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**Return of Organization Exempt From Income Tax** 

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

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

2018 JUL 1, 2017 and ending JUN 30, A For the 2017 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change FRAMEWORKS OF TAMPA BAY, INC. Name change 20-8776228 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 813-514-9555 **402 EAST OAK AVENUE** termin-ated 924,278. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code 33602-2704 Amended TAMPA, FL H(a) Is this a group return Applica-F Name and address of principal officer: SHEA QURAISHI Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes Tax-exempt status: X = 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: WWW.MYFRAMEWORKS.ORG **H(c)** Group exemption number ▶ **K** Form of organization: **X** Corporation Association Other > L Year of formation: 2007 M State of legal domicile: FL Part I Summary Briefly describe the organization's mission or most significant activities: TO ADVANCE THE POSITIVE SOCIAL Activities & Governance AND EMOTIONAL DEVELOPMENT OF YOUTH IN THE COMMUNITY. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 17 Number of voting members of the governing body (Part VI, line 1a) 17 Number of independent voting members of the governing body (Part VI, line 1b) 0 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) <u>50</u> Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, line 34 ..... 7b **Prior Year Current Year** 748,305. 662,938. Contributions and grants (Part VIII, line 1h) Revenue Program service revenue (Part VIII, line 2g) 316,183. 193,571. 72. 77, Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 185,563. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 27,386. 1,250,128. 883.967. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 637,225. 696,293. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 260,958. 236,216. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 898,183. 932,509. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -48,542. 351,945. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 923,250. 919,344. 20 Total assets (Part X, line 16) 80,243. 27,795. 21 Total liabilities (Part X, line 26) 843,007. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign SHEA QURAISHI, INTERIM EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature SAM A. LAZZARA P01342929 Paid RIVERO, GORDIMER & COMPANY. 59-3040705 Preparer Firm's name Firm's EIN Firm's address P. O. BOX 172359 Use Only Phone no. (813) 875-7774TAMPA, FL 33672 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes

Pa	Statement of Program Service Accomplishments  Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO ADVANCE THE POSITIVE SOCIAL & EMOTIONAL DEVELOPMENT OF YOUTH IN THE
	COMMUNITY.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes X No
	prior Form 990 or 990-EZ?  LYes X No  If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
•	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 658,517. including grants of \$ ) (Revenue \$ 247,281.)  FRAMEWORKS PROVIDES EVIDENCE-BASED SOCIAL AND EMOTIONAL LEARNING (SEL)  PROGRAMS AND WORKSHOPS FOR YOUTH IN GRADES PRE-K THROUGH 12, AS WELL AS
	THOSE ADULTS AND EDUCATORS WHO SUPPORT THEIR ACADEMIC SUCCESS.
	FRAMEWORKS SEL PROGRAMS HAVE SHOWN IMPACT ON IMPROVED ACADEMIC
	PERFORMANCE, INCREASED CONNECTION TO SCHOOL, DECREASED CLASSROOM
	DISRUPTIONS AND RISKY BEHAVIORS. THESE PROGRAMS ARE TAUGHT USING THE 5
	CORE COMPETENCIES OF SOCIAL AND EMOTIONAL LEARNING: SELF-AWARENESS,
	SELF-MANAGEMENT, SOCIAL AWARENESS, RELATIONSHIP SKILLS AND RESPONSIBLE
	DECISION-MAKING.
	SEE FURTHER DISCUSSION ON SCHEDULE O
4b	(Code:         ) (Expenses \$         including grants of \$         ) (Revenue \$         )
	. (1
4c	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 658,517.
	Form <b>990</b> (2017)

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# Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			ا ۔۔
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			\ <sub>3,7</sub>
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	١		<b> </b> ₩
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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			X
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		Х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Λ	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4-		X
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	4.0		X
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		Х	
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Λ	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	Λ	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		Х
	complete Schedule G, Part III	19		_ 22

Form **990** (2017)

## Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			37
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			<b>₩</b>
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions):	00-		х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		x
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
24	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?	24		x
20	If "Yes," complete Schedule N, Part Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32		32		x
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		<del></del> -
0.7		34		X
352	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		<del></del> -
J	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?	335		
50	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		<del></del> -
O1	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<del>'</del>		<del></del>
55	Note. All Form 990 filers are required to complete Schedule O	38	Х	
	Telestic III I Good more and required to complete content of		000	

# Form 990 (2017) FRAMEWORKS OF TAMPA BAY, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

Second   S		Check if Schedule O contains a response or note to any line in this Part V					<u> X</u>
be Enter the number of Forms W.2G included in line 1a. Enter of -if-not applicable				1.01		Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gamibling) without without seven without the complex personal properties of the calendar year ending with or within the year covered by this return.  2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.  3a In the organization have unrelated business gross income of \$1,000 or more during the year?  3b If the year is all filed a Form 980-1 for this year? If "No," to fine 3b, provide an explanation in Schedule O.  3b If Yes, "has it filed a Form 980-1 for this year? If "No," to fine 3b, provide an explanation in Schedule O.  3b If Yes, "and thing the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country.  4 At any time the name of the foreign country.  5 See In Yes, "to lime 5a or 5b, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country.  5 See Was the organization on Service FincER Form 114, Report of Foreign Bank and Financial account; P.  5 See instructions for filing requirements for FincER Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5 Was the organization on Service of FincER Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5 Was the organization on Service of FincER Form 1886-17  5 If Yes, "to lime 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5 Ec O In Yes, to lime 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5 Ec O In Yes, to lime 5a or 5b, did the organization file Form 8886-17  6 If Yes, to lime 5a or 5b, did the organization file Form 5886-17  6 If Yes, to lime 5a or 5b, did the organization file form 5a or 5b, and party as a contributions or all party organizations or	1a			10			
(agambling) winnings to prize winners.  2 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return.  5 If all least one is reported on line 2a, did the organization file all required federal employment tax returns?  5 If all least one is reported on line 2a, did the organization file all required federal employment tax returns?  5 If we will not have unrelated business gross income of \$1,000 or more during the year?  5 If Yes, 1 is not if the 3 are may 600 for this year If "No. 1 folia 80, provide an explanation in Schedule 0  5 If Yes, 1 are if the da Form 990 for for this year If "No. 1 folia 80, provide an explanation in Schedule 0  5 If Yes, 1 are if the da Form 990 for for this year If "No. 1 folia 80, provide an explanation in Schedule 0  5 If Yes, 1 are if the a form 990 for the year Yes, 1 and a bank account, scourities account, or other financial accounts (FBAR).  5 If Yes, 1 are in the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  5 If Yes, 1 and the organization aparty to a prohibited tax shelter transaction of any time during the tax year?  5 If Yes, 1 and the organization that It was or is a party to a prohibited tax shelter transaction?  5 If Yes, 1 and the organization have annual gross receipts that are normally greater than \$100,000, and all the organization solicit any contributions that were not tax deductibles a charitable contributions?  6 If Yes, 1 and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charitable contribution and party in goods and services provided to the payor?  7 If Yes, 1 and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles and charitable to goods or solves provided?  7 If Yes, 1 and the organization include with every solicitation an e				U			
2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, led for the calendar year ending with or within the year covered by this return.  3 by 1 from the state one is reported on line 2a, did the organization file all required federal employment tax returns?  3 by 1 from the state one is reported on line 2a, did the organization file all required federal employment tax returns?  3 by 1 from the state of	С			-	_		
filed for the calendar year ending with or within the year covered by this naturn    2a	_		I		1c		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b If Ves, *has it filed a Form 990.7 for this year? If *No,* *io line 3b, provide an explanation in Schedule O  3b A any time during the calend ryear, did the organization have unrelated business gross income of \$1,000 or more during the year or at financial account in a foreign country (such as a bank account, securities account, or other financial account)?  5b If *Ves,* *Ios in the foreign country *Ios have a bank account, securities account, or other financial accounts (FBAR).  5c ei instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5c Was the organization a party to a prohibitoid tax shelter transaction at any time during the tax year?  5c If *Ves,* *Ios ine \$a or \$5, did the organization final it was or is a party to a prohibitote tax shelter transaction?  5c If *Ves,* *Ios ine \$a or \$5, did the organization final it was or is a party to a prohibitote tax shelter transaction?  5c If *Ves,* *Ios ine \$a or \$5, did the organization final it was or is a party to a prohibitote tax shelter transaction?  5c If *Ves,* *Ios ine \$a or \$5, did the organization include with every solicitation an express statement that such charitotions or gifts any contributions that may receive deductible as charitable contributions?  6d X  6d	2a			٥			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 30. Did the organization have unrelated business gross income of \$1,000 or more during the year? 30. Did the organization have unrelated business gross income of \$1,000 or more during the year? 30. Did the organization have unrelated business gross income of \$1,000 or more during the year? 30. Did the organization country (such as a bank account, or other financial accountry over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountry over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 50. Was the organization and party to a prohibited tax shelter transaction at any time during the tax year? 51. Was the organization and the organization file Form 8868 17? 52. Was 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 Form 8868 17? 53. Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions and every solicitation and express statement that such contributions or gifts were not tax deductible? 54. Very an every solicitation and express statement that such contributions or gifts were not tax deductible? 55. Very an every solicitation and express statement that such contributions or gifts were not tax deductible contributions under section 170(a). 56. Did the organization receive a payment in excess of \$75 made party as a contribution of copods and services provided to the payor? 56. The Yes, "did the organization inclifty the donor of the value of the qoods or solviges provided? 57. The Yes, "indicate the number of Forms 8282 filed during the year. 58. Did the organization received an ontribution of cord the value of the qoods or solviges provid					OI-	v	
3a   X   X   X   X   X   X   X   X   X	D				20	Λ	
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country.  **Definition of the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country.  **De If "Yes," enter the name of the foreign country.  **See instructions for filling requirements for FinicEN Form 114, Report of Foreign Bank and Financial accounts (FBAR).  5b Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 5a or 5b, did the organization file Form 8896-17?  6a Dos the organization have annual gross receipts that are normally greater than \$100,000, and did tib organization solicit any contributions that were not tax deductibles as chariable contributions?  6b X  5c If "Yes," did the organization include with every solicitation an express statement that such committees or the value of the account of the organization solicit any contributions that may receive deductible contributions under section 170(a)  a Did the organization that may receive deductible contributions under section 170(a)  b If "Yes," did the organization inclify the donor of the value of the goods or services provided of the payor?  7 Organizations that may receive deductible contributions under section 170(a)  a Did the organization inclify the donor of the value of the goods or services provided of the payor?  7 If "Yes," indicate the number of Forms 8282 filed during the year.  9 If "Yes," indicate the number of Forms 8282 filed during the year.  10 If the organization receive any funds, directly or indirectly, enamination of payor services of the organization file Form 1098-07  7 If "Yes," If the orga	20				20		x
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)?  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAF).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).  So Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5a							
financial account in a foreign country (such as a bank account, securities account, or other financial account;?  b If "Yes," either the name of the foreign country.  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).  See instructions for filing requirements for Financial Accounts (FBAF).  See instructions for filing requirements for filing approach and property of the fact any contributions on personal benefit of the properties of the property of the service of the property of the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8882?  If "Yes," indicate the number of Forms 8282 filed during the year and personal benefit contract?  To X  If the organization received a contribution of qualified netellectual property, did the organization file a Form 1986, Yes and the property of the properties of the propertie		•			30		
b If "Yes," enter the name of the foreign country:    See instructions for filing requirements for FiricEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FiricEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FiricEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FiricEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Sa	Tu			•	<b>4</b> a		x
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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  c Enter the amount of reserves on hand  13c  14a	а	-		IN / A	13a		
organization is licensed to issue qualified health plans 13b	L						
c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b	а		125				
14a     Did the organization receive any payments for indoor tanning services during the tax year?     14a     X       b     If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O     14b	^						
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b					14a		Х
			- •			990	(2017)

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

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
		1 1	4		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	17			
	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 in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other				
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	he direct supervision				
	of officers, directors, or trustees, or key employees to a management company or other person? $\dots$			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?		5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint one or				
	more members of the governing body?		1	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, or				
	persons other than the governing body?		7	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the vertex of the properties of the	ear by the following:				
а	The governing body?		8	3a	Х	
b	Each committee with authority to act on behalf of the governing body?		8	3b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue Code.)				
			_		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		<u>  1</u>	0a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such of					
	and branches to ensure their operations are consistent with the organization's exempt purposes?		<u>  1</u>	0b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy before filing the forn	n? 1	1a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a				2a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris		<u>  1</u>	2b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If $^{"}$	Yes," describe				
	in Schedule O how this was done		<u>  1</u>	2c	Х	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?		<u>L</u>	14	X	
15	Did the process for determining compensation of the following persons include a review and approve	al by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?				
	The organization's CEO, Executive Director, or top management official			5a	X	
b	Other officers or key employees of the organization		1	5b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a				
	taxable entity during the year?		1	6a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic					
	exempt status with respect to such arrangements?		1	6b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed $ ightharpoonup$					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Section 501(c)(3)s o	nly) ava	ilabl	e	
	for public inspection. Indicate how you made these available. Check all that apply.					
		n in Schedule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest policy	, and fi	nand	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks and records:  _				
	MATTHEW DAHL - 813-574-6926 402 EAST OAK AVENUE, TAMPA, FL 33602					
	4UZ BASI UAN AVENUE, TAMPA, PL 330UZ					

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

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)	Ĭ		((	C)			(D)	(E)	(F)
Name and Title	Average hours per		not c		more	<b>)</b> than is bot		Reportable compensation	Reportable compensation	Estimated amount of
	week	offic	cer an	nd a d	irect	or/trus	stee)	from	from related	other
	(list any	irector						the	organizations	compensation
	hours for related	ee or d	stee			nsated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ıl trust	nal tru		loyee	ombe		601		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JENNIFER GARCIA	2.00	드	드	0	×	王亩	<u></u>	01		
BOARD CHAIR		Х		Х			1	0.	0.	0.
(2) DR. LINDA DEVINE	2.00					1	U	•		
IMMEDIATE PAST CHAIR		Х		Х				0.	0.	0.
(3) AMBER FETTERMAN	2.00					) _				
TREASURER		Х		X		1_		0.	0.	0.
(4) CAROLYN BRICKLMYER	1.00	. (		$\sim$				_	_	_
BOARD MEMBER		X						0.	0.	0.
(5) DANIEL TAYLOR	1.00		•						_	
BOARD MEMBER		X						0.	0.	0.
(6) ELIZABETH FOWLER	• 1.00	ļ								
BOARD MEMBER		Х						0.	0.	0.
(7) ERIC ORTIZ	1.00	l								•
BOARD MEMBER	1 00	Х						0.	0.	0.
(8) EVELYN DELGADO	1.00	١							_	_
BOARD MEMBER	1 00	Х						0.	0.	0.
(9) GWEN LUNEY	1.00	١,,							_	_
BOARD MEMBER	1 00	Х				-		0.	0.	0.
(10) JOYCE BURICK SWARZMAN	1.00	<b>₩</b>						0.	0.	^
BOARD MEMBER	1.00	Х				-		0.	0.	0.
(11) JULIE COLE	1.00	x						0.	0.	0.
BOARD MEMBER (12) MICHELE MESTER	1.00	^				-		0.	0.	<u> </u>
BOARD MEMBER	1.00	X						0.	0.	0.
(13) PAUL WHITING JR.	1.00	^				+		0.	0.	· ·
BOARD MEMBER	1.00	x						0.	0.	0.
(14) REBECA PALACIO	1.00	122						0.	0.	<u> </u>
BOARD MEMBER	1100	x						0.	0.	0.
(15) SHELDON BUSANSKY	1.00								•	
BOARD MEMBER		x						0.	0.	0.
(16) YVONNE FRY	1.00	<del> </del>								
BOARD MEMBER		X						0.	0.	0.
(17) MONICA CANALE	1.00									
BOARD MEMBER		Х						0.	0.	0.
732007 11-28-17	•	•	•		_	•				Form <b>990</b> (2017)

732007 11-28-17

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Part VII   Section A. Officers, Directors, Tr	(B)	Γ			C)			(D)	(E)			(F)	
Name and title	Average	Position (do not check more than one						Reportable	Reportable		Fs	timate	d
Tame and the	hours per					than is bot		compensation compensati				ount o	-
	week	offi	cer ar	d a d	irecto	or/trus	tee)	from	from related		(	other	
	(list any	director						the	organizations	3	com	oensa	tion
	hours for	or din	a.			rted		organization	(W-2/1099-MIS	iC)		om the	
	related organizations	stee	truste		a.	bens		(W-2/1099-MISC)			_	anizati	
	below	lal tr	onal		ploye	t com						l relate nizatio	
	line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				Uiga	ııızatı	JI 15
(18) SHEA QURAISHI	40.00	트	드	0	포	工旨	프						
INTERIM EXECUTIVE DIRECTOR	1000	1		x				27,452.		0.			0.
(19) AMANDA PAGE-ZWIERKO	40.00					$\vdash$							
FORMER CEO		1		x				58,968.		0.			0.
		1											
		1											
								1					
								~~					
								_()					
		Ī											
								()					
								(2)					
							U	•					
1b Sub-total						<b>)</b>	ightharpoons	86,420.		0.			0.
c Total from continuation sheets to Part	VII, Section A						ightharpoons	0.		0.			0.
d Total (add lines 1b and 1c)					·		<u> </u>	86,420.		0.			0.
2 Total number of individuals (including bu	t not limited to the	nose	liste	d al	bov	e) wl	no re	eceived more than \$100	,000 of reportabl	е			_
compensation from the organization		_)									Т	. I	0
	CA	~										Yes	No
3 Did the organization list any <b>former</b> offic			e, ke	y er	nplo	oyee	, or	highest compensated e	mployee on				v
line 1a? If "Yes," complete Schedule J fo											3		X
4 For any individual listed on line 1a, is the											_		v
and related organizations greater than \$											4		Х
5 Did any person listed on line 1a receive of	•				•			•			_		Х
rendered to the organization? If "Yes," co	ompiete Scriedu	e J i	or s	ucn	pers	son					5		
	componented in	don	ando	nt c	ont	racto	ore t	hat received more than	\$100,000 of com	none	ation f	rom	
<ol> <li>Complete this table for your five highest the organization. Report compensation f</li> </ol>		-								pens	alion	TOTT	
(A)	or the calendary	Cai	criui	ng v	VILII	OI W		(B)	year.		(C	4	
Name and busine	ss address	N	INC	3				Description of s	ervices	С	comper		า
2 Total number of independent contractors		not li	mite	d to		^	sted	l above) who received n	nore than				
\$100,000 of compensation from the orga	anization >					0							

Pa	rt V		any line in this Bort VIII			
		Check if Schedule O contains a response or note to a	(A)  Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f: \$	36.			
<u>0</u> <u>8</u>	l	h Total. Add lines 1a-1f	662,938.			
rvice	2 i	a PROGRAM SERVICES 62410		193,571.		
Program Service Revenue		c d				
P	Ì	f All other program service revenue		-0,		
		g Total. Add lines 2a-2f	<b>▶</b> 193,571.	~ () ~		
	3	Investment income (including dividends, interest, and other similar amounts)  Income from investment of tax-exempt bond proceeds	72.	)		72.
	ı	a Gross rents b Less: rental expenses c Rental income or (loss)	nal OS			
	7 :	d Net rental income or (loss)  a Gross amount from sales of assets other than inventory  (i) Securities (ii) Other				
		b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)				
Other Revenue	8 (	a Gross income from fundraising events (not including \$151,002 • of contributions reported on line 1c). See  Part IV, line 18a				
₽		1	26 676			26,676.
		c Net income or (loss) from fundraising events a Gross income from gaming activities. See Part IV, line 19 a	20,0/0.			20,070.
	ı	b Less: direct expenses b				
		c Net income or (loss) from gaming activities	<b>&gt;</b>			
		a Gross sales of inventory, less returns and allowances				
		b Less: cost of goods sold b				
		c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business (	Code			
	11 :	0.000		710.		
		c				
		d All other revenue				
	(	e Total. Add lines 11a-11d	<b>▶</b> 710.			
	12	Total revenue. See instructions.	<b>▶</b> 883,967.	194,281.	0.	26,748.

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (C) Do not include amounts reported on lines 6b. Program service expenses Management and general expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members ..... Compensation of current officers, directors, 86,420. 64,129. 12,397. 9,894. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 385,455. 519,435. 59,466. 74,514. 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 7,142. 29,189 5,296. 16,75**1** Other employee benefits 9 6,002. 61,249. 5,819. 49,428 Payroll taxes 10 Fees for services (non-employees): 11 a Management ..... Legal 13,500. 13,500. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 Office expenses 13 14 Information technology 15 Royalties 5,961. 60,825. 49,086. 5,778. 16 Occupancy 16,048. 13,895. 2,016. 137. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 15,891. 9,899. 5,539. <u>453.</u> Conferences, conventions, and meetings 19 20 21 Payments to affiliates 9,098. 7,342. 892. 864. Depreciation, depletion, and amortization ..... 22 12,295. 9,922. 1,205. 1,168. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) CONTRACT SERVICES 30,494. 14,011. 9,409. 7,074. PROGRAM SUPPLIES 21,711. 13,675. 7,736. 300. 1,639. **EQUIPMENT COSTS** 16,722. 13,494. 1,589. 14,122 1,317. 2,215. PRINTING, PUBLICITY, 10,590. 6,400. 10,113. 8,997. 25,510. e All other expenses 932,509 658,517. 139,767. 134,225. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Pa	rt X	Balance Sheet						
		Check if Schedule O contains a response or not	e to an	y line in this Part X				
					Beginnir	<b>A)</b> ng of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing				94,834.	1	683,938.
	2	Savings and temporary cash investments			1	75,569.	2	175,624.
	3	Pledges and grants receivable, net					3	
	4	Accounts receivable, net		500.	4	4,020.		
	5	Loans and other receivables from current and for						
		trustees, key employees, and highest compensa	ated en	nployees. Complete				
		Part II of Schedule L			5			
	6	Loans and other receivables from other disquali						
		section 4958(f)(1)), persons described in section						
		employers and sponsoring organizations of sect	ion 50	I(c)(9) voluntary				
ţ		employees' beneficiary organizations (see instr).	Comp	lete Part II of Sch L			6	
Assets	7	Notes and loans receivable, net					7	
Ř	8	Inventories for sale or use					8	
	9	Prepaid expenses and deferred charges				11,968.	9	11,962.
	10a	Land, buildings, and equipment: cost or other				1		
		basis. Complete Part VI of Schedule D	10a	128,976.				
	b	Less: accumulated depreciation		97,721.		20,620.	10c	31,255.
	11	Investments - publicly traded securities					11	
	12	Investments - other securities. See Part IV, line 1					12	
	13	Investments - program-related. See Part IV, line			13			
	14	Intangible assets			)		14	
	15	Other assets. See Part IV, line 11				15,853.	15	16,451.
	16	Total assets. Add lines 1 through 15 (must equa		34)		19,344.	16	923,250.
	17	Accounts payable and accrued expenses		25		26,845.	17	76,743.
	18	Grants payable			18			
	19	Deferred revenue				950.	19	3,500.
	20	Tax-exempt bond liabilities					20	
	21	Escrow or custodial account liability. Complete I	Part IV	of Schedule D			21	
es	22	Loans and other payables to current and former	officer	s, directors, trustees,				
≝		key employees, highest compensated employee	es, and	disqualified persons.				
Liabilities		Complete Part II of Schedule L					22	
_	23	Secured mortgages and notes payable to unrela	ated thi	rd parties			23	
	24	Unsecured notes and loans payable to unrelated	d third	parties			24	
	25	Other liabilities (including federal income tax, pa	yables	to related third				
		parties, and other liabilities not included on lines	17-24)	. Complete Part X of				
		Schedule D					25	
	26	Total liabilities. Add lines 17 through 25				27,795.	26	80,243.
		Organizations that follow SFAS 117 (ASC 958	), chec	k here ▶ X and				
es		complete lines 27 through 29, and lines 33 an						
anc	27	Unrestricted net assets			8	80,645.	27	831,393.
Bal	28	Temporarily restricted net assets				904.	28	1,614.
Fund Balances	29					10,000.	29	10,000.
		Organizations that do not follow SFAS 117 (A	SC 958	3), check here 🕨 📖				
p.		and complete lines 30 through 34.						
ets	30	Capital stock or trust principal, or current funds					30	
Ass	31	Paid-in or capital surplus, or land, building, or ed					31	
Net Assets or	32	Retained earnings, endowment, accumulated in				04 540	32	0.42 22=
2	33	Total net assets or fund balances				91,549.	33	843,007.
	34	Total liabilities and net assets/fund balances			9	19,344.	34	923,250.

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1

2

3

4

5

6

8

10

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X

Act and OMB Circular A-133?

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** FRAMEWORKS OF TAMPA BAY, INC. 20-8776228 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Total

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

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

500	tails to quality under the tests	s listed below, pice	isc complete r art						
	etion A. Public Support	1 ( ) 00 ( 0	" > 00 / /		( 0 00 ( 0		<u> </u>		
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not	699,735.	799,957.	946,311.	1064488.	856,509.	4367000.		
_	include any "unusual grants.")	099,133.	133,331.	940,311.	1004400.	030,309.	4307000.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
_	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge	699,735.	799,957.	946,311.	1064488.	856,509.	4367000.		
	<b>Total.</b> Add lines 1 through 3	099,733.	199,951.	940,311.	1004400.	030,303.	4307000.		
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				- 1				
	amount shown on line 11,				2				
	l (f)			_	UK.		1793450.		
	***				, O ,		2573550.		
	Public support. Subtract line 5 from line 4.						2373330.		
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total		
	Amounts from line 4	699,735.	(b) 2014 799, 957.	946,311.	1064488.	856,509.	4367000.		
	Gross income from interest,	03377000	, , , , , , , , , , , , , , , , , , , ,	310,0221	20011000	000,000			
o	dividends, payments received on			5					
	securities loans, rents, royalties,		. (						
	and income from similar sources	133.	124.	75.	77.	72.	481.		
9	Net income from unrelated business		~65	,,,,	,,,	, _ ,			
9	activities, whether or not the								
	business is regularly carried on	•							
10	Other income. Do not include gain								
	or loss from the sale of capital	C 1	Ť						
	assets (Explain in Part VI.)								
11	Total support. Add lines 7 through 10	.\( ) \( )					4367481.		
12	Gross receipts from related activities,	etc. (see instructi	ons)			12			
	First five years. If the Form 990 is for								
	organization, check this box and stor		, , , , , , , , , , , , , , , , , , ,	, ,			<b>&gt;</b>		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				ŕ		
14	Public support percentage for 2017 (	line 6, column (f) d	ivided by line 11, o	column (f))		14	58.93 %		
15	Public support percentage from 2016	Schedule A, Part	II, line 14			15	57.04 %		
16a	33 1/3% support test - 2017. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo			
	stop here. The organization qualifies as a publicly supported organization								
b	33 1/3% support test - 2016. If the o	organization did no	ot check a box on I	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	nis box		
	and stop here. The organization qual								
17a	10% -facts-and-circumstances tes	t - 2017. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	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 organiza	tion qualifies as a	publicly supported	d organization		▶□		
b	10% -facts-and-circumstances tes	t - 2016. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or		
	more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the								
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	▶Щ		
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instruction	s ▶∟		

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

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

Se	ction A. Public Support		,				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities				1		
	furnished by a governmental unit to						
	the organization without charge				(O)		
6	Total. Add lines 1 through 5				+ () \		
7	Amounts included on lines 1, 2, and				1		
	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received			.(7)			
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the			110			
	amount on line 13 for the year						
(	Add lines 7a and 7b			S			
	Public support. (Subtract line 7c from line 6.)		1	)			
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10	Gross income from interest,		( ) '				
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources	()					
ŀ	Unrelated business taxable income	10					
	(less section 511 taxes) from businesses	, NO.					
	acquired after June 30, 1975						
(	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 (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organi	zation,
							<u></u> ▶□
	ction C. Computation of Publ						
	Public support percentage for 2017 (			column (f))		15	%
	Public support percentage from 2016					16	%
	ction D. Computation of Inve						
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19	a 33 1/3% support tests - 2017. If the						
	more than 33 1/3%, check this box a						
ŀ	o 33 1/3% support tests - 2016. If the						
	line 18 is not more than 33 1/3%, che						▶∐
20	Private foundation If the organization	an did not check a	hay on line 14 10	a or 10h chock t	hie hay and can in	etructione	

## Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
1		
2		
За		
3b		
_		
Зс		
4a		
44		
4b		
4c		
5a		
5b		
5c		_
33		
6		
7		
8		
9a		
9d		
9b		
9с		
10a		
10b		

Par	LIV	Supporting Organizations (continued)			
		·		Yes	No
11	Has t	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	belov	v, the governing body of a supported organization?	11a		
b	A fan	nily member of a person described in (a) above?	11b		
-		% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion	B. Type I Supporting Organizations			
		·		Yes	No
1	Did th	ne directors, trustees, or membership of one or more supported organizations have the power to			
	regula	arly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax ye	ear? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	contr	olled the organization's activities. If the organization had more than one supported organization,			
	desci	ribe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organ	nizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did th	ne organization operate for the benefit of any supported organization other than the supported			
	orgar	nization(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,			
		rvised, or controlled the supporting organization.	2		
Sec	tion	C. Type II Supporting Organizations			
				Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		anagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sec	tion	D. All Type III Supporting Organizations			
	<b>5</b>			Yes	No
1		ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
		nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	-		
_		nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
2		rganization maintained a close and continuous working relationship with the supported organization(s).  ason of the relationship described in (2), did the organization's supported organizations have a	2		
3	-				
		icant voice in the organization's investment policies and in directing the use of the organization's ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
			3		
Sec		orted organizations played in this regard.  E. Type III Functionally Integrated Supporting Organizations			
1		k the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
' a		The organization satisfied the Activities Test. Complete line 2 below.	•		
b	Ħ	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c		The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see inst	ructions	3)	
2	Activ	ities Test. Answer (a) and (b) below.		Yes	No
a		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			
		hese activities constituted substantially all of its activities.	2a		
b		ne activities described in (a) constitute activities that, but for the organization's involvement, one or more			
-		e organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		ns for the organization's position that its supported organization(s) would have engaged in these			
		ties but for the organization's involvement.	2b		
3		nt of Supported Organizations. <b>Answer (a) and (b) below.</b>			
		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		ees of each of the supported organizations? <i>Provide details in Part VI</i> .	За		
b		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pai	rt V   Type III Non-Functionally Integrated 509(a)(3) Supporting	ı Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 (explain in	Part VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must con	nplete S	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):		<b>\</b>	
а	Average monthly value of securities	1a	7	
b	Average monthly cash balances	1b	,	
С	Fair market value of other non-exempt-use assets	1c	~ () ~	
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):	7		
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 1-1/2% 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 .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 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally	integra	ated Type III supporting org	anization (see
	instructions).	-	, -	

Schedule A (Form 990 or 990-EZ) 2017

Par	rt V   Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	anizations <sub>(continued)</sub>	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-		. \	
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017		30,	
а			~ () ~	
b	From 2013			
С	From 2014		)	
d	From 2015	.(7)		
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$	*		
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Scriedule A	(Form 990 of 990-EZ) 2017 I TRIMITING OT TIMITITE BITT, THE S
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
	(See instructions.)
	4
	.01
	·

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

**Schedule of Contributors** 

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

Name of the organization

Employer identification number

OMB No. 1545-0047

20-8776228 FRAMEWORKS OF TAMPA BAY, INC.

Organizat	tion type (check on	ej.
Filers of:		Section:
Form 990	or 990-EZ	X 501(c)( 3 ) (enter number) organization
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
		527 political organization
Form 990-	PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
Check if y	our organization is	covered by the General Rule or a Special Rule.
Note: Only	y a section 501(c)(7	7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General R	Rule	SUI
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special R	ules	Ois.
s a	ections 509(a)(1) a iny one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.
у	ear, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for uelty to children or animals. Complete Parts I, II, and III.
y is p	rear, contributions of s checked, enter he ourpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., aplete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year
	· ·	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Employer identification number

## FRAMEWORKS OF TAMPA BAY, INC.

20-8776228

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$300,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>20,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Riblic	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll

Name of organization Employer identification number FRAMEWORKS OF TAMPA BAY, INC. 20-8776228

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Riblic	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

## FRAMEWORKS OF TAMPA BAY, INC.

20-8776228

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$ 697					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
—		\$					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
	-17	\$	990, 990-EZ, or 990-PF) (2017)				

Name of orga	anization		Employer identification number					
₽₽ス₩₽₩	ORKS OF TAMPA BAY, INC		20-8776228					
Part III	Exclusively religious, charitable, etc., cont	ributions to organizations describe	ed in section 501(c)(7), (8), or (10) that total more than \$1,000 for					
	the year from any one contributor. Complete of completing Part III, enter the total of exclusively religious							
	Use duplicate copies of Part III if addition		Center and into onco.					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of g	ift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
			<b>\</b>					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
			70					
.								
-		(e) Transfer of g	ift					
_	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
(a) No								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		7						
.								
	00	(e) Transfer of g	ift					
		-						
_	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of g	l ift					
			or or grit					
<u> </u>	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
		<del></del>						
'								

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

FRAMEWORKS OF TAMPA BAY, INC.

**Employer identification number** 20-8776228

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	ised funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space	~O`	•
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements	(2)	2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struc	ture
	listed in the National Register	10	2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	ne organization during the tax
	year ▶	CO	
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	0(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	s the organization's accounting for
D	conservation easements.	( A.t. Illiata da al Tropagono a con	Other O'me'll are A a seal a
Pai	t III Organizations Maintaining Collections o		otner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh		ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of p	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under SFAS 1		
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		

732051 10-09-17

Schedule D (Form 990) 2017

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

	t III Organizations Maintaining C	ollections of Ar	rt, Historical T	reasures, o	or Othe	r Simila	ar Asse	<b>ts</b> (continu	ied)
3	Using the organization's acquisition, accession	on, and other record	ls, check any of th	e following tha	at are a si	gnificant ι	use of its	collection	items
	(check all that apply):								
а	Public exhibition	d	Loan or ex	change progra	ams				
b	Scholarly research	е		0.0					
c	Preservation for future generations	_							
4	Provide a description of the organization's co	allections and explain	n how they further	the organizati	ion's even	nnt nurna	se in Parl	YIII	
5	During the year, did the organization solicit or						oc iiii aii	AIII.	
3	to be sold to raise funds rather than to be ma							Yes	☐ No
Pai	t IV Escrow and Custodial Arrange								110
	reported an amount on Form 990, Par		ete ii tile organizat	ion answered	163 011	1 01111 990	, raitiv,	1116 3, 01	
	Is the organization an agent, trustee, custodi		diary for contribution	ons or other as	sets not	included			
	on Form 990, Part X?		•					Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:						
-		and complete the re-	g .a.c.c.					Amount	
c	Beginning balance					1c		, arroarre	
	Additions during the year					• —			
_	Distributions during the year								
f O-	Ending balance  Did the organization include an amount on Fo					. <u>  1f  </u>			□ Na
	•		*			ty?		Yes	∐ No
_	If "Yes," explain the arrangement in Part XIII.								
Pai	t V Endowment Funds. Complete if						bl-		
		(a) Current year	(b) Prior year	(c) Two year		<b>d)</b> Three y	ears back	(e) Four y	ears back
	Beginning of year balance	10,904.	9,718	3. 1	0,003.				
b	Contributions						10,000.		
С	Net investment earnings, gains, and losses	704.	1,186		-285.		3.		
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs		(()						
f	Administrative expenses								
	End of year balance	11,614.	10,904	1.	9,718.		10,003.		
2	Provide the estimated percentage of the curr	ent vear end balanc	e (line 1a. column	(a)) held as:					
	Board designated or quasi-endowment	, ( ) )	%	· //					
	Permanent endowment > 86.10	%							
	Temporarily restricted endowment ▶ 1;	<del>3.9</del> 0 %							
·	The percentages on lines 2a, 2b, and 2c sho								
20	Are there endowment funds not in the posse		ation that are hold	and administs	arad for th	o organiz	otion		
Sa		SSION OF THE ORGANIZA	ation that are neid	and administe	ered for th	ie organiz	alion	Г	/aa Na
	by:								Yes No
	(i) unrelated organizations							3a(i)	X
	(ii) related organizations							3a(ii)	<u>^</u> _
b	If "Yes" on line 3a(ii), are the related organiza			ł? <sub></sub>				3b	
4	Describe in Part XIII the intended uses of the		wment funds.						
Pai	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990	), Part IV, line 11a.	See Form 990	), Part X,	line 10.			
	Description of property	(a) Cost or of		st or other	(c) Ac	cumulate	d	(d) Book	value
		basis (investn	nent) basi	s (other)	dep	reciation			
1a	Land								
	Buildings								
	Leasehold improvements			10,335.		10,14	18.	_	187.
	Equipment		1	18,641.		87,57	73.	31	,068.
	Other							,	,
	. Add lines 1a through 1e. (Column (d) must ed		X. column (B). line	10c.)			ightharpoonup	31	,255.

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 FRAMEWORKS	ОЕ ТАМРА	BAY.	TNC.	20	-8776228	Page
Part VII Investments - Other Securities.	01 1111111	<i></i>			0,,0220	1 age
Complete if the organization answered "Yes"	on Form 990, Pa	rt IV, line 1	1b. See Form 990,	Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book va			aluation: Cost or end	l-of-year market v	value
(1) Financial derivatives						
(2) Closely-held equity interests						
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)						
Part VIII Investments - Program Related.						
Complete if the organization answered "Yes"						
(a) Description of investment	(b) Book va	llue	(c) Method of v	aluation: Cost or end	l-of-year market \	value
(1)						
(2)				3		
(3)				<u>J</u> ,		
(4)			$\sim$ $\circ$			
(5)						
(6)						
(7)			.(2)			
(8)						
(9)			•			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		20				
Part IX Other Assets.		O				
Complete if the organization answered "Yes"		rt IV, line 1	1d. See Form 990,	Part X, line 15.		
(a)	Description	<u>'</u>			(b) Book va	ılue
(1)						
(2)	<u> </u>					
(3)	<u> </u>					
(4)	<u>)                                    </u>					
(5)						
(6)						
(8)						
(9)						
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.	e 15.)			<b>&gt;</b>		
Complete if the organization answered "Yes"	on Form 990, Pa			n 990, Part X, line 25		
1. (a) Description of liability		(k	) Book value			
(1) Federal income taxes						
(2)						
(3)						

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2017

(4) (5) (6) (7) (8)

Pa	rt XI	Reconciliation of Revenue per Audited Financial State	ements With Revei	nue per Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total r	revenue, gains, and other support per audited financial statements		1	883,967.
2	Amour	nts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net un	nrealized gains (losses) on investments	2a		
b	Donate	ed services and use of facilities	2b		
С	Recov	reries of prior year grants	2c		
d	Other	(Describe in Part XIII.)	2d		
е	Add lir	nes <b>2a</b> through <b>2d</b>		2e	0.
3	Subtra	act line 2e from line 1		3	883,967.
4		nts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	(Describe in Part XIII.)	4b		
С	Add lir	nes <b>4a</b> and <b>4b</b>		4c	0.
5		revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)			883,967.
Pa	rt XII	Reconciliation of Expenses per Audited Financial State		enses per Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total e	expenses and losses per audited financial statements		1	932,509.
2		nts included on line 1 but not on Form 990, Part IX, line 25:		\	
а	Donate	ed services and use of facilities	2a	4	
b	Prior y	rear adjustments	2b	•	
С	Other	losses	2c		
d	Other	(Describe in Part XIII.)	2d		
е		nes <b>2a</b> through <b>2d</b>		2e	0.
3		act line <b>2e</b> from line <b>1</b>		3	932,509.
4	Amour	nts included on Form 990, Part IX, line 25, but not on line 1:			
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	(Describe in Part XIII.)	4b		
		and An and Ala		4c	0.
5	Total e	expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)		5	932,509.

#### Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### PART X, LINE 2:

THE ORGANIZATION HAS BEEN GRANTED AN EXEMPTION FROM FEDERAL INCOME TAX UNDER SECTION  $501(\mathtt{C})$ ( $\mathtt{S}$ ) OF THE INTERNAL REVENUE CODE AND FROM FLORIDA INCOME TAX UNDER CHAPTER 220 OF THE FLORIDA STATUTES. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN INCLUDED IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE INTERNAL REVENUE CODE PROVIDES FOR TAXATION OF UNRELATED BUSINESS INCOME UNDER CERTAIN CIRCUMSTANCES.

MANAGEMENT IS NOT AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE THE ORGANIZATION'S TAX EXEMPT STATUS. THE ORGANIZATION IS NOT AWARE OF ANY TAX POSITIONS IT HAS TAKEN THAT ARE SUBJECT TO A SIGNIFICANT DEGREE OF

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

FRAMEWO	RKS OF TAMPA BAY,	INC.		20-8776	448
Part I Fundraising Activities required to complete this part	Complete if the organization answe t.	ered "Yes" o	n Form 990, Part IV,	line 17. Form 990-EZ	Z filers are not
<ul> <li>Indicate whether the organization raise</li> <li>a X Mail solicitations</li> <li>b X Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d X In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, P</li> <li>b If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the</li> </ul>	e X Solicita f Solicita g X Special  or oral agreement with any individual art VII) or entity in connection with positions or entities (fundraisers) pursuit	tion of non-g tion of gover fundraising I (including op professional	povernment grants rnment grants events officers, directors, tru- fundraising services?	stees, or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes No	00,		
			2		
		5)			
	a iso				
	Mile				
otal		<b>&gt;</b>			
List all states in which the organizatio or licensing.	n is registered or licensed to solicit	contribution	s or has been notified	d it is exempt from re	egistration
				-	

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

Schedule G (Form 990 or 990-EZ) 2017

Schedule G (Form 990 or 990-EZ) 2017 FRAMEWORKS OF TAMPA BAY, INC. 20-8776228 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events HEAD & HEART NONE (add col. (a) through AWARDS LUNC col. (c)) (event type) (total number) (event type) Revenue 217,989 217,989. 1 Gross receipts 151,002 151,002. 2 Less: Contributions 66,987 66,987. Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs **7** Food and beverages 8 Entertainment 40,311. 9 Other direct expenses ..... 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue. 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: **10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

Schedule G (Form 990 or 990-EZ) 2017

b If "Yes," explain: \_

		3776228	Page <b>3</b>					
11	Does the organization conduct gaming activities with nonmembers?	Yes	No					
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed							
	to administer charitable gaming?	Yes	☐ No					
13	Indicate the percentage of gaming activity conducted in:							
á	The organization's facility	13a	%					
k	o An outside facility	13b	%					
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:							
	Name							
	Address							
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No					
k	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount							
	of gaming revenue retained by the third party > \$							
(	If "Yes," enter name and address of the third party:							
	Name							
	Address >							
16	Gaming manager information:							
	Name							
	Gaming manager compensation ▶ \$							
	Description of services provided ▶							
	Director/officer Employee Independent contractor							
17	Mandatory distributions:							
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to							
	retain the state gaming license?	∴ L Yes	└── No					
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the							
De	organization's own exempt activities during the tax year > \$	: 0 Ob 4	05 455					
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, I 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	ines 9, 9b, 1	Ub, 15b,					
	10c, 10, and 17b, as applicable. Also provide any additional information. See instructions.							

Schedule G (Form 990 or 990-EZ)

# SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

FRAMEWORKS OF TAMPA BAY, INC.

**Employer identification number** 20-8776228

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: WE ALSO CONTINUED TO EXPAND OUR TRAINING AND COACHING MODEL, TRAINING TEACHERS IN SPECIFIC RESEARCH BASED SOCIAL AND EMOTIONAL PROGRAMS. ADDITIONALLY, WE PROVIDED COMMUNITY OUTREACH THROUGH SOCIAL AND EMOTIONAL LEARNING WORKSHOPS TO PARENTS AND COMMUNITY MEMBERS. WORKING WITH OUR COMMUNITY PARTNERS, FRAMEWORKS OFFERS OPPORTUNITIES FOR POSITIVE YOUTH DEVELOPMENT FROM THE INSIDE OUT.

FORM 990, PART V, LINE 2A

FRAMEWORKS OF TAMPA BAY, INC. CONTRACTS WITH A PROFESSIONAL EMPLOYER ORGANIZATION (PEO) FOR ADMINISTATION OF THE EMPLOYEES. UNDER THIS ARE IN ACTUALITY LEASED FROM THE AGREEMENT, ALL EMPLOYEES OF FRAMEWORKS FRAMEWORKS DOES NOT FILE FORM W-3 PEO. DUE TO THIS AGREEMENT, TRANSMITTAL OF WAGE AND TAX STATEMENTS, BUT RATHER THE PEO WILL FILE FOM W-3 THAT WOULD INCLUDE THE EMPLOYEES OF FRAMEWORKS. FRAMEWORKS WAS UTILIZING 10 EMPLOYEES THROUGH THE AS OF JUNE 30, 2018, PEO.

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

COPY OF THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW AND APPROVAL PRIOR TO ITS FILING.

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

BOARD MEMBERS SIGN A CONFLICT OF INTEREST POLICY AS PART OF THE ANNUAL

INDEPENDENT AUDIT.

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

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

Name of the organization FRAMEWORKS OF TAMPA BAY, INC.	Employer identification number 20-8776228
·	
FORM 990, PART VI, SECTION B, LINE 15:	
THE CEO IS EVALUATED ANNUALLY BY THE BOARD OF DIRECTORS O	N SPECIFIC GOALS.
A FINAL REVIEW IS COMPLETED AT THE END OF THE FISCAL YEAR	AND THE BOARD OF
DIRECTORS VOTE TO APPROVE COMPENSATION.	
THE CEO COMPLETES EVALUATIONS WITH KEY STAFF MEMBERS THEN	MAKES A
RECOMMENDATION TO BOARD OF DIRECTORS FOR FINAL APPROVAL.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE	TO THE PUBLIC
THROUGH THEIR WEBSITE.	
FORM 990, PART XI, LINE 2C	
THE OVERSIGHT AND SELECTION PROCESS FOR THE AUDIT HAS NOT	CHANGED FROM
THE PRIOR YEAR.	

# Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

Form 4720 (individual)

# Application for Automatic Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

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Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

#### Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Type or Employer identification number (EIN) or Name of exempt organization or other filer, see instructions. print 20-8776228 FRAMEWORKS OF TAMPA BAY, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your **402 EAST OAK AVENUE** City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions TAMPA, FL 33602-2704 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1 **Application** Return **Application** Return Is For Code Is For Code Form 990-T (corporation) Form 990 or Form 990-EZ 01 Form 990-BL Form 1041-A 02

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Form 4720 (other than individual)

-orm	1990-PF	04	Form 5227					10
orm	n 990-T (sec. 401(a) or 408(a) trust)	05 Form 6069					11	
orm	n 990-T (trust other than above)	06	Form 8870					12
	MATTHEW DAHL							
	ne books are in the care of $ ightharpoonup$ 402 EAST OAK AV	<b>JENUE</b>	- TAMPA	, FL 3	33602			
Te	elephone No. ► 813-574-6926		Fax No. 🕨					
• If	the organization does not have an office or place of business	s in the Ur	ited States, che	ck this box	<			▶ □
• If	this is for a Group Return, enter the organization's four digit	Group Exe	emption Number	(GEN)	. If thi	s is fo	r the whole g	roup, check this
оох	▶ . If it is for part of the group, check this box ▶	and atta	ch a list with the	names ar	d EINs of all	memb	ers the exter	nsion is for.
1	I request an automatic 6-month extension of time until MAY 15, 2019 , to file the exempt organization return				ion return			
	for the organization named above. The extension is for the organization's return for:							
	calendar year or tax year beginning JUL 1, 2017	. an	d ending JUI	1 30,	2018			
2	If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return							
	Change in accounting period							
За	If this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentativ	ve tax, less	any			
	nonrefundable credits. See instructions.					За	\$	0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	/ refundable cred	dits and				
estimated tax payments made. Include any prior year overpayment allowed as a credit.  3b \$					0.			
С	Balance due. Subtract line 3b from line 3a. Include your pa	yment wit	h this form, if red	quired,				
	by using EFTPS (Electronic Federal Tax Payment System).	See instru	ctions.			3с	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions. LHA

Form 8868 (Rev. 1-2017)