					
	or loss from the sale of capital							
	assets (Explain in Part VI.)	()						
11	Total support. Add lines 7 through 10							
	Gross receipts from related activities,	etc (see instruction	ons)			12		
	First 5 years. If the Form 990 is for the		,					
	organization, check this box and stop	<u> </u>						
Sec	ction C. Computation of Publ							
	Public support percentage for 2024 (I			column (f))		14	%	
	Public support percentage from 2023					15	%	
	33 1/3% support test - 2024. If the c					nore, check this bo	ox and	
	stop here. The organization qualifies as a publicly supported organization							
b	b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
	and stop here. The organization quali	ifies as a publicly s	supported organiz	ation				
17a	10% -facts-and-circumstances test							
	and if the organization meets the fact							
	meets the facts-and-circumstances te	st. The organization	on qualifies as a p	ublicly supported o	organization			
b	10% -facts-and-circumstances test	t - 2023. If the org	anization did not o	check a box on line				
	more, and if the organization meets th	ne facts-and-circun	nstances test, che	eck this box and st	op here. Explain ir	n Part VI how the		
	organization meets the facts-and-circu	umstances test. Th	ne organization qu	alifies as a publicly	/ supported organ	ization		
18	Private foundation. If the organizatio						s	

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.)

Sec	ction A. Public Support	elow, please com	piete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Gifts, grants, contributions, and	(2) 2020	(2) 2021	(5) 2022	(4) 2020	(5) 2027	(., 10.01
•	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						
Ŭ	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						
J	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and				$oldsymbol{ol}}}}}}}}}}}}}}}}}}$		
,,	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received			(
	from other than disqualified persons that			11			
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			~\)`			
,	Add lines 7a and 7b			6			
	Public support. (Subtract line 7c from line 6.)		. (
Se	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Amounts from line 6	(2,7 = 3 = 3	1,00	(5) = 5 = -	(4, 2020	(5) = 5 = 1	(1) 1 5 12
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income	110					
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	NO'					
(Add lines 10a and 10b						
	Net income from unrelated business	<u> </u>					
	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.)						
	First 5 years. If the Form 990 is for the	ne organization's fi	irst. second. third.	fourth, or fifth tax	vear as a section 5	501(c)(3) organizat	ion.
	check this box and stop here	g	,,	, ,	,		
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2024 (line 8, column (f), o	divided by line 13,	column (f))		15	%
	Public support percentage from 2023					16	%
	ction D. Computation of Inve						
17	Investment income percentage for 20)24 (line 10c, colur	mn (f), divided by	line 13, column (f))		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2024. If the					3 1/3%, and line	17 is not
	more than 33 1/3%, check this box a						
k	33 1/3% support tests - 2023. If the						and
	line 18 is not more than 33 1/3%, che	•			•		
20	Private foundation. If the organization						

432023 01-14-25 Schedule A (Form 990) 2024

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1	Х	
			X
	2		Λ
	3a		Х
	3b		
	3c		
	4a		Х
	44		21
	4b		
	4c		
	5a		Х
	5b		
	5c		
	6		Х
	7		X
			v
	8		Х
	9a		Х
	9b		Х
	9с		Х
	40-		X
	10a		21
	10b		
مان	A (Form	- 000	2024

	addle A (Form 990) 2024 100H2H110H, 1H0	, 100	<u> Г</u>	1ge 3
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	44		v
	11c below, the governing body of a supported organization?	11a	 	X
	A family member of a person described on line 11a above?	11b		\vdash
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	44		Х
<u>Sac</u>	provide detail in Part VI. tion B. Type I Supporting Organizations	11c		_^
360	tion b. Type I Supporting Organizations		V	
_	Did the accoming hady assessed as a fitte accoming hady afficant action in their afficial consolity or accoming to a con-		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 officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		_		
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	tion C. Type II Supporting Organizations			
000	ation 6. Type in supporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		162	NO
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	<u> </u>		
	Alon 217th Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	NO
•	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	Х	
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	Х	
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
Ū	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		х
Sec	tion E. Type III Functionally Integrated Supporting Organizations		<u> </u>	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions	<u></u>		
· a	X The organization satisfied the Activities Test. Complete line 2 below.	-,.		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
c	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
a				
_	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	Х	
b				
	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	Х	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
-	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	За		
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2024 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 4 Add lines 1 through 3. Depreciation and depletion 5 5 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) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, column A) 1 1 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Enter greater of line 2 or line 3, 4 Income tax imposed in prior year 5 5

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

Schedule A (Form 990) 2024

6

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Distributable amount for 2024 from Section C, line 6

Sche	edule A (Form 990) 2024 FOUNDATION, INC.	5	9-3049838 Page 7
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continu	ued)	
Sect	ion D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported		
	organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive		
	(provide details in Part VI) See instructions	۱۵	

10	Line 8 amount divided by line 9 amount		10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1_	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reason-			
	able cause required - explain in Part VI). See instructions.		()	
_ 3	Excess distributions carryover, if any, to 2024		~()\	
a	From 2019			
b	From 2020			
c	From 2021	0	4	
d	From 2022	16		
е	From 2023			
f	Total of lines 3a through 3e			
g	Applied to under distributions of prior years			
h	Applied to 2024 distributable amount			
i_	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from Section D,			
	line 7: \$	•		
a	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2024. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2025. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2020			
b	Excess from 2021			
С	Excess from 2022			
d	Excess from 2023			
e	Excess from 2024			

Schedule A (Form 990) 2024

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Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,
line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)
PART IV, SECTION E, LINE 2A
THE ORGANIZATION RAISES FUNDS TO FURTHER THE MISSION OF THE BOYS &
GIRLS CLUB OF TAMPA BAY, INC. WHICH IS TO ENABLE ALL YOUNG
PEOPLE, ESPECIALLY THOSE WHO NEED IT MOST, TO REACH THEIR FULL POTENTIAL
AS PRODUCTIVE, CARING, RESPONSIBLE CITIZENS.
PART IV, SECTION E, LINE 2B
THE SUPPORTED ORGANIZATION ENGAGES IN FUNDRAISING ACTIVITIES AND
SPECIAL EVENTS. THE ORGANIZATION AND THE SUPPORTED ORGANIZATION ALSO
ENGAGE IN SHARED FUNDRAISING ACTIVITIES.
ENOUGH IN DIMEND LONDING WELLALING.
• 6

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
BOYS & GIRLS CLUB OF TAMPA BAY
FOUNDATION, INC.

Employer identification number
59-3049838

Organization type (check one):							
Filers of:	Section:						
Form 990 or 990-EZ	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	S),						
	n 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.						
Special Rules	is a second of the second of t						
sections 509(a)(1) contributor, during	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific,						
literary, or education	onal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering						
	"N/A" in column (b) instead of the contributor name and address), II, and III.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this begins checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year							
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).							

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
BOYS & GIRLS CLUB OF TAMPA BAY
FOUNDATION, INC.

Employer identification number

59-3049838

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$	Person X Payroll
(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
	.;60/05/1	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	<i>P</i> 10/1/C	\$	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
BOYS & GIRLS CLUB OF TAMPA BAY
FOUNDATION, INC.

Employer identification number

59-3049838

Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$ 600	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	Description of noncash property given (b) Description of noncash property given	Description of noncash property given (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) FMV (or estimate) (See instructions.) (e) FMV (or estimate) (See instructions.) (f) FMV (or estimate) (See instructions.) (g) FMV (or estimate) (See instructions.) (h) Description of noncash property given (c) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.)

Schedule B (Form 990) (Rev. 12-2024) Name of organization **Employer identification number** BOYS & GIRLS CLUB OF TAMPA BAY FOUNDATION, INC. 59-3049838 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 FOUNDATION, INC.

Employer identification number 59-3049838

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	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		Yes No
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	Preservation o	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	
	day of the tax year.	Q,	Held at the End of the Tax Year
	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic str	ructure included on line 2a	2c
d	Number of conservation easements included on line 2c acqu		
	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	ne organization during the tax
	year		
4	Number of states where property subject to conservation ea		
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
_			(I) (I) (I) (I)
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170	
_			
9	In Part XIII, describe how the organization reports conservat		
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial staten	nents that describes the
Pai	organization's accounting for conservation easements. † III Organizations Maintaining Collections of	of Art Historical Treasures or C	Other Similar Assets
I al	Complete if the organization answered "Yes" on Form		other Omiliai Assets.
12	If the organization elected, as permitted under FASB ASC 95		and halance shoot works
ıa	of art, historical treasures, or other similar assets held for pu		
	service, provide in Part XIII the text of the footnote to its fina		
h	If the organization elected, as permitted under FASB ASC 95		
b	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items.	exhibition, education, or research in fun	therafice of public service,
	(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		
~	the following amounts required to be reported under FASB A		ai gairi, provide
•	Revenue included on Form 990, Part VIII, line 1		\$
a h	Assets included in Form 900 Part Y		Ψ

432051 01-02-25

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

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

Pai	t III Organizations Maintaining Co	ollections of Ar	t, Historical Tr	easures, or Oth	ner S	imilar Asse	ets(continued)	_
3	Using the organization's acquisition, accession	n, and other record	s, check any of the	following that make	signifi	cant use of its	3	_
	collection items (check all that apply).							
а	Public exhibition	d	Loan or exc	change program				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's col	ections and explair	n how they further t	the organization's ex	empt	ourpose in Pa	rt XIII.	
5	During the year, did the organization solicit or							
	to be sold to raise funds rather than to be mai	ntained as part of t	he organization's c	ollection?			Yes No	0
Pai	t IV Escrow and Custodial Arrang	ements Complet	e if the organization	n answered "Yes" or	n Form	990, Part IV,	line 9, or	
	reported an amount on Form 990, Part	X, line 21.						
1a	Is the organization an agent, trustee, custodia	n, or other intermed	diary for contributio	ns or other assets n	ot incl	uded		
	on Form 990, Part X?					L	_ Yes No	o
b	If "Yes," explain the arrangement in Part XIII a	nd complete the fol	llowing table:		_			
							Amount	
С	Beginning balance				L	1c		
	Additions during the year					1d		
	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on For				ility?		Yes No	o
<u>b</u>	If "Yes," explain the arrangement in Part XIII.							
Pai	t V Endowment Funds Complete if the	ne organization ans	wered "Yes" on Fo					
		(a) Current year	(b) Prior year	(c) Two years back	(d) [∏]	hree years back	(e) Four years back	Κ.
1a	Beginning of year balance	2,081,093.	1,940,961.	2,338,545.		2,145,132	2,053,235	5.
b	Contributions		4	0			500	١.
С	Net investment earnings, gains, and losses	186,384.	256,862.	-245,884.		336,509	. 228,600	١.
d	Grants or scholarships							
е	Other expenditures for facilities		S					
	and programs	115,257.	102,757.	137,124.		123,536	. 117,457	7.
f	Administrative expenses	14,866.	13,973.	14,576.		19,560	. 19,746	5.
	End of year balance	2,137,354.	2,081,093.	1,940,961.		2,338,545	2,145,132	2.
2	Provide the estimated percentage of the curre	nt year end balanc	e (line 1g, column (a)) held as:				
а	Board designated or quasi-endowment		_%					
b	Permanent endowment 5.0000	%						
С	Term endowment 95.0000 %	<u> </u>						
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.						
За	Are there endowment funds not in the posses	sion of the organiza	ation that are held a	and administered for	the			
	organization by:						Yes No)
	(i) Unrelated organizations?							
	(ii) Related organizations?						3a(ii) X	
b	If "Yes" on line 3a(ii), are the related organizati	ons listed as requir	ed on Schedule R?)			. 3b	
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.					
Pai	t VI Land, Buildings, and Equipme	ent						
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11a.	See Form 990, Part)	K, line	10.		
	Description of property	(a) Cost or of	ther (b) Cost	t or other (c)	Accum	nulated	(d) Book value	
		basis (investn	nent) basis	(other) d	eprecia	ation		
1a	Land							
	Buildings							
	Leasehold improvements							_
d	Equipment							
	Other							_
Tota	. Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part	X, line 10c, columr	n (B))			0	

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

	TO CTOP OF THE		
Schedule D (Form 990) (Rev. 12-2024) FOUNDATION	, INC.	Ţ	59-3049838 _{Page} 3
Part VII Investments - Other Securities			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) BENEFICIAL INTEREST IN			
(B) COMMUNITY FOUNDATION	2,012,268.	END-OF-YEAR MARKI	ET VALUE
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	2,012,268.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation. Cost or	end-of-year market value
(1)			
(2)			
(3)		-07	
(4)			
(5)		$\overline{}$	
(6)			
(7)		40	
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))	-6		
Part IX Other Assets	105		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)	1,67		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co.	I. (B))		
Part X Other Liabilities	- (=)//		
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line	25.
1. (a) Description of liability	, ,	, , , , , , , ,	(b) Book value
(1) Federal income taxes			<u> </u>
(2) INVESTMENTS HELD FOR RELA	TED ORGANIZAT	ION	4,039,033.
(3) DUE TO RELATED ORGANIZATION			115,916.
(4)			
(5)			
(6)			
(7)			
			i i

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

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

4,154,949.

(8)

Pai	rt XI Reconciliation of Revenue per Audited Financial State		Revenue per R	eturn	1
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			1 207 004
1				1	1,397,894.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	600 004		
а	5		692,284.		
b			111,779.		
С	1 7 0				
d	7	2d			004 063
е	· · · · · · · · · · · · · · · · · · ·			2e	804,063.
3	Subtract line 2e from line 1			3	593,831.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	14 066		
а	, , , ,		14,866.		
b		4b			14 066
С	Add lines 4a and 4b			4c	14,866.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	608,697.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat		n Expenses per	Ketu	rn
	Complete if the organization answered "Yes" on Form 990, Part IV, line				600 776
1	Total expenses and losses per audited financial statements			1	688,776.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1	111,779.		
а			111,779.	-	
b			<u> </u>	-	
С			1	-	
d	(_	111 770
	Add lines 2a through 2d	······		2e	111,779. 576,997.
3	Subtract line 2e from line 1			3	5/0,99/.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1	11 066		
а	, , , ,	4a	14,866.	-	
b	(4b			11 066
				4c	14,866. 591,863.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information			5	331,003.
		Deat IV Been die	and Obs. Dark V. Bas	4. Dt	V. E O. D t.VI
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;			4; Part	X, line 2; Part XI,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any RT V, LINE 4:	additional infor	mation.		
	NDS UP TO 5% OF THE MARKET VALUE MAY BE	N A GCIUTTW	TNT ANINITIAT.T.V	. пО	QIIDDOD#
	E GARRY AND MAVIS SMITH SALESIAN BOYS &				
	RISTIANS CENTER	GINED CI	OD OI IIII(I	11111	<u> </u>
CIII	KIDIIMAD CHAIHK				
PAI	RT X, LINE 2:				
THI	E FOUNDATION IS EXEMPT FROM INCOME TAXES	UNDER 1	NTERNAL RE	VEN	IE CODE
	CTION 501(C)(3). INCOME EARNED IN FURTHE				
	X-EXEMPT PURPOSE IS EXEMPT FROM FEDERAL				
	TERNAL REVENUE SERVICE (IRS) HAS DETERMI				
	IVATE FOUNDATION AND CONTRIBUTIONS TO IT				
	NTRIBUTION DEDUCTIONS. THERE WAS NO UNRE				
	ARS ENDED DECEMBER 31, 2024 AND 2023.		BINEDE INC		1011 1112
тнт	E FOUNDATION IS NOT AWARE OF ANY TAX POS	TTTONS 1	T HAS TAKE	יד ווי	TAT ARE
	BJECT TO A SIGNIFICANT DEGREE OF UNCERTA				
	MAIN SUBJECT TO EXAMINATION BY FEDERAL A				
	SOSSEST TO DIMETERALIZATION DI LIDDIMID M				
РΨ	XI, LINE 2D				
	VESTMENT MANAGEMENT FEES NETTED AGAINST	INVESTME	NT RETURN	OF S	514,866.
		. — 		•	

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

INVESTMENT MANAGEMENT FEES NETTER AGAINST INVESTMENT RETURN OF \$14,866.

PT XII, LINE 4B

BOYS & GIRLS CLUB OF TAMPA BAY

Schedule D (Form 990) (Rev. 12-2024) FOUNDATION , INC .	59-3049838 _{Page 5}
Schedule D (Form 990) (Rev. 12-2024) FOUNDATION, INC. Part XIII Supplemental Information (continued)	
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V	

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 & GI FOUNDATIO		OF TAMPA BA	ΛΥ				Employer identification number 59-3049838
Part I General Information on Grants a						I	
Does the organization maintain records criteria used to award the grants or assisted to a part IV the organization's properties. Describe in Part IV the organization's properties. Part II Grants and Other Assistance to	stance? ocedures for monit Domestic Organi	oring the use of grant	funds in the Unite	d States.			X Yes No
recipient that received more than a 1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUB OF TAMPA BAY, INC 1307 N. MACDILL AVE	50.0504050		455 420	(8)			
TAMPA, FL 33607	59-0624368		477,132.	9			FUND MISSION
		10/10					
 Enter total number of section 501(c)(3) a Enter total number of other organization 		l table					1.

Schedule I (Form 990) (Rev. 12-2024) FOUNDATION, INC.

Part III can be duplicated if additional space is needed.		(c) Amount of	(d) Amount of non	(a) Mathad of valuation	(f) Description of papageh assistance
(a) Type of grant or assistance	(b) Number of recipients	cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
				OK.	
				,0 '	
	+		0,		
			.40		
			5		
		\ C			
Part IV Supplemental Information. Provide the information re		e 2; Part III, colum	n (b); and any other a	dditional information.	
	-				
	10				
	.(O `				
/					

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.

BOYS & GIRLS CLUB OF TAMPA BAY

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

59-3049838

FOUNDATION, INC.

Part I Questions Regarding Compensation

			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)			
h	If any of the haves an line to are checked, did the arganization follows written nation regarding narmont or			
D	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,	ID		
2	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
	trustees, and officers, including the GEO/Executive Director, regarding the items checked on line 1a?			
2	Indicate which if any of the following the examination used to establish the componentian of the examination's			
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 Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	Diving the year did any parent listed on Ferm 000. But VII. Section A line to with respect to the filling			
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:	40		Х
	Receive a severance payment or change-of-control payment? Participate in or receive payment from a supplemental nonqualified retirement plan?	4a 4b		X
				X
C	Participate in or receive payment from an equity-based compensation arrangement?	4c		- 25
	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		Х
	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		Х
	Any related organization?	6b		Х
	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		Х
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		х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
-	Populations section 52 4059 6/02	_		

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	J-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	•		reported as deferred on prior Form 990
(1) FREDDY WILLIAMS	(i)	0.	0.	0.	0 .4	0.	0.	0.
CEO	(ii)	242,815.	0.	0.	9,961.	14,270.		0.
(2) D.J. GOTHE	(i)	0.	0.	0.	0.		0.	0.
CFO	(ii)	156,153.	0.	0.	9,369.	27,132.	192,654.	0.
	(i)							
	(ii))			
	(i)				.()			
	(ii)							
	(i)							
	(ii)			S				
	(i)			,0				
	(ii)							
	(i)			()				
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	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
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• 60'
<u> </u>
<u> </u>

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.

OMB No. 1545-0047

Open to Public Inspection

Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service BOYS & GIRLS CLUB OF TAMPA BAY Name of the organization **Employer identification number** 59-3049838 FOUNDATION, INC. LINE 1, DESCRIPTION OF ORGANIZATION MISSION: USED FOR THE CONTINUING FINANCIAL SUPPORT OF THE BOYS & GIRLS CLUBS OF TAMPA BAY, INC. FORM 990, PART VI, SECTION B, LINE 11B: A COPY OF THE FORM 990 WILL BE PROVIDED TO THE BOARD MEMBERS BEFORE 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 BAORD 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 BAORD THEIR CONFLICT. FORM 990, PART VI, SECTION C, LINE 19: THE MOST CURRENT FORM 990 IS AVAILABLE ON THE BOYS & GIRLS CLUBS OF TAMPA INC.'S WEBSITE AND ALL REQUIRED DOCUMENTS ARE AVAILABLE UPON REQUEST. FORM 990, PART XII, LINE 2C: THE FINANCE COMMITTEE OVERSEES THE SELECTION OF THE AUDIT FIRM AND OVERSEES THE AUDIT PROCESS, ALONG WITH THE BOARD OF DIRECTORS.

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

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

SCHEDULE R (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

BOYS & GIRLS CLUB OF TAMPA BAY Name of the organization Employer identification number FOUNDATION, INC. 59-3049838 Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (f) (a) (b) (c) (d) (e) Name, address, and EIN (if applicable) Legal domicile (state or Direct controlling Primary activity Total income End-of-year assets of disregarded entity entity foreign country) Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year. (a) (c) (d) (e) (f) (g) Section 512(b)(13) Name, address, and EIN Legal domicile (state or **Exempt Code** Public charity Direct controlling Primary activity controlled of related organization section status (if section entity entity? foreign country) 501(c)(3)) Yes No BOYS & GIRLS CLUBS OF TAMPA BAY, INC. -59-0624368 1307 N. MACDILL AVE., TAMPA, FL YOUTH SUPPORT Х 33607 FLORIDA 501(C)(3) LINE 7 ИО

Page 2

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)		Predominant income (related, unrelated, excluded from tax under sections 512-514)		Share of end-of-year assets	Diament at a set		Code V-UBI amount in box 20 of Schedule	Genera	Lor Percentage
		country)		30000013 012 014)			res	NO	1003)	Yesi	10
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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 foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(k contr ent	i) tion o)(13) rolled ity?
		country)		0. 1.201,		4,000,0		Yes	No
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	80								

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

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No					
1	1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?								
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity								
	Gift, grant, or capital contribution to related organization(s)	1b	X						
С	Gift, grant, or capital contribution from related organization(s)	1c		X					
	Loans or loan guarantees to or for related organization(s)	1d		Х					
	Loans or loan guarantees by related organization(s)	1e		Х					
f	Dividends from related organization(s)	1f		X					
	Sale of assets to related organization(s)	1g		Х					
	Purchase of assets from related organization(s)	1h		Х					
i	Exchange of assets with related organization(s)	1i		Х					
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х					
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х					
ī	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х					
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	Х						
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
	Sharing of paid employees with related organization(s)	10		Х					
p	Reimbursement paid to related organization(s) for expenses	1p		Х					
q Reimbursement paid by related organization(s) for expenses									
٦									
r	Other transfer of cash or property to related organization(s)	1r		Х					
	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 who must complete this line, including covered relationships and transaction thresholds.								
	(a) Name of related organization (b) Transaction type (a·s) (c) Amount involved Method of determining amount involved Method of determining amount involved	olved							
1)	BOYS & GIRLS CLUB OF TAMPA BAY, INC. B 477,132.ACTUAL								
2)]	BOYS & GIRLS CLUB OF TAMPA BAY, INC. M 111,779.FV OF INKIND SERVICES								
3)]	BOYS & GIRLS CLUB OF TAMPA BAY, INC. Q 76,799.ACTUAL								
4)									
5)									
3)									

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 all partners sec 501(c)(3) orgs.?	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec	Share of	Share of	Dispropor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General o	Percentage
of entity		(state or foreign	related, unrelated, lexcluded from tax under	501(c)(3) orgs.?	total	end-of-year	allocations	amount in box 20 of Schedule K-1	partner?	ownership
		country)	sections 512-514)	Yes No		assets	Yes No	(Form 1065)	Yes No	1
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Form **8868** (Rev. January 2025)

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

Department of the Treasury Internal Revenue Service File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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 Name of exempt organization, employer, or other filer, see instructions. Type or Taxpaver identification number (TIN) BOYS & GIRLS CLUB OF TAMPA BAY Print 59-3049838 FOUNDATION, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 1307 N. MACDILL AVENUE City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. TAMPA, FL 33607 Enter the Return Code for the return that this application is for (file a separate application for each return) 01 Return | Application Is For 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 08 Form 1041-A Form 990-T (governmental entities) 15 After you enter your Return Code, complete either Part II or Part III, Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 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 Exempt Organizations (see instructions) The books are in the care of D.J. GOTHE 1307 N. MACDILL 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 four-digit Group Exemption Number (GEN)
 If this is for the whole group, check this If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15 20 25 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 20 24 or tax year beginning , 20 , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return ☐ Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by 0. using EFTPS (Electronic Federal Tax Payment System). See instructions.