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Activities & Governance

Revenue

Expenses

Net

Return of Organization Exempt From Income Tax

OMB No. 1545-0047 2020

Open to Public

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.

Department of the Treasury Internal Revenue Service

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

Inspection , 2020, and ending , 20 For the 2020 calendar year, or tax year beginning C Name of organization Boys & Girls Clubs of Tampa Bay Foundation, Check if applicable: Inc. D Employer identification number Address change Doing business as 59-3049838 Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Name change Room/suite 1307 N. MacDill Ave. (813)875-5771 Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/terminated Tampa, FL 33607 G Gross receipts \$ 674,931. Amended return H(a) Is this a group return for subordinates? Yes X No Application pending F Name and address of principal officer: Dr. Kevin Scott, 1307 N Macdill Ave., Tampa, FL 33607 H(b) Are all subordinates included? Yes No Tax-exempt status: **X** 501(c)(3) 4947(a)(1) or 527 If "No," attach a list. See instructions 501(c) () < (insert no.) Website: ► N/A H(c) Group exemption number 1990 M State of legal domicile: FL Form of organization: X Corporation Trust Association Other ► L Year of formation: Part I Summary Briefly describe the organization's mission or most significant activities: The Organization was created 1 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 Check this box ► [] if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 35 4 Number of independent voting members of the governing body (Part VI, line 1b) . 4 35 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 0 6 6 43 Total unrelated business revenue from Part VIII. column (C), line 12 7a 7a . 0. Net unrelated business taxable income from Form 990-T, Part I, line 11 h 7b Ο. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 8 470,672. 478,848. 9 Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 252,153 196,083. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 12 Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) 722,825 674,931. 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 330,460 365,436. 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) 16a Total fundraising expenses (Part IX, column (D), line 25) ► 84,768. b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 137,000. 139,598. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 467,460. 505,034. 19 Revenue less expenses. Subtract line 18 from line 12 255,365. 169,897. Assets or d Balances **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 11,244,955. 12,907,353. 21 Total liabilities (Part X, line 26) . 2,863,671. 3,530,459. 22 Net assets or fund balances. Subtract line 21 from line 20 8,381,284. 9,376,894. Signature Block Part II

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

			0'	7/07/2021						
Sign	Signature of officer		Dat	e						
Here	Dr. Kevin Scott, Board	Chairman								
	Type or print name and title									
Paid	Print/Type preparer's name	Preparer's signature	Date	Check 🗌 if	PTIN					
Preparer	Rick Reeder, CPA	Rick Reeder, CPA	07/07/2021	2021 self-employed P0006						
Use Only	Firm's name 🕨 Reeder & Associ	Firm	Firm's EIN ► 59-3478492							
	Firm's address ► 3339 W. Bearss	Phor	Phone no. (813)908-5310							
May the IRS	discuss this return with the preparer s	shown above? See instructions			🗙 Yes 🗌 No					
For Paperwo	For Paperwork Peduction Act Notice see the separate instructions PAA REV 05/18/21 PPO Earm 990 (2020)									

or Paperwork Reduction Act Notice, see the separate instructions. BAA

Form 99	2020) Page 2
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	The Organization was created
	or the purpose of fundraising, holding, and managing funds which are used for
	he continuing financial support of the Boys & Girls Clubs of Tampa Bay, Inc.
2	id the organization undertake any significant program services during the year which were not listed on the
-	rior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program ervices?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured b xpenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others ne total expenses, and revenue, if any, for each program service reported.
4a	Code:) (Expenses \$ 365, 436. including grants of \$ 365, 436.) (Revenue \$ 0.)
	unding to support the Boys & Girls Clubs of Tampa Bay, Inc.
4b	Code:) (Expenses \$including grants of \$) (Revenue \$)
4c	Code:) (Expenses \$including grants of \$) (Revenue \$)
14	Ither program services (Describe on Schedule Q.)
4d	Other program services (Describe on Schedule O.) Expenses \$ including grants of \$) (Revenue \$)
4e	fotal program service expenses ► 365,436.
	REV 05/18/21 PRO

Form 99	0 (2020)		F	Page 3
Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	×	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .	10	×	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	×	
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		×
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	×	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	×	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b		
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	140		×
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? <i>If "Yes," complete Schedule F, Parts III and IV</i> .	16		×
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? <i>If "Yes," complete Schedule G, Part I</i> See instructions	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		×
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		×
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	×	

Form 99	0 (2020)		F	Page 4
Part	V 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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		×
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? <i>If "Yes," complete Schedule J</i>	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		×
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? <i>If "Yes," complete Schedule L, Part II</i>	26		×
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? <i>If "Yes," complete Schedule L, Part III</i>	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
с	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
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		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	33		×
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	×	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
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		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	×	
Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			 Yes	
4-	Enter the number reported in Poy 2 of Form 1006 Enter 0 if not applicable		Tes	No
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1 Did the example with backup withbalding rules for reportable payments			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
			n <u>99</u> 0	(2020)
				(-===)

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Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	-		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
b	If "Yes," enter the name of the foreign country			
	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		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		_ ×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	0		
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
a L	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	9b		
10				
a h	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
ь 11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
D	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O .	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		×
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		×
	If "Yes," complete Form 4720, Schedule O.			

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Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See in	struc	tions.
	Check if Schedule O contains a response or note to any line in this Part VI			×
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 35 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent . 1b 35	-		
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		×
3 4	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3		××
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		×
6	Did the organization have members or stockholders?	6		×
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		×
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	_		
а	The governing body?	8a	×	
b	Each committee with authority to act on behalf of the governing body?	8b	×	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		×
b	If "Yes," did the organization have written policies and procedures governing the activities 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	×	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	×	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	×	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	×	
13	Did the organization have a written whistleblower policy?	13	×	
14	Did the organization have a written document retention and destruction policy?	14	×	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		×
b	Other officers or key employees of the organization	15b		×
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		×
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		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-7 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o	f inter	rest p	olicy,

and financial statements available to the public during the tax year.
 State the name, address, and telephone number of the person who possesses the organization's books and records ► Valerie Kendall, 1307 N MacDill Ave , Tampa, FL 33607 (813)875-5771

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

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 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 and/or Box 7 of Form 1099-MISC) 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 instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average		Pos neck	e than c is both	(D) Reportable	(E) Reportable	(F) Estimated amount
	hours per week (list any hours for related organizations below dotted line)	office or directo		or/trust employee	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	of other compensation from the organization and related organizations
(1) Dr.Kevin Scott	2.00						
Chairman		×	×		0.	0.	0.
(2) Holly Tomlin	2.00						
Vice Chairman		×	×		0.	0.	0.
(3) Bill Winters	2.00					_	
Secretary/Treasurer		×	×		0.	0.	0.
(4)Bob Basham	2.00					_	
Director		×			0.	0.	0.
(5) Hal Steinbrenner	2.00						
Director		×			0.	0.	0.
(6) Marc Jacobson	2.00						
Director		×			0.	0.	0.
(7) F.Dennis Alvarez Director	2.00	×			0.	0.	0.
(8) Joe Garcia Director	2.00	×			0.	0.	0.
(9) Trudy Carey Director	2.00	×			0.	0.	0.
(10) Roger Robson Director	2.00	×			0.	0.	0.
(11) Armando Roche Director	2.00	×			0.	0.	0.
(12) Dan Hevia Director	2.00	×			0.	0.	0.
(13) Ian A. MacKechnie Director	2.00	×			0.	0.	0.
(14) Tye Maner Director	2.00	×			0.	0.	0.

Part VII Section A. Officers, Directors, 1	rustees,	Key l	Emj	ploy	yee	s, an	d F	lighest Compe	ensated Emplo	yees (continued)
				(0	C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and title	Average					e than o is both		Reportable	Reportable	Estimated amount
	hours per week	office	er and			or/trust		compensation from the	compensation from related	of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(15) Carlos Menendez	2.00									
Director		×						0.	0.	0.
(16) Nick Reader	2.00									
Director		×						0.	0.	0.
(17) Christina Ditullio Steinbrenner Director	2.00	×						0.	0.	0.
(18) Sheriff Chad Chronister	2.00									
Director		×						0.	0.	0.
(19)Kevin Gowen	2.00									
Director		×						0.	0.	0.
(20) Fred McClure	2.00									
Director		×						0.	0.	0.
(21) Delilah Solomon	2.00									
Director		×						0.	0.	0.
(22) Alex Walter	2.00									
Director		×						0.	0.	0.
(23) Julianne Holt	2.00									
Director		×						0.	0.	0.
(24) Joe Tomaino	2.00									
Director		×						0.	0.	0.
(25) Dean Mirabella	2.00									
Director		×						0.	0.	0.
1b Subtotal								0.	0.	0.
c Total from continuation sheets to Part								0.	318,754.	31,157.
d Total (add lines 1b and 1c)								0.	318,754.	31,157.

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

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

Section B. Independent Contractors

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

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

Form 9	,	,								Page 9
Part	VIII	Statement of Rev								
		Check if Schedule	O co	ontains a re	spor	ise or note to ar	y line in this Pa	art VIII		<u> </u>
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts ts	1a	Federated campaig	ns .		1a					
ran oun	b	Membership dues			1b					
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events			1c					
ar /	d	Related organization			1d					
s, G	е	Government grants	-	-	1e					
ion Si	f	All other contribution and similar amounts no			4.6	470 040				
but	~				1f	478,848.				
d di	g	Noncash contributio			1g	\$				
ano	h	Total. Add lines 1a-					478,848.			
						Business Code				
e	2a									
e Ž	b									
enu Se	С									
jram Ser Revenue	d									
Program Service Revenue	е									
Ţ,	f	All other program se								
	g	Total. Add lines 2a-								
	3	Investment income					106 000			100.000
		other similar amoun					196,083.	0.	0.	196,083.
	4	•		•						
	5	Royalties		 (i) Rea		(ii) Personal				
	6a	Gross rents	6a		1					
	b	Less: rental expenses	6b							
	c	Rental income or (loss)								
	d	Net rental income o		s)		►				
	- 7a	Gross amount from	. ((i) Securi		(ii) Other				
	14	sales of assets								
		other than inventory	7a							
ne	b	Less: cost or other basis								
_		and sales expenses .	7b							
Sev	С	Gain or (loss)	7c							
Other Reve	d	Net gain or (loss)			·	🕨				
th	8a	Gross income fro		Indraising						
0		events (not including		d on line						
		of contributions rep 1c). See Part IV, line			8a					
	b	Less: direct expens			8b					
	c	Net income or (loss)				⊨ ents ►				
	9a	Gross income f			3 510					
	Ju	activities. See Part I			9a					
	b	Less: direct expens			9b					
		Net income or (loss)			ctiviti	es 🕨				
	10a	Gross sales of ir	vent	ory, less						
		returns and allowan			10a					
		Less: cost of goods			10b					
	С	Net income or (loss)	from	n sales of ir	vento	1				
sn						Business Code				
oer iue	11a									
scellaneo Revenue	b									
Miscellaneous Revenue	c d	All other revenue								
Ξ	e e	Total. Add lines 11a								
	12	Total revenue. See				· · · · >	674,931.	0.	0.	196,083.
						PEV 05/19/21		0.	0.	E - 1 000 (0000)

	Check if Schedule O contains a response	and a star the second Press			
		or note to any line	in this Part IX .		
<i>, .</i> , .,	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	365,436.	365,436.		Ż
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 5	Benefits paid to or for members 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)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b					
с	Accounting	9,100.	0.	9,100.	0
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	19,746.	0.	19,746.	0
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	5,924.	0.	1,185.	4,739
14	Information technology				
15	Royalties				
16	Occupancy				
17		1,131.	0.	0.	1,131
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	2,622.	0.	524.	2,098
23	Insurance	1,808.	0.	1,808.	0
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
~	M	2 267	0	2 267	
a b	Miscellaneous Consulting fees	3,267. 96,000.	0.	3,267.	0 76,800
u c b		98,000.	0.	19,200.	/6,800
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	505,034.	365,436.	54,830.	84,768
<u>25</u> 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	505,054.	303,430.	JT,030.	01,/00

Form 990 (2020)

	n 990 (2	,			Page 11
P	art X				_
		Check if Schedule O contains a response or note to any line in this Par	tX (A) Beginning of year		
	1	Cash-non-interest-bearing	394,413.	1	301,120.
	2	Savings and temporary cash investments	89,939.	2	68,949.
	3	Pledges and grants receivable, net		3	10,300.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).		6	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	5,667.	9	5,397.
	10a	Land, buildings, and equipment: cost or other	570071	-	373371
	iva	basis. Complete Part VI of Schedule D 10a 10,488.			
	b	Less: accumulated depreciation 10b 10,488.	2,622.	10c	0.
	11	Investments—publicly traded securities	8,531,412.	11	10,203,760.
	12	Investments—other securities. See Part IV, line 11	1,961,111.	12	2,040,007.
	13	Investments – program-related. See Part IV, line 11	_,	13	_,
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	259,791.	15	277,820.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	11,244,955.	16	12,907,353.
	17	Accounts payable and accrued expenses	, ,	17	15,647.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
ab		controlled entity or family member of any of these persons		22	
Ľ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		25	2 514 012
	26	Total liabilities. Add lines 17 through 25 	2,863,671. 2,863,671.	25 26	<u>3,514,812.</u> 3,530,459.
Net Assets or Fund Balances	20	Organizations that follow FASB ASC 958, check here ► ⊠ and complete lines 27, 28, 32, and 33.	2,003,071.	20	3,330,439.
lan	27	Net assets without donor restrictions	6,328,049.	27	7,231,762.
Ba	28	Net assets with donor restrictions	2,053,235.	28	2,145,132.
pu		Organizations that do not follow FASB ASC 958, check here ►	4,033,233.	_0	2,17J,13Z.
Fu		and complete lines 29 through 33.			
or	29	Capital stock or trust principal, or current funds		29	
its	29 30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SSE	30 31	Retained earnings, endowment, accumulated income, or other funds		31	
t A	32	Total net assets or fund balances	8,381,284.	32	9,376,894.
Ne	33	Total liabilities and net assets/fund balances	11,244,955.	33	12,907,353.
	00		, <u>_</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	00	12,201,333.

REV 05/18/21 PRO

Form **990** (2020)

Form 99	90 (2020)				Pag	ge 12
Part						
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		674	4,9	31.
2	Total expenses (must equal Part IX, column (A), line 25)	2		50	5,0	34.
3	Revenue less expenses. Subtract line 2 from line 1	3		169	9,8	97.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8	,383	1,2	84.
5	Net unrealized gains (losses) on investments	5		82	5,7	13.
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				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	<u>32, column (B))</u>	10	9	,370	5,8	94.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				Y	′es	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other,"	explain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2	a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were co	mpiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		. 2	b	×	
	If "Yes," check a box below to indicate whether the financial statements for the year were auc	lited o	na			
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ow	versigh ⁻	t of			
	the audit, review, or compilation of its financial statements and selection of an independent account	ant?	. 2	c	×	
	If the organization changed either its oversight process or selection process during the tax year, e	explain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	orth in	the			
	Single Audit Act and OMB Circular A-133?		. 3	a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not un	dergo	the		T	
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such	audits	. 3	b		
	REV 05/18/21 PRO			orm	990	(2020)

Form 990: Return of Organization Exempt from Income Tax

Part VII: Section A (continued)

	Positi		tion	on								
	Average per v	C1 - Individual trustee or director C2 - Institutional trustee						Reportable	Reportable	Estimated amount of other		
	(list	(list any		C3 - Officer					compensation	compensation	compensation	
Name and title	hours rela	-	C4 - Key employee						from the organization	from related organizations	from the organization	
	organizations		C5 - Highest compensated					1	(W-2/1099-MISC)	(W-2/1099-MISC)	and related	
			employee						(,,,		organizations	
			C6 - Former									
			C1	C2	C3	C4	C5	C6				
Vic Holcomb, Esq. Director	2.00		x						0.	0.	0.	
Tino Martinez	2.00											
Director			X						0.	0.	0.	
Mario Garcia Jr.	2.00		37									
Director			Х						0.	0.	0.	
Michael Bedke	2.00		37									
Director			Х						0.	0.	0.	
Pat Carroll	2.00		x									
Director			A						0.	0.	0.	
Wendell Duggins	2.00		x									
Director			~						0.	0.	0.	
Martin Hernandez	2.00		x									
Director			А						0.	0.	0.	
Jim McVay	2.00		x									
Director			21						0.	0.	0.	
Florrie Willis	2.00		x									
Director									0.	0.	0.	
Russ Hunt	2.00		x									
Director									0.	0.	0.	
Andrew Warren	2.00		X									
Director									0.	0.	0.	
Jeff Cathey	2.00		Х									
Director									0.	0.	0.	
Lisa DeBartolo	2.00		Х							-	_	
Director									0.	0.	0.	
Vick Tipnes	2.00		Х							-	_	
Director									0.	0.	0.	

Form 990: Return of Organization Exempt from Income Tax

Part VII: Section A (continued)

Name and title	Average per v (list hours rela organiz on the	week any for ited ations	dire C2 - C3 - C4 - C5 - emplo	ctor Inst Offi Key High	vidua ituti cer emplo est c	-	trust	cee	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
			C1 C2 C3 C4 C5 C6								
Brandon May Director	2.00		х						0.	0.	0.
Reginald Reed Director	2.00		х						0.	0.	0.
David Lewis Director	2.00		x						0.	0.	0.
Angela North Director	2.00		х						0.	0.	0.
Chris Letsos CEO 1/1/20-6/5/20		5.00			х				0.	79,142.	11,785.
Keith Harris Interim CEO 5/18/20-12/4/ 20		5.00			х				0.	65,133.	8,381.
Terry Carter CEO 8/17/20-Present		5.00			х				0.	75,920.	4,285.
Valerie Kendall CFAO		5.00			х				0.	98,559.	6,706.
									0.	318,754.	31,157.

SCH	EDU	ILE	ΞA	
(Form	990	or 9	990-	EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Convice

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

Name of	the	organization	

2020
Open to Public Inspection

Name	of the organization	Employer identification number
Воу	s & Girls Clubs of Tampa Bay Foundation, Inc.	59-3049838
Pa	t Reason for Public Charity Status. (All organizations must complete this p	part.) See instructions.
The	organization is not a private foundation because it is: (For lines 1 through 12, check only or	ne box.)
1	A church, convention of churches, or association of churches described in section 17	0(b)(1)(A)(i).
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-E	Z).)
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4	A medical research organization operated in conjunction with a hospital described in s hospital's name, city, and state:	section 170(b)(1)(A)(iii). Enter the
5	An organization operated for the benefit of a college or university owned or operate section 170(b)(1)(A)(iv). (Complete Part II.)	d by a governmental unit described in
6	A federal, state, or local government or governmental unit described in section 170(b)	(1)(A)(v).
7	An organization that normally receives a substantial part of its support from a gover described in section 170(b)(1)(A)(vi). (Complete Part II.)	nmental unit or from the general public
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)	

- An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than $33^{1}_{a}\%$ of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11
- 12 X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g,
 - **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, С its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V.
 - Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III е functionally integrated, or Type III non-functionally integrated supporting organization.
 - Enter the number of supported organizations f
 - Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) Boys & Girls Clubs of Tampa Bay	59-0624368	7	×		365,436.	0.
(B)						
(C)						
(D)						
(E)						
Total					365,436.	0.

1

Part IISupport Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under
Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Secti	on A. Public Support							
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4							
	on B. Total Support		1	1	1	1	1	
	dar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities, etc.					12	EO1 ()(0)	
13	First 5 years. If the Form 990 is for the	-			-			
Saati	organization, check this box and stop he on C. Computation of Public Suppor							
<u>3ecu</u> 14	Public support percentage for 2020 (line 6	•		11 column (f)		14	%	
15	Public support percentage from 2019 Sch					15	<u> </u>	
16a	33 ¹ / ₃ % support test-2020. If the organi					3 ¹ /3% or more,		
	box and stop here. The organization qua							
b	b 33 ¹ / ₃ % support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 ¹ / ₃ % or more, check this box and stop here. The organization qualifies as a publicly supported organization							
17a	a 10%-facts-and-circumstances test-2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
b	10%-facts-and-circumstances test — 20 15 is 10% or more, and if the organizatio in Part VI how the organization meets the organization	on meets the fa e facts-and-cir	acts-and-circu cumstances te	mstances test, est. The organ	, check this bo ization qualifie	ox and stop he s as a publicly	re. Explain	
18	Private foundation. If the organization of instructions							
								

Schedule A (Form 990 or 990-EZ) 2020

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

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

Secti	on A. Public Support							
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
1	Gifts, grants, contributions, and membership fees							
	received. (Do not include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities							
	furnished in any activity that is related to the							
	organization's tax-exempt purpose							
3	Gross receipts from activities that are not an							
	unrelated trade or business under section 513							
4	Tax revenues levied for the							
	organization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to the							
-	organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .							
-	· · ·							
b	Amounts included on lines 2 and 3							
	received from other than disqualified persons that exceed the greater of \$5,000							
	or 1% of the amount on line 13 for the year							
•	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from							
Ū	line 6.)							
Secti	on B. Total Support							
	dar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
9	Amounts from line 6					. ,		
10a	Gross income from interest, dividends,							
	payments received on securities loans, rents,							
	royalties, and income from similar sources .							
b	Unrelated business taxable income (less							
	section 511 taxes) from businesses							
	acquired after June 30, 1975							
С	Add lines 10a and 10b							
11	Net income from unrelated business							
	activities not included in 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							
40	(Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First 5 years. If the Form 990 is for the	organization'	s first second	third fourth	or fifth tay ve	ar as a sec	tion 501(c)(3)	
14	organization, check this box and stop her	•			· · · · · ·			
Secti	on C. Computation of Public Suppor							
15	Public support percentage for 2020 (line 8	•		13, column (f))		15	%	
16	Public support percentage from 2019 Sch	edule A, Part	III, line 15 .			16	%	
Secti	on D. Computation of Investment Inc							
17	Investment income percentage for 2020 (I			-		17	%	
18	Investment income percentage from 2019 Schedule A, Part III, line 17							
19a	331/3% support tests-2020. If the organi							
	17 is not more than $33^{1}/_{3}$ %, check this box a	-	-	-		-		
b	331/3% support tests-2019. If the organize							
	line 18 is not more than 331/3%, check this b	-	-	-				
20	Private foundation. If the organization did	d not check a	box on line 14	, 19a, or 19b, o	check this box	and see inst	ructions 🕨 🗌	

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 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.)

10a

10b

×

Supporting Organizations (continued) Part IV

- Has the organization accepted a gift or contribution from any of the following persons? 11 A person who directly or indirectly controls, either alone or together with persons described in lines 11b and а 11c below, the governing body of a supported organization?
 - **b** A family member of a person described in line 11a above?
 - c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

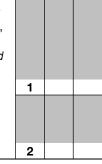
- Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth mo organization's tax year, (i) a written notice describing the type and amount of support provided du year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) organization's governing documents in effect on the date of notification, to the extent not previou 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by
- organization(s) or (ii) serving on the governing body of a supported organization? If "No," expla the organization maintained a close and continuous working relationship with the supported or
- 3 By reason of the relationship described in line 2, above, did the organization's supported org a significant voice in the organization's investment policies and in directing the use of the organization income or assets at all times during the tax year? If "Yes," describe in Part VI the role the orga supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

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

Schedule A (Form 990 or 990-EZ) 2020

onth of the uring the prior tax copies of the			
usly provided?	1	×	
the supported ain in Part VI how			
rganization(s).	2	×	
ganizations have ganization's ganization's			



Yes No

1

3

2a

2b

3a

3b

х

×

×

×

×

×

No

Yes No

Yes

11a

11b

11c

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	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.

Sect	ion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C-Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7			· · · · · · · · ·	

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

Schedule A (Form 990 or 990-EZ) 2020

e A (Form 990 or 990-EZ) 2020				Page /
V Type III Non-Functionally Integrated 509(a)(3	B) Supporting Organi	zations (continue	<u>d)</u>	
on D-Distributions				Current Year
	1			
, , , ,	empt purposes of suppo	orted		
organizations, in excess of income from activity			2	
Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	3	
Amounts paid to acquire exempt-use assets			4	
Qualified set-aside amounts (prior IRS approval required-	–provide details in Part	VI)	5	
Other distributions (describe in Part VI). See instructions.			6	
			7	
Distributions to attentive supported organizations to whic (<i>provide details in Part VI</i>). See instructions.	h the organization is res	sponsive	8	
Distributable amount for 2020 from Section C, line 6			9	
Line 8 amount divided by line 9 amount			10	
on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020
Distributable amount for 2020 from Section C, line 6				
Underdistributions, if any, for years prior to 2020 (reasonable cause required— <i>explain in Part VI</i>). See instructions.				
Excess distributions carryover, if any, to 2020				
From 2015				
From 2016				
From 2017				
From 2018				
From 2019				
Total of lines 3a through 3e				
Applied to underdistributions of prior years				
Applied to 2020 distributable amount				
Carryover from 2015 not applied (see instructions)				
Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
Distributions for 2020 from Section D, line 7: \$				
Applied to underdistributions of prior years				
Remainder. Subtract lines 4a and 4b from line 4.				
Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI.</i> See instructions.				
Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in</i> Part VI. See instructions.				
Excess distributions carryover to 2021. Add lines 3j and 4c.				
Breakdown of line 7:				
Excess from 2016				
Excess from 2017				
Excess from 2018				
Excess from 2019				
Excess from 2020				
	Type III Non-Functionally Integrated 509(a)(3 on D – Distributions Amounts paid to supported organizations to accomplish exampts paid to perform activity that directly furthers exereganizations, in excess of income from activity Administrative expenses paid to accomplish exempt purp. Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required-Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions. Distributable amount for 2020 from Section C, line 6 Line 8 amount divided by line 9 amount on E – Distribution Allocations (see instructions) Distributable amount for 2020 from Section C, line 6 Underdistributions, if any, for years prior to 2020 (reasonable cause required – explain in Part VI). See instructions. Excess distributions carryover, if any, to 2020 From 2015	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi on D – Distributions Amounts paid to supported organizations to accomplish exempt purposes of support organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations to activity expenses of all to accomplish exempt purposes of supported organizations. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is resignovide details in Part VI). See instructions. Distributable amount for 2020 from Section C, line 6 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions. Excess distributions caryover, if any, to 2020 From 2015	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continue on D – Distributions Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations. Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required – provide details in Part VI) Other distributions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. On E – Distribution Allocations (see instructions) (i) Distributable amount for 2020 from Section C, line 6 (ii) Underdistributions, if any, for years prior to 2020 (reasonable cause required – explain in Part VI). See instructions. (iii) From 2016	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) on D – Distributions Amounts paid to supported organizations to accomplish exempt purposes of supported organizations, in excess of income from activity 1 Amounts paid to acquire exempt-use assets 4 Audified set-aside amounts (prior IRS approval required – provide details in Part VI) 5 Other distributions, in excess of income from activity 8 Total annual distributions, add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 Distributable amount for 2020 from Section C, line 6 9 Line 8 amount divided by line 9 amount 10 On E – Distribution Allocations (see instructions) (i) Distributable amount for 2020 from Section C, line 6 9 Underdistributions, if any, for years prior to 2020 (reasonable cause required – explain in Part VI). See instructions. (ii) Excess distributions carryover, if any, to 2020 From 2018 From 2018 From 2018 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2020 distributable amount Carryover from 2015 \$ Applied to

Schedule A (Form 990 or 990-EZ) 2020

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17 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, Se 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, 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, Seclines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	ection , 2a, 2b,
Pt IV Sec E Ln 2a: The Organization raises funds to further the mission of the	
Boys & Girls Clubs of Tampa Bay, Inc. which is to enable all young people, especiall	<u>-</u> Y
those who need it most, to reach their full potential as productive, caring, responsi	.ble
citizens.	
Pt IV Sec E Ln 2b: The supported organization engages in fundraising activities	
and special events. The Organization and the supported organization also engage	
in shared fundraising activites.	

SCHEDULE D (Form 990)		Supplementa	OMB No. 1545-0047		
		► Complete if the orga	2020		
		Part IV, line 6, 7, 8, 9, 10			
	ent of the Treasury Revenue Service		Attach to Form 990. 90 for instructions and the latest informa	ion.	Open to Public Inspection
	f the organization				identification number
Boy	s & Girls (Clubs of Tampa Bay Foundat	zion, Inc.	9-304	9838
	t I Organi	zations Maintaining Donor Advi	sed Funds or Other Similar Funds	or Acc	counts.
	Comple	ete if the organization answered "	Yes" on Form 990, Part IV, line 6.		
			(a) Donor advised funds	(b)	Funds and other accounts
1		at end of year			
2		ue of contributions to (during year) .			
3		ue of grants from (during year)			
4 5		ue at end of year	advisors in writing that the assets held	l in don	or advised
Ŭ			organization's exclusive legal control?		
6			d donor advisors in writing that grant		
			t of the donor or donor advisor, or for	any othe	er purpose
	conferring imp	ermissible private benefit?			· · · 🗌 Yes 🗌 No
Par		rvation Easements.			
		ete if the organization answered "			
1		conservation easements held by the o			
			ation or education)		
		of natural habitat	Preservation of	a certifie	d historic structure
2		n of open space	d a qualified conservation contribution	in the fo	rm of a conservation
2		he last day of the tax year.	a a qualmed conservation contribution		Held at the End of the Tax Year
а		of conservation easements		. 2a	
b					
c	-	-	storic structure included in (a)		
d			c) acquired after 7/25/06, and not on		
	historic structu	ure listed in the National Register .		· 2d	
3	Number of co	nservation easements modified, trans	ferred, released, extinguished, or termi	nated by	the organization during the
	tax year ►				
4		tes where property subject to conserv			an allina a f
5		enforcement of the conservation eas	arding the periodic monitoring, inspe ements it holds?	cuon, n	
6			ting, handling of violations, and enforcing	· · ·	
6		teer nours devoted to monitoring, inspec	ling, handling of violations, and enforcing of	conserva	tion easements during the yea
7	Amount of exp	enses incurred in monitoring inspecting	g, handling of violations, and enforcing co	nservati	on easements during the year
•	►\$			inconvan	en euconnonte during the year
8	Does each cor	nservation easement reported on line 2	(d) above satisfy the requirements of se	ection 17	0(h)(4)(B)(i)
9		•	onservation easements in its revenue a	•	
		, and include, if applicable, the text of accounting for conservation easemer	the footnote to the organization's finan	cial state	ements that describes the
	-				····
Part		ete if the organization answered "	of Art, Historical Treasures, or O	ther Si	milar Assets.
10	•		B ASC 958, not to report in its revenue	ototomo	nt and balance aboat works
Id			held for public exhibition, education,		
			o its financial statements that describes		
b			B ASC 958, to report in its revenue sta		
	art, historical t	reasures, or other similar assets held	for public exhibition, education, or rese		
		lowing amounts relating to these item			
	(i) Revenue in	cluded on Form 990, Part VIII, line 1			▶ \$
	(ii) Assets inclu	uded in Form 990, Part X			► \$
2	If the organization	ation received or held works of art,	historical treasures, or other similar a	ssets fo	r financial gain, provide the
		unts required to be reported under FA			N
a ⊾	Revenue inclu	ded on Form 990, Part VIII, line 1 .			► \$
b	Assets Include				► Þ

Schedul	le D (Form 990) 2020							Page 2
Part	Organizations Maintaining	Collections of	Art, Historical 7	Freasures,	or Ot	her Similar Ass	sets (conti	nued)
3	Using the organization's acquisition, collection items (check all that apply):		her records, chec	k any of the	follow	ving that make sig	gnificant us	e of its
а	Public exhibition		d 🗌 Loan	or exchange	progr	am		
b	Scholarly research		e 🗌 Other					
с	Preservation for future generations							
4	Provide a description of the organizat		and explain how t	hey further t	he org	anization's exem	pt purpose	in Part
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?							
Part	ESCROW and Custodial Arra	angements.						
	Complete if the organization 990, Part X, line 21.	answered "Yes	" on Form 990, I	Part IV, line	9, or	reported an am	ount on Fo	orm
1 a	Is the organization an agent, trustee, included on Form 990, Part X? .	, custodian or oth 			ons or	other assets no	t	🗌 No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the following ta	able:				
			-			An	nount	
с	Beginning balance				1c	;		
d	Additions during the year				1d			
е	Distributions during the year				1e	•		
f	Ending balance				1f			
2a	Did the organization include an amoun					•		🗌 No
b	If "Yes," explain the arrangement in Pa	art XIII. Check her	e if the explanatio	n has been p	provide	ed on Part XIII .		
Par								
	Complete if the organization			1			1	
		(a) Current year	(b) Prior year	(c) Two years		(d) Three years back	(e) Four yea	
1a	Beginning of year balance	2,053,235.	1,834,164.	2,106,8	334.	1,922,570.	1,764	
b		500.					101	,450.
С	Net investment earnings, gains, and losses	228,600.	329,498.	-135,5	565.	287,170.	150	,492.
d	Grants or scholarships							
е	Other expenditures for facilities and							
	programs	117,457.	93,460.	119,1		88,756.		,238.
f	Administrative expenses	19,746.	16,967.	17,9		14,150.		,700.
g	End of year balance	2,145,132.	2,053,235.	1,834,1		2,106,834.	1,922	,570.
2	Provide the estimated percentage of t	-		j, column (a))	heid a	as:		
a h	Board designated or quasi-endowmen		%					
b	Permanent endowment ► 4 Term endowment ► 95.1%							
С			000/					
3a	The percentages on lines 2a, 2b, and Are there endowment funds not in the			at are held a	nd ad	ministered for the	`	
Ja	organization by:						Ye	s No
	(i) Unrelated organizations						3a(i) ×	
							3a(ii)	×
b	If "Yes" on line 3a(ii), are the related o						3b	
4	Describe in Part XIII the intended uses	-						
Part								
	Complete if the organization		" on Form 990, I	Part IV, line	11a. :	See Form 990, I	Part X, line	10.
	Description of property	(a) Cost or ot (investm	her basis (b) Cost o	or other basis other)	(c) /	Accumulated epreciation	(d) Book va	
1a	Land		0.					0.
b	Buildings							
c	Leasehold improvements							
d	Equipment			10,488.		10,488.		0.
e	Other							
	Add lines 1a through 1e. (Column (d) n		90, Part X, columr	n (B), line 10c	c.) <u>.</u> .	· · · · · •		0.

Investments-Other Securities. Part VII Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (3) Other Beneficial interest 2,040,007 FMV in Community Foundation (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) 2,040,007 Part VIII Investments-Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (b) Book value (a) Description of investment (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . Other Assets. Part IX Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ► Other Liabilities. Part X Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Investments held for related Organization 3,514,812 (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 3,514,812 . 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

	le D (Form 990) 2020				Page 4
Part			-	Returr	
	Complete if the organization answered "Yes" on Form 990,				
1	Total revenue, gains, and other support per audited financial statements	• •		1	1,557,680.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		0.05 510		
a L	Net unrealized gains (losses) on investments	2a	825,713.	-	
b	Donated services and use of facilities		76,782.	-	
C	Recoveries of prior year grants		10 546	-	
d	Other (Describe in Part XIII.)		-19,746.	0.0	000 740
e	Add lines 2a through 2d			2e 3	882,749.
3 ⊿	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	· ·		3	674,931.
4		10			
a L	Investment expenses not included on Form 990, Part VIII, line 7b			-	
b	Other (Describe in Part XIII.)			10	
C E				4c 5	<u> </u>
5 Part	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line XII Reconciliation of Expenses per Audited Financial States				674,931.
Pari	Complete if the organization answered "Yes" on Form 990,				ir 11.
-	· •			1	
1	Total expenses and losses per audited financial statements	• •		-	562,070.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	0-			
a L	Donated services and use of facilities	2a	76,782.	-	
b	Prior year adjustments			-	
C	Other losses			-	
d	Other (Describe in Part XIII.)			0	
e	Add lines 2a through 2d			2e	76,782.
3	Subtract line 2e from line 1	· ·		3	485,288.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b			-	
b	Other (Describe in Part XIII.)		19,746.		
c	Add lines 4a and 4b			4c	19,746.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 2007)	ne 18.)		5	505,034.
Part				D 11	
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par				
2, Fai	t XI, miles 20 and 4b, and Fart XII, miles 20 and 4b. Also complete this par	t to pro		Ioman	JII.
D+ 17	, Line 4: Funds up to 5% of the market value may	how	ithdraum annual	lur to	
PL V	, Line 4. Funds up to 5% of the market value may	De w		. 1 y . C	,
quinn	ort the Garry and Mavis Smith Salesian Boys & Gir		lub at Mary Hel	n of	
Supp		15 C	Tub at Mary Her	.p 01	
Chri	stians Center.				
p+ x	I, Line 2d: Investment management fees netted aga	inst	investment ret	urn	
	r, line za, investment management rees netted aga				
of \$	19,746.				
Pt X	II, Line 4b: Investment management fees netted ag	ains	t investment re	turn	
of ¢	19 746				
Ş	19,746.				

Schedule D (Form 990) 2020 Page 5						
	Supplemental Information (continued)					

SCHEDULE I	SCHEDULE I Grants and Other Assistance to Organizations,					OMB No. 1545-0047	
(Form 990)					Jnited States , Part IV, line 21 or 2		2020
Department of the Treasury	-		► Attach to	o Form 990.			Open to Public Inspection
Internal Revenue Service Name of the organization			vww.irs.gov/Form9	90 for the latest inf	ormation.	E	mployer identification number
Boys & Girls Clubs of T	'ampa Bay Fou	Indation. Inc	,				59-3049838
Part I General Information			••				
 Does the organization mainta the selection criteria used to Describe in Part IV the organ 	award the grants	or assistance?				for the grants or assi	
Part II Grants and Other As Part IV, line 21, for an							answered "Yes" on Form 990,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	
(1) Boys/Girls Clubs of Tampa Bay, Inc 1307 N. MacDill Ave Tampa FL 33607	59-0624368	501(c)(3)	365,436.				Fund mission
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)	_						
(12)							
2 Enter total number of section3 Enter total number of other of		•			· · · · · · · ·		· · · ▶1 · · · ▶ 0

For Paperwork Reduction Act Notice, see the Instructions for Form 990. REV 05/18/21 PRO BAA

Schedule I (Form 990) 2020

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.										
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance					
1											
2											
3											
4											
5											
6											
7 Part IV	Supplemental Information. Prov	vide the information re	quired in Part I, I	ine 2; Part III, colum	n (b); and any other additi	onal information.					
			•								
		REV 05/18/21 PR	0			Schedule I (Form 990) 202(

SCHE	DUL	E ()	
(Form	990	or	990-	ΕZ

Supplemental Information to Form 990 or 990-EZ

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



Department of the Treasury Internal Revenue Service	► Attach to Form 990 or 990-EZ.	Open to Public Inspection
Name of the organization	► Go to www.irs.gov/Form990 for the latest information.	Employer identification number
	lubs of Tampa Bay Foundation, Inc.	59-3049838
boys & Gills C	Tubs of Tampa bay Foundacton, The.	37 3042030
Pt VI, Line 11	b: A copy of the Form 990 will be provided to the Boa	rd Members
boforo filing		
before filing.		
Pt VI, Line 12	c: The Organization has a Conflict of Interest policy	that is
included in th	e Code of Ethics for Board Members. Annually, Board	Members complete
the Code of Et	hics 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 rep	ort to the Board their conflict.	

SCHEDULE R (Form 990)

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.

Department of the Treasury Internal Revenue Service Name of the organization

Boys & Girls Clubs of Tampa Bay Foundation, Inc.

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 contr ent	9) 512(b)(13) rolled ity?
						Yes	No
(1) Boys & Girls Clubs of Tampa Bay, Inc. 59-0624368 1307 N. MacDill Ave Tampa FL 33607	Youth support	FL	501(c)(3)	7	NO		×
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							



59-3049838

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

(6) (7)

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. Part IV

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Section 5 contr enti	i) 12(b)(13) rolled ity?
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Part	Transactions With Related Organizations. Complete if the organization answ	vered "Yes" on Form	n 990, Part IV, line 3	4, 35b, or 36.		
Note	: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one	or more related organ	izations listed in Part	s II–IV?		
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1 a	3	×
b	Gift, grant, or capital contribution to related organization(s)) X	
С	Gift, grant, or capital contribution from related organization(s)				;	×
d	Loans or loan guarantees to or for related organization(s)				ł	×
е	Loans or loan guarantees by related organization(s)			1e	•	×
f	Dividends from related organization(s)				F	×
g	Sale of assets to related organization(s)				9	×
h	Purchase of assets from related organization(s)				ו	×
i	Exchange of assets with related organization(s)					×
j	Lease of facilities, equipment, or other assets to related organization(s)			1 j	i	×
k	Lease of facilities, equipment, or other assets from related organization(s)					×
I	Performance of services or membership or fundraising solicitations for related organization(s)					×
m	Performance of services or membership or fundraising solicitations by related organization(s)				n ×	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				۱ <u> </u>	×
0	Sharing of paid employees with related organization(s)			1 0)	×
р	Reimbursement paid to related organization(s) for expenses)	×
q	Reimbursement paid by related organization(s) for expenses			1 0	1	×
r	Other transfer of cash or property to related organization(s)			1 r	•	×
S	Other transfer of cash or property from related organization(s)				-	×
2	If the answer to any of the above is "Yes," see the instructions for information on who must of	complete this line, inclu	uding covered relation	ships and transaction t	hresho	lds.
	(a) Name of related organization	(b) Transaction type (a—s)	(c) Amount involved	(d) Method of determining amo	ount invo	olved
(1) Bo	ys & Girls Club of Tampa Bay, Inc.	b	365,436.	actual		
(2) Bo	ys & Girls Club of Tampa Bay, Inc.	m	76,782.	FV of inkind se	rvice	es
(3)						
(4)						
(5)						
(6)						
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity L (s	(c) Legal domicile (state or foreign country)	income (related, unrelated, excluded	Are all partners section 501(c)(3)		501(c)(3)		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		General or managing		General or managing		General or managing		General or managing		(k) Percentag ownership								
			from tax under sections 512–514)	Yes	No			Yes	No		Yes	No																			
								1																							

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Schedule R (Form 990) 2020 Page								
	Supplemental Information							
Part VII	Provide additional information for responses to questions on Schedule R. See instructions.							