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# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ 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.

Open to Public

<u>A</u>	For the	2020 calendar year, or tax year beginning JUL I, 2020 and	وا ending	UN 30, 2021	
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addres				
	Name change	Doing business as		20-87762	28
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	 r
	Final return/	402 EAST OAK AVENUE		813-514-	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,604,942.
	Amend return	TAMPA, PH 55002-2704		H(a) Is this a group re	
	Applica	F Name and address of principal officer: EDIZABETTI REEDI FO	LEY	for subordinates	? Yes X No
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
		empt status: X 501(c)(3) 501(c) ( ) ( (insert no.) 4947(a)(1) (	or 527	If "No," attach a	list. See instructions
		e: WWW.MYFRAMEWORKS.ORG		H(c) Group exemptio	
<u>K</u>	Form of	organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 2007 N	${f 1}$ State of legal domicile: ${f FL}$
P		Summary		4	
Φ	1	Briefly describe the organization's mission or most significant activities: EMPO	WERING	EDUCATORS,	OTHER
Activities & Governance		YOUTH SERVICES PROFESSIONALS, AND PARENTS	S/GUAR	DIANS WITH	TRAINING,
ž	2	Check this box $lacktriangle$ if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	13
ত	4	Number of independent voting members of the governing body (Part VI, line 1b)	/,	4	12
es	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>X</b> /	5	0
ξ	6	Total number of volunteers (estimate if necessary)	<b>-</b>	6	30
Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 1		7b	0.
Revenue				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		546,588.	1,205,470.
	9 1	Program service revenue (Part VIII, line 2g)		211,736.	256,365.
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,031.	359.
<u> </u>	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		27,550.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		788,905.	1,540,851.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		771,081.	804,545.
Expenses	16a I	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
×	b.	Total fundraising expenses (Part IX, column (D), line 25)	42.		
Ш	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		241,410.	339,275.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,012,491.	1,143,820.
		Revenue less expenses. Subtract line 18 from line 12		-223,586.	397,031.
Net Assets or Find Balances		*	Ве	ginning of Current Year	End of Year
Sets	20	Total assets (Part X, line 16)		838,090.	1,229,644.
t As	21	Total liabilities (Part X, line 26)		221,329.	215,852.
		Net assets or fund balances. Subtract line 21 from line 20		616,761.	1,013,792.
_	art II	Signature Block			
		lties of perjury, I declare that I have examined this return, including accompanying schedule:			y knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	
		Observations of afficient		Date	
Sig	ın	Signature of officer		Date	
He	re	ELIZABETH REEDY-FOLEY, CHIEF EXECUTIVE	E OFFI	CER	
		Type or print name and title		Oata I	T DTIN
	.	Print/Type preparer's name Preparer's signature		Date Check Check If	PTIN
Pai		SAM A. LAZZARA		self-employe	
	parer	Firm's name RIVERO, GORDIMER & COMPANY, P.A	•	Firm's EIN	59-3040705
Use	Only	Firm's address P. O. BOX 172359		, ,	12) 005 555
		TAMPA, FL 33672		Phone no. (8	
Ма	y the IF	S discuss this return with the preparer shown above? See instructions			X Yes No

Par	Statement of Program Service Accomplishments	77
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	EMPOWERING EDUCATORS, OTHER YOUTH SERVICES PROFESSIONALS, AND	
	PARENTS/GUARDIANS WITH TRAINING, COACHING, AND RESEARCH-BASED	
	RESOURCES TO EQUIP YOUTH WITH SOCIAL AND EMOTIONAL SKILLS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
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 ex	rpenses, and
	revenue, if any, for each program service reported.	
4a	(Code: ) (Expenses \$ 911,695 • including grants of \$ ) (Revenue \$	260,015.)
	FRAMEWORKS PROVIDES EVIDENCE-BASED SOCIAL AND EMOTIONAL LEARNII	NG (SEL)
	PROGRAMS AND WORKSHOPS FOR YOUTH IN GRADES PRE-K THROUGH 12, AS	S 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 CLASSROO	MC
	DISRUPTIONS AND RISKY BEHAVIORS. THESE PROGRAMS ARE TAUGHT USI	NG THE 5
	CORE COMPETENCIES OF SOCIAL AND EMOTIONAL LEARNING: SELF-AWAREN	NESS,
	SELF-MANAGEMENT, SOCIAL AWARENESS, RELATIONSHIP SKILLS AND RES	-
	DECISION-MAKING.	
	SEE FURTHER DISCUSSION ON SCHEDULE O	
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
	.50	
4c	(Code:) (Expenses \$	)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses ▶ 911,695.	

### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		X
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,			,
_	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			<b>.</b>
_	Schedule D, Part III	8		X
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?	_		- T
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44-	Х	
	Part VI	11a	Λ	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446	Х	
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	- 25	
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
٨	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	110		
u	Part V. line 100 If IIVan II complete Cohedule D. Part IV	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	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		<u> </u>
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

# Part IV | Checklist of Required Schedules (continued)

			· ·	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		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			. v
	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?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b		
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		Х
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 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			. v
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	256		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
30	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			<del>                                     </del>
٠. م	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
·	(gambling) winnings to prize winners?	1c		
	·- ·· · · · · · · · · · · · · · · · · ·			

032004 12-23-20

Form **990** (2020)

# Form 990 (2020) FRAMEWORKS OF TAMPA BAY, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Inter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, Edu Grot the caledard year ending with or within they ware covered by this return  b If all least one is reported on line 2a, did the organization file all required feeders employment tax returns?  Note: If the sum of lines is and 2s is greater than 500, you may be required to effect eight estimations)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b If "Yes," has it filed a Form 990-T for this year? If "No" to fire 3b, provide an explanation on Schedule 0  3c All any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a toregin country. Such is a bank account, securities account, or other financial accountry.  5c If "Yes," interest the name of the foregin country. Such is a bank account, securities account, or other financial accountry.  5c If "Yes to limit the name of the foregin country. Such is a bank account, securities account, or other financial accountry.  5c If "Yes to limit the name of the foregin country. Such is a bank account, securities account, or other financial accountry.  5d Was the organization is party to a prohibited tax shelter transaction?  5d Was the organization fore organization that it was or is a party to a prohibited tax shelter transaction?  5d Was the organization have annual gross recepts that are normally greater than \$100,000, and did the organization shell any contributions that were not tax deductibles or charitable contributions?  5d Was the organization have annual gross recepts that are normally greater than \$100,000, and did the organization necessation and the every solicitation and party for goods and gaskes provided to the payor?  7d Organizations that may receive deductible contributions under section 170(c).  8d If "Yes," did the organization include with every solicitation and party for goods and gaskes provided to the payor and the payor				Yes	No
b If a least one is reported on line 2a, did the organization file alrequired federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a ID if the organization have unrelated business goes income of \$1,000 or more during the year?  3a IV X  3b If Yes, Thas I filed a form 950° for this year? If Yes' to line 3b, provide an explanation on Schedule O  3b If Yes, Thas I filed a form 950° for this year? If Yes' to line 3b, provide an explanation on Schedule O  3c IV X  4a At any time during the calendary ear, dish or organization have an interest in, or a significance or other authority over, a financial account, a foreign country flush as a bank account, securities account, or other financial accounts (FBAR).  5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5b If Yes, Tell the 5a or 5b, did the organization that It was or is a party to a prohibited tax shelter transaction?  5c X  5c X  5c If Yes's to line 5a or 5b, did the organization the fore MB8817  5a Dese the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of exhibitation and express statement that such contributions of the year of the organization include with every solicitation an express statement that such contributions of the year of the organization receive a payment in excess of \$75 made party is a contribution and party for goods and services provided to the payor?  5c X  5d If Yes, Tidl the organization notify the donor of the value of the goods or services provided.  5d If Yes, Indicate the number of Forms 8282 filed during the year  5d If Yes, Indicate the number of Forms 8282 filed during the year  6d If Yes, Indicate the number of Forms 8282 filed during the year  7d If IV I I I I I I I I I I I I I I I I I	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a		filed for the calendar year ending with or within the year covered by this return 2a 2			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year?  3b If "Yes," has tifled a Form 9907 for this year of "Wo" to fine 3b, proviside an explanation on Schedule O  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAF).  5b If "Yes," either the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAF).  5c If "Yes" to line Sar of 5b, did the foreign country (such as a bank account, securities account, or other financial accounts (FBAF).  5c If "Yes" to line Sar of 5b, did the organization file Form 88867 to 1" or "to line Sar of 5b, did the organization the organization the Form 88867 to 1" or "to line Sar of 5b, did the organization the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes" (line Sar of 5b, did the organization the form 88867 to 1" or "to prohibited tax shelter transaction?  6c If "Yes" (line Sar of 5b, did the organization the organization the remains of the organization shelt in the organization that it was or is a party to a prohibited tax shelter transaction?  6c If "Yes" (line Sar of 5b, did the organization include with every solicitation an express statement that such contributions solicit any contributions that may receive deductible contributions under section 170(c).  8 If "Yes," (lid the organization include with every solicitation an express statement that such contributions of care of the value of the goods or services provided?  9 If "Yes," (lid the organization include with every solicitation an express statement that such contributions of care of the value of the goods or services provided?  10 If "Yes," include the number of forms 8882 field during the year  11 If "Yes," include the number of forms 8882 field during the year  12 Did the organization received a co	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2</b> b		
b If Yes, "has it filed a Form 990 T for this year? If "No" to line 3b, provide an explanation on Schedule O  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? A  b If Yes, "enter the name of the foreign country [such as a bank account, securities account, or other financial accounts?  5b If Yes, "enter the name of the foreign country [such as a bank account, securities account, or other financial accounts (FBAR).  5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5c If Yes' to line Sa or Sb, did the organization file Form 8886.77.  6d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6c If Yes," did the organization include with every solicitation an express statement that such contributions of gifts were not tax deductible?  7 organizations that may receive deductible contributions under section 170(c).  a lid the organization sevel a payment in excess 61% made party for googland services provided to the payor?  7a X  b If Yes," did the organization notify the donor of the value of the goods or services provided to the payor?  7b If Yes," indicate the number of Forms 8282? filed during the year  6c Did the organization seveled an contribution of care, boats, airplanes, or otherwise dispose of tangible personal property of which it was required to the Form 8282?  7c If If Yes, "Indicate the number of Forms 8282 filed during the year  9c Did the organization received a contribution of care, boats, airplanes, or otherwise, dispose of tangible personal breath contract?  7b Did the organization received an contribution of care, boats, airplanes, or otherwise, did the did not maintained by the sponsoring organization		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
4a A any time during the calendary year, dot the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  b If "Yes," enter the name of the foreign country ▶  5a Was the organization party to a prohibited tax shelter transaction?  5b Was the organization to it or prohibited tax shelter transaction?  5c X X  b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b X X  c If "Yes" to lie So or 5b, did the organization the fire fire M88677  c Boss the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that where not tax deductible?  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  c Did the organization state any receive deductible contributions under section 170(c).  a Did the organization state any receive deductible contributions under section 170(c).  b If "Yes," inclinate the number of Forms 8822 filed during the year  c Did the organization sell, exchange, or otherwise dispose of tangille personal property for which it was required to the Form 88827  c Did the organization, during the year of the value of the goods or services provided?  7c X  f Did the organization received a contribution of qualified intellectual property of which it was required?  7a Did Yes, Indicate the number of Forms 8822 filed during the year  a Did the organization received a contribution of a pullified intellectual property of the organization file Forms 8899 as required?  7b	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
the interaction of the programment is considered to the payor of the francial account, or other financial account)?  b if 1'Yes, 'return the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shefter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction at any time during the tax year?  5c X  5a Does the organization annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6b If Yes, 'did the organization include with every solicitation an express statement that such contributions of gifts were not tax deductible?  7 organization stat many receive deductible contributions under section 170(c).  8 b If Yes, 'did the organization notify the donor of the value of the goods or services provided.  8 c Did the organization receive a parment in excess of \$75 made party as a contribution of understance that the party of the prometry for which it was required to file Form 8282?  6 Did the organization received accornible to ordinate the party of the prometry for which it was required to file Form 8282?  6 Did the organization neceived accornible to ordinate the party of the prometry for which it was required to file Form 8282?  6 Did the organization neceived accornible to ordinate the party of prometry for which it was required to file Form 8282?  7 organization received a contribution of cars, boats, arplanes, of other very foreign and party for prometry for which it was required?  7 organization received a contribution of cars, boats, arplanes, of other very foreign foreign foreign foreign foreign foreign f	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
b If "Yes," enter the name of the foreign country ▶  Sae instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Sae instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Sae instructions to riling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Sae instructions to the organization to a prothibited tax shelter transaction?  Sae If "Yes" to lies Saor 5b, old the organization file Form 88687?  Sae Dese the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  By If "Yes," did the organization include with every solicitation an express statement that such contributions of gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  By If "Yes," did the organization norify the donor of the value of the goods or services provided.  By If "Yes," did the organization norify the donor of the value of the goods or services provided.  Child the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  By If "Yes," included no multiple or provided to the payor?  By If "Yes," included no north post donor of the value of the goods or services provided.  By If "Yes," included no multiple or provided to the payor?  By If Yes, "Included no north post donor devised funding the year pay personal benefit contract?  To X  If the organization received a contribution of qualified intellectual property of the organization file a Form 1098 cry  If the organization received a contribution of cars, botts, airplanes, or other vehicles, did the organization file a Form 1098 cry  By Sponsoring organization maintaining donor advised funds which every an intellectual property of the organization file a Form 1098 cry  By Sponsoring organ	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
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b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6 If "Yes" to line 5a or 5b, did the organization file Form 888617?  8 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization and party for goods and sprinces provided to the payor?  8 If "Yes," did the organization notify the donor of the value of the goods or services provided?  9 Did the organization receive any tunds, directly or indirectly, to pay premiums on alpersonal property for which it was required to file Form 8282?  9 Did the organization, during the year, pay premiums, directly or indirectly, goe personal benefit contract?  10 Did the organization received a contribution of qualified intellectual property did the organization file or members of the property or indirectly, goe personal benefit contract?  10 Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  11 Did the organization make and contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  12 Did the organization make and contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  13 Sponsoring organizations maintaining donor advised funds, and the file organization file organization make and properties holdings at any time during the year?  13 Did the sponsoring organization make a distribution to a donor, donor advised funds  14 Did the sponsoring organization make a distribution to a donor, donor advised funds  15 Did the sponsoring organization make a distribution to a donor		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
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h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds-pid a glonor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  9 Sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  N/A 9a  b Did the sponsoring organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990. Part VIII, line 12, for public use of club facilities  10b  11 Section 501(c)(7) organizations. Enter:  a Gross income from members or sharsholders  b Gross income from other sources (bo not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  N/A  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  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 on Schedule O.  15 Is the organization and file Form 4720. Schedule N.  16 Is the organization and educational institution subject to the section 4968 excise tax on net investment income?  16 X  If "Yes," complete Form 4720, Schedule O.				NT /	
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.			15		X
If "Yes," complete Form 4720, Schedule O.					v
	16		16		Α.
		If "Yes," complete Form 4720, Schedule O.	Form	000	(2020)

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

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
		1 1 .		\	es	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	12			
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					
	of officers, directors, 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	sets?	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	ppoint one or				
	more members of the governing body?		7	a		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?		71	<b>)</b>		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the following:				
а	The governing body?		8		X	
b	Each committee with authority to act on behalf of the governing body?		81	<b>)</b>	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 on Schedule O		9	)		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue Code.)				
				١	es	No
10a	Did the organization have local chapters, branches, or affiliates?		10	а		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? $$ .		10			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy before filing the form	? <b>11</b>	а	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conflicts?	12	b	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			-	Х	
13	Did the organization have a written whistleblower policy?				X	
14	Did the organization have a written document retention and destruction policy?		14	1	Х	
15	Did the process for determining compensation of the following persons include a review and approve					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official		15	_	X	
b	Other officers or key employees of the organization		15	b	Х	
	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					
	taxable entity during the year?		16	а		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	anization's				
	exempt status with respect to such arrangements?		16	b		
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 (1024 or 1024-A, if applicable), 990, a	and 990-T (Section 501(	c)(3)s o	nly) a	availa	able
	for public inspection. Indicate how you made these available. Check all that apply.					
		n on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	onflict of interest policy	, and fii	nanc	ial	
	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 be	ooks and records				
	MATTHEW DAHL - 813-574-6926 402 EAST OAK AVENUE, TAMPA, FL 33602					
	4UZ CASI VAN 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.

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

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

(A)	(B)			((	C)	-		(D)	(E)	(F)
Name and title	Average	/da		Pos	ition	<b>,</b>		Reportable	Reportable	Estimated
	hours per	box	. unle	ss pe	rson	than is bot	h an	compensation ~	compensation	amount of
	week	$\vdash$	cer an	nd a d	irecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	g.			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	truste		9	suadi		(W-2/1099-MISC)		organization
	organizations below	ual tr	ional		ploye	t con				and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ELIZABETH REEDY-FOLEY	40.00	=	=	0	~	工品	E	<del>0</del> ~		
CEO		1		х		4		124,424.	0.	0.
(2) JOHN WAKEFIELD	2.00					C				
BOARD CHAIR		Х		X		\ <u>-</u>		0.	0.	0.
(3) ELIZABETH FOWLER	2.00					7				
SECRETARY		Х		X				0.	0.	0.
(4) JULIE COLE	2.00			) ·						_
BOARD MEMBER		X	)					0.	0.	0.
(5) CHRIS DAVITT	2.00	1								
BOARD MEMBER		X						0.	0.	0.
(6) DR.JOYCE BURICK SWARZMAN	2.00									
BOARD MEMBER	<b>V</b>	Х						0.	0.	0.
(7) KELLY GARCIA	2.00	l								
BOARD MEMBER		Х						0.	0.	0.
(8) SHAUNA GAUS PICKERING	2.00	١								
BOARD MEMBER	2 00	Х						0.	0.	0.
(9) ANTHONY NATOLI	2.00	,,								0
BOARD MEMBER	2 00	Х						0.	0.	0.
(10) HANK PARISEAU	2.00	X						0.	0.	0
BOARD MEMBER	2.00	Δ						0.	0.	0.
(11) KEVIN SINGH	2.00	x						0.	0.	0
BOARD MEMBER	2.00	^						0.	0.	0.
(12) JAMIE WHITNEY	2.00	x		x				0.	0.	0.
TREASURER (13) SAMUEL BENJAMIN	2.00	Δ		^				0.	0.	<u> </u>
BOARD MEMBER	2.00	X						0.	0.	0.
(14) MATT JOSEY	2.00	Δ						0.	· ·	<u> </u>
BOARD MEMBER	2.00	X						0.	0.	0.
DOMES REFIDER									0.	<b>0</b> •
		1								
										5 000 (2222)

Form **990** (2020)

(A)  Name and title	(B) Average hours per	(do i	F not ch	(C Posi leck r	tion	than (	one	(D) Reportable	<b>(E)</b> Reportable		(F) Estima	ted
	week (list any hours for related organizations below line)	tee or director	unless er and lustitutional trustee	d a di	rector			compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)		amoun othe ompens from t organiza and rela rganiza	er sation he ation ated
								O O	1			
								COX				
								24				
b Subtotal c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)	, Section A	- 4		4 🔻		) 	<u> </u>	124,424. 0. 124,424.	0 0 0	•		0. 0.
Total number of individuals (including but no compensation from the organization							no re		,000 of reportable	<u> </u>	Voc	1 8 No
Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for so	ich individual									3		X
For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	,000? If "Yes,	" cor	nple	te S	che	dule	J f	or such individual		4		Х
rendered to the organization? If "Yes," comection B. Independent Contractors	olete Schedule	e J fo	or su	ch p	oers	on .				5	5	Х
Complete this table for your five highest country the organization. Report compensation for the organization.	•	•								nsatio	n from	
(A) Name and business			NE			<u> </u>		(B) Description of s		Com	(C) pensat	ion
_												

	the organization. Report compensation for the calenda	r year ending with or withi	n the organization's tax year.	
	(A) Name and business address	NONE	<b>(B)</b> Description of services	(C) Compensation
2	Total number of independent contractors (including bu \$100,000 of compensation from the organization ▶	t not limited to those lister	d above) who received more than	

Form 990 (2020)

Ра	rt V	Ш						
			Check if Schedule O contains a response	or note to any lir		(B)		
					(A) Total revenue	(B) Related or exempt	(C) Unrelated	( <b>D)</b> Revenue excluded
					Total revenue		business revenue	from tax under
								sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	а	Federated campaigns1a					
ara our		b	Membership dues 1b					
s, C			Fundraising events1c	231,019.				
ar /			Related organizations 1d					
s, C				115,500.				
Sign			All other contributions, gifts, grants, and	•				
her		•		858,951.				
QĘ		~	Noncash contributions included in lines 1a-1f	000,0020				
no d		_			1,205,470.			
<u> </u>		n	Total. Add lines 1a-1f	Business Code	1,205,470			
•	_		PROGRAM SERVICES	624100	256,365.	256,365.		
Program Service Revenue	2		FROGRAM SERVICES	024100	230,303.	230,303.		
er ne		b				1		
n S		С				7		
]ar		d						
og L		е						
Ь		f	All other program service revenue					
		g	Total. Add lines 2a-2f	<b></b>	256,365.			
	3		Investment income (including dividends, interest	est, and		,		
			other similar amounts)		359			359.
	4		Income from investment of tax-exempt bond p	roceeds				
	5		Royalties	<b></b>	1),			
			(i) Real	(ii) Personal	5			
	6	а	Gross rents6a		$\bigcirc$			
		b	Less: rental expenses 6b		$\cup$			
		С	Rental income or (loss) 6c					
		d	Net rental income or (loss)					
			Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
		b	Less: cost or other basis					
ne			and sales expenses 7b					
len/		c	Gain or (loss) 7c					
Revenue			Alat sais as (Iaaa)					
e			Gross income from fundraising events (not	<b>&gt;</b>				
ОŧР	Ü	<b>u</b>	including \$ 231, 019. of					
			contributions reported on line 1c). See					
				139,098.				
		h	Less: direct expenses 8b	64,091.				
					75,007.			75,007.
			· · · · · · · · · · · · · · · · · · ·	<b>&gt;</b>	75,007.			75,007.
	9	а	Gross income from gaming activities. See					
		L	Part IV, line 19 9a Less: direct expenses 9b					
				<b></b>				
	IU	а	Gross sales of inventory, less returns					
		L	and allowances 10a					
			Less: cost of goods sold 10b					
		С	Net income or (loss) from sales of inventory	Business Code				
sne	4.	_	OTHER REVENUE	900099	3,650.	3,650.		
ned	11		OTHER KEARMOR	200033	3,030.	3,030.		
Miscellaneous Revenue		b						
Re		۲ C	All other revenue					
Σ			All other revenue	<u> </u>	3,650.			
	12	e	Total. Add lines 11a-11d Total revenue. See instructions	·····	1,540,851.	260,015.	0.	75,366.
	12		TOTAL TOVORIDO. OUT INSTRUCTIONS	·····	<u></u>			, , , , , , , , ,

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do 1	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	124,424.	100,784.	12,442.	11,198
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and			4	
	persons described in section 4958(c)(3)(B)			4	
7	Other salaries and wages	573,285.	462,268.	55,933.	55,084
8	Pension plan accruals and contributions (include			7/	
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	34,827.	22,577.	9,248.	3,002
0	Payroll taxes	72,009.	58,111.	7,057.	6,841
1	Fees for services (nonemployees):				
а	Management				
	Legal	4,790.	3,592.	623.	575
	Accounting	14,500.	10,875.	1,885.	1,740
	Lobbying				
е	Professional fundraising services. See Part IV, line 17		)		
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	~()			
	column (A) amount, list line 11g expenses on Sch O.)	.65			
2	Advertising and promotion				
3	Office expenses				
4	Information technology				
5	Royalties	)			
6	Occupancy	68,662.	55,410.	6,729.	6,523
7	Travel	3,228.	2,421.	420.	387
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	24,043.	18,032.	3,126.	2,885
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	8,878.	7,165.	870.	843
3	Insurance	12,606.	10,173.	1,235.	1,198
4	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	CONTRACT SERVICES	108,035.	81,026.	14,045.	12,964
b	PROGRAM SUPPLIES	26,561.	26,561.	0.	C
С	PRINTING, PUBLICITY, AN	23,878.	17,909.	3,104.	2,865
d	EQUIPMENT COSTS	18,394.	14,844.	1,803.	1,747
е	All other expenses	25,700.	19,947.	2,963.	2,790
	Total functional expenses. Add lines 1 through 24e	1,143,820.	911,695.	121,483.	110,642
5		-	-	-	-
<u>5</u> 6	Joint Costs. Complete this line only if the ordanization i	· ·			
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Form **990** (2020)

Part .	<u> </u>	Balance Sheet					
		Check if Schedule O contains a response or	note to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	479,670.	1	862,965		
	2	Savings and temporary cash investments			175,731.	2	175,726
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		29,411.	4	27,070	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descri		F		6	
SIS	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	1000
<sup>₹</sup>	9	Prepaid expenses and deferred charges			12,901.	9	13,001
1	l0a	Land, buildings, and equipment: cost or other		454 005	1		
		basis. Complete Part VI of Schedule D		151,235.	20005		06 001
	b	Less: accumulated depreciation	124,354.	20,025.	10c	26,881	
	11	Investments - publicly traded securities			100 505	11	100 541
	12	Investments - other securities. See Part IV, lin	103,505.	12	103,541		
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets	16 047	14	20 460		
	15	Other assets. See Part IV, line 11			16,847.	15	20,460
_	16	Total assets. Add lines 1 through 15 (must e			838,090.	16	1,229,644
	17	Accounts payable and accrued expenses			35,411.	17	70,452
	18	Grants payable			70,418.	18	30 000
	19	Deferred revenue			70,410.	19	30,000
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
	22	Loans and other payables to any current or fo					
		trustee, key employee, creator or founder, su					
_ [ <u>[</u>	2	controlled entity or family member of any of t				22	
	23	Secured mortgages and notes payable to un		-	115,500.	23 24	115,400
	24 25	Unsecured notes and loans payable to unrela Other liabilities (including federal income tax,		F	113,300.	24	113,400
	:5	parties, and other liabilities not included on lin					
			165 17-24	i. Complete Fait A		25	
9	26	of Schedule D			221,329.	26	215,852
<del>                                     </del>		Organizations that follow FASB ASC 958, or				20	
Sec		and complete lines 27, 28, 32, and 33.					
ğ   2	27				604,751.	27	998,132
0 2	28	Net assets with donor restrictions		F	12,010.	28	15,660
<b>₽</b>		Organizations that do not follow FASB ASC					
2		and complete lines 29 through 33.	·	ŕ			
5 2	29	Capital stock or trust principal, or current fun	ds			29	
3	30	Paid-in or capital surplus, or land, building, or				30	
8 3	31	Retained earnings, endowment, accumulated				31	
¥	32	Total net assets or fund balances			616,761.	32	1,013,792
_	33	Total liabilities and net assets/fund balances			838,090.	33	1,229,644

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		40,8			
2	Total expenses (must equal Part IX, column (A), line 25)	2		43,8 97,0			
3							
4							
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	1,0	13,7	92.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
			_	Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				١,,		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	1	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis			1 37			
b	Were the organization's financial statements audited by an independent accountant?		2t	<u> </u>			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis			4			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			₩			
	review, or compilation of its financial statements and selection of an independent accountant?			;   X			
_	If the organization changed either its oversight process or selection process during the tax year, explain on Scl						
за	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	-			$ _{\mathbf{x}}$		
	Act and OMB Circular A-133?  If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?		3a	┼—	<u> </u>		
D							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			m <b>990</b>	(2020)		
			FOI	III 990	(2020)		
	PUBLIC						

032012 12-23-20

#### **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: 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) 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.)

Sec	Section A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	1064488.	856,509.	928,678.	758,324.	1461835.	5069834.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	1064488.	856,509.	928,678.	758,324.	1461835.	5069834.			
5	The portion of total contributions									
	by each person (other than a				4					
	governmental unit or publicly				4					
	supported organization) included				0					
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)				( )		1711230.			
6	Public support. Subtract line 5 from line 4.						3358604.			
Sec	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
7	Amounts from line 4	1064488.	856,509.	928,678.	758,324.	1461835.	5069834.			
8	Gross income from interest,			S			_			
	dividends, payments received on									
	securities loans, rents, royalties,			)						
	and income from similar sources	77.	72.	2,151.	3,031.	359.	5,690.			
9	Net income from unrelated business									
	activities, whether or not the		S							
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital	$C_{\bullet}$								
	assets (Explain in Part VI.)									
11	<b>Total support.</b> Add lines 7 through 10						5075524.			
12	Gross receipts from related activities,	etc. (see instruction	ons)			12				
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)				
_	organization, check this box and stor	here					<b>&gt;</b>			
	ction C. Computation of Publ						66.48			
14	11 1 3 1					14	66.17 %			
15	Public support percentage from 2019					15	62.73 %			
16a	33 1/3% support test - 2020. If the o									
	stop here. The organization qualifies									
b	33 1/3% support test - 2019. If the o	-								
	and <b>stop here.</b> The organization qual									
17a	10% -facts-and-circumstances tes									
	and if the organization meets the fact					_				
	meets the facts-and-circumstances to	•								
b	10% -facts-and-circumstances tes	ū				•	10% or			
	more, and if the organization meets the		•		•					
	organization meets the facts-and-circle									
<u>18</u>	18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions									

Schedule A (Form 990 or 990-EZ) 2020

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

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

Se	ction A. Public Support		,				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services 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				4		
	or expended on its behalf				1		
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the			~/),			
	amount on line 13 for the year			5			
	Add lines 7a and 7b			7			
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	endar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6		5				
10	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	-	¥				
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	$\mathbf{x}$					
	Add lines 10a and 10b	<b>)</b>					
•••	Net income from unrelated business activities not included in line 10b.						
	whether or not the business is						
10	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
40	assets (Explain in Part VI.)						<del>                                     </del>
	Total support. (Add lines 9, 10c, 11, and 12.)			familia a con :		504(-)(0)	<u> </u>
14	First 5 years. If the Form 990 is for the check this box and stop here	_			•		
Se	ction C. Computation of Publ	lic Support Pe					<u></u>
	Public support percentage for 2020 (			column (f))		15	%
	Public support percentage from 2019					16	
	ction D. Computation of Inve					10	70
	Investment income percentage for 20					17	%
	Investment income percentage from					18	<del>/</del> 6
	a 33 1/3% support tests - 2020. If the						
	more than 33 1/3%, check this box a						
ŀ	33 1/3% support tests - 2019. If the						
•	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

## Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
ı			
	3a		
	3b		
ł	3с		
	4a		
H	4a		
ł	4b		
	4c		
	5a		
	Ja		
	5b		
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	6		
	7		
	8		
	9a		
	Ob-		
ł	9b		
	9с		
ļ	10a		
	10b		

Par	t IV   Supporting Organizations <sub>(continued)</sub>			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec <sup>.</sup>	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)  The organization satisfied the Activities Test. Complete line 2 below.	•		
a				
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below.</i> The organization supported a governmental entity. <i>Describe in</i> <b>Part VI</b> how you supported a governmental entity (see in	etructio	nol	
C 2	Activities Test. Answer lines 2a and 2b below.	Struction	Yes	No
2			162	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,	Za		
D	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	ZIJ		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Part V	Type III Non-Functionally Integrated 509(a)(3) Support	ing Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust or	Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ıst complet	e Sections A through E.	
Section A	- Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net s	hort-term capital gain	1		
2 Reco	veries of prior-year distributions	2		
3 Other	gross income (see instructions)	3		
4 Add I	ines 1 through 3.	4		
5 Depre	eciation and depletion	5		
6 Portio	on of operating expenses paid or incurred for production or			
collec	ction of gross income or for management, conservation, or			
maint	renance of property held for production of income (see instructions)	6		
	r expenses (see instructions)	7		
	sted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	- Minimum Asset Amount	,	(A) Prior Year	(B) Current Year (optional)
1 Aggre	egate fair market value of all non-exempt-use assets (see		7	
instru	ictions for short tax year or assets held for part of year):		0,	
<b>a</b> Avera	age monthly value of securities	1a		
<b>b</b> Avera	age monthly cash balances	1b	~0	
<b>c</b> Fair n	narket value of other non-exempt-use assets	1c		
d Total	(add lines 1a, 1b, and 1c)	1d		
e Disco	<b>bunt</b> claimed for blockage or other factors		/	
(expla	ain in detail in Part VI):			
2 Acqu	isition indebtedness applicable to non-exempt-use assets	2		
3 Subtr	ract line 2 from line 1d.	3		
4 Cash	deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,	<u> </u>		
	nstructions).	4		
5 Net v	alue of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multip	oly line 5 by 0.035.	6		
7 Reco	veries of prior-year distributions	7		
8 Minir	num Asset Amount (add line 7 to line 6)	8		
Section C	- Distributable Amount			Current Year
1 Adjus	sted net income for prior year (from Section A, line 8, column A)	1		
	0.85 of line 1.	2		
3 Minim	num asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter	greater of line 2 or line 3.	4		
5 Incon	ne tax imposed in prior year	5		
6 Distri	ibutable Amount. Subtract line 5 from line 4, unless subject to			
	gency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integra	ted Type III supporting ora	anization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Fai	t v Type III Non-Functionally integrated 509	(a)(3) Supporting Orga	(contin	<u>ued)</u>	
Secti	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		7		
2	Underdistributions, if any, for years prior to 2020 (reason-		0		
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016		)		
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e	S			
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D, line 7:	0			
а	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

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

OMB No. 1545-0047

20-8776228

2020

Name of the organization Employer identification number

INC.

FRAMEWORKS OF TAMPA BAY,

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

20-8776228

Name of organization Employer identification number

# FRAMEWORKS OF TAMPA BAY, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 Person **Payroll** 60,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 2 Person **Payroll** 500. Noncash (Complete Part II for noncash contributions.) (b) (d) (a) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 X Person **Payroll** 115,500. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP **Total contributions** No. Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) (c) (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Pavroll** Noncash (Complete Part II for noncash contributions.)

## 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
		\$	
(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

Employer identification number

Name of organization

'RAMEW	WORKS OF TAMPA BAY, INC			20-8776228		
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, or Use duplicate copies of Part III if additional	ions to organizations described in s through (e) and the following line en charitable, etc., contributions of \$1,000 or	try For organizations	that total more than \$1,000 for the y		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held		
	Transferee's name, address, ar	(e) Transfer of gif		nsferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(tr) Desc	ription of how gift is held		
		(e) Transfer of gif	24			
	Transferee's name, address, ar			nsferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held		
	Transferee s name, address, ar	(e) Transfer of gif		nsferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held		
	(e) Transfer of gift					
	Transferee's name, address, ar	IU ZIF + 4	neiauonsnip of trai	nsferor to transferee		

#### **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 Funds or	Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised for	unds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be used	d only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose conf	ferring
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Part	V, line 7.
1	Purpose(s) of conservation easements held by the organizat		*
	Preservation of land for public use (for example, recrea		storically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space	, 0	
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		.   2a
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		2c
a	Number of conservation easements included in (c) acquired		
•	listed in the National Register		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the org	anization during the tax
4	Number of states where property subject to concernation of	Semant is leasted	
4 5	Number of states where property subject to conservation ea Does the organization have a written policy regarding the pe		
3	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	b	, mandling of violations, and emoroting conscive	ation casements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year
-	<b>▶</b> \$	ag	caceee aag and year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4	)(B)(i)
			No. 1
9	In Part XIII, describe how the organization reports conservat		
	balance sheet, and include, if applicable, the text of the foot	•	
	organization's accounting for conservation easements.	<u>-</u>	
Pai	t III Organizations Maintaining Collections o	of Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and b	palance sheet works
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education, or research in furthe	rance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and balar	nce sheet works of
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furtherar	nce of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		· · · · · · · · · · · · · · · · · · ·
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial gain	n, provide
	the following amounts required to be reported under FASB ${\it A}$	ASC 958 relating to these items:	
	Revenue included on Form 990, Part VIII, line 1		· · · · · · · · · · · · · · · · · · ·
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2020

032051 12-01-20

	t III Organizations Maintaining C	collections of A	rt, Hist	orical Tr	easures,	or Othe	er Si	milar As	sets(contir	nued)
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following tha	at make s	signifi	cant use of	its	
	collection items (check all that apply):									
а	Public exhibition	d	ı 🔲 L	oan or exc	hange progra	am				
b	Scholarly research	е	. 🗌	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how th	ey further t	he organizati	on's exe	mpt p	ourpose in F	Part XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, his	storical trea	sures, or oth	er simila	r asse	ets		
	to be sold to raise funds rather than to be ma	aintained as part of t	the organ	nization's co	ollection?				Yes	☐ No
Pai	t IV Escrow and Custodial Arran								IV, line 9, or	,
	reported an amount on Form 990, Pai	rt X, line 21.								
1a	Is the organization an agent, trustee, custodi	ian or other intermed	diary for d	contribution	ns or other as	sets not	inclu	ded		
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII									
									Amoun	t
С	Beginning balance						Г	1c		
	Additions during the year							1d		
	Distributions during the year							1e		
f	Ending balance						\	1f		
2a	Did the organization include an amount on Fe						lity?		Yes	□ No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	kplanatio	n has been	provided on	Part XIII	l			
Pai										
	·	(a) Current year	<b>(b)</b> Pr	ior year	(c) Two yea	rs back	(d) Ti	ree years ba	ck (e) Four	r years back
1a	Beginning of year balance	12,010.		11,993.	1	1,614.		10,90	4.	9,718.
	Contributions									
	Net investment earnings, gains, and losses	3,650.		17.	•	379.		70	4.	1,186.
	Grants or scholarships			6						
	Other expenditures for facilities			()						
	and programs			)						
f	Administrative expenses									
	End of year balance	15,660.	) `	12,010.	1	1,993.		11,61	4.	10,904.
2	Provide the estimated percentage of the curr	rent vear end balanc	e (line 1	a. column (a		, ,		· ·	I	
	Board designated or quasi-endowment		%	<b>,</b> , (-						
	Permanent endowment ▶	%								
	Term endowment	2/0								
_	The percentages on lines 2a, 2b, and 2c sho	uld egual 100%.								
За	Are there endowment funds not in the posse		ation tha	t are held a	nd administe	ered for t	he or	ganization		
	by:	January and the games						9		Yes No
	(i) Unrelated organizations								3a(i)	X
										X
b	If "Yes" on line 3a(ii), are the related organiza									
4	Describe in Part XIII the intended uses of the									
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answere		D. Part IV	. line 11a. S	See Form 990	D. Part X.	line '	10.		
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) A	ccum	ulated	(d) Boo	k value
	2 coonpliction of property	basis (investn			(other)		precia		(-,	
1a	Land	<u> </u>			. ,					
	Buildings									
	Leasehold improvements			1	0,335.		10	,335.		0.
	Equipment				0,900.			,019.	2	6,881.
	Other				,			• • •		
	. Add lines 1a through 1e. (Column (d) must e		X. colum	n (B). line 1	10c.)				2	6,881.

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 FRAMEWORKS	OF TAMPA BAI,	INC. Z	J-6//0226 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other (A) VANGUARD SHORT-TERM			
(B) RESERVES	103,541.	END-OF-YEAR MARKET	י אז.ווד
(-)	103,341.	END OF THAN PRICE	I VALOLI
(C)			
(D)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	103,541.		
Part VIII Investments - Program Related.	103,341.		
Complete if the organization answered "Yes"	on Form 000 Part IV line:	11c Soc Form 990 Part V line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-vear market value
(1)	(b) 2001. Tallac	(5)	
(1)			
(3)		<del>-()</del> ,	
(4)		<u> </u>	
(5)			
(6)			
(7)		.0~	
(8)			
(9)		<del></del>	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
	Description	, ,	(b) Book value
(1)	.60		
(2)			
(3)			
(4)	V		
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)	<b>&gt;</b>	
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	5.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2020

4c

1,143,820.

Sche	edule D	(Form 990) 2020	FRAMEWORKS	OF	TAMPA	BAY,	INC.		20-	8776228	Page 4
Pai	rt XI	Reconciliation of	of Revenue per A	udite	d Financ	ial State	ments Wit	h Revenue pe	r Returi	ո.	
		Complete if the organ	nization answered "Ye	s" on F	orm 990, Pa	art IV, line 1	2a.				
1	Total r	revenue, gains, and ot	her support per audit	ed finan	icial stateme	ents			1	1,540	,851.
2	Amou	nts included on line 1	but not on Form 990,	Part VII	II, line 12:						
а	Net ur	nrealized gains (losses	) on investments				2a				
b	Donat	ted services and use o	f facilities				2b				
С	c Recoveries of prior year grants 2c										
d	Other	(Describe in Part XIII.)					2d				
		nes 2a through 2d							2e		0 .
3	Subtra	act line 2e from line 1							3	1,540	,851.
4	Amou	nts included on Form	990, Part VIII, line 12,	but not	on line 1:						
а	Invest	tment expenses not in	cluded on Form 990,	Part VIII	l, line 7b		4a				
b	Other	(Describe in Part XIII.)					4b				
С	Add lin	nes <b>4a</b> and <b>4b</b>							4c		0.
5	Total r	revenue. Add lines <b>3</b> a	nd <b>4c.</b> (This must equ	al Form	990, Part I,	line 12.) .			5	1,540	,851.
Pa	rt XII	Reconciliation of	of Expenses per	Audite	ed Financ	cial State	ements Wi	th Expenses p	er Retu	ırn.	
		Complete if the organ	nization answered "Ye	es" on F	orm 990, Pa	art IV, line 1	2a.	4			
1	Total e	expenses and losses p	per audited financial s	tatemer	nts			4	1	1,143	,820.
2	Amou	nts included on line 1	but not on Form 990,	Part IX,	, line 25:			0			

a Donated services and use of facilities **b** Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d 1,143,820 Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.)

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information.

c Add lines 4a and 4b

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(C)(3) 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

UNCERTAINTY. 032054 12-01-20

Schedule D (Form 990) 2020

#### **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 instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

FRAMEWORKS OF TAMPA BAY, INC

Employer identification number

	RKS OF TAMPA BAY,			20-8776	
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.					
<ul> <li>1 Indicate whether the organization rais 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 indicompensated at least \$5,000 by the</li> </ul>	e X Soliciting Soliciting X Special Sp	ation of non-g ation of gover al fundraising al (including o professional	povernment grants rnment grants events officers, directors, true 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	, 0		
			V		
		59			
	C				
	<b>\(\rightarrow\)</b>				
P.					
Total		<b>&gt;</b>			
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contribution	s or has been notified	d it is exempt from re	egistration
IIIA Fan Danamusuk Bada di Assaria	in an Market of E	. 000 000	F7 .	Cabadul- O/F	100 at 000 ET 0000
LHA For Paperwork Reduction Act Not	ice, see tne instructions for Form	ı 990 or 990-	EZ.	scnedule G (Form 9	90 or 990-EZ) 2020

Pa	art I	<b>Fundraising Events.</b> Complete if the of fundraising event contributions and great fundraising event contributions and great fundraising event contributions.	· ·	,	, , ,	• •		
			(a) Event #1 HEAD & HEART	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through		
Revenue			(event type)	(event type)	(total number)	col. <b>(c)</b> )		
	1	Gross receipts	308,359.	-		370,117.		
_	2	Less: Contributions	231,019.			231,019.		
	3	Gross income (line 1 minus line 2)	77,340.	61,758.		139,098.		
	4	Cash prizes						
SS	5	Noncash prizes			4	_		
xpens	6	Rent/facility costs			A			
Direct Expenses	7	Food and beverages			<del>X</del>			
	8	Entertainment Other direct expenses	44,436.	19,655.		64,091.		
	10	Direct expense summary. Add lines 4 through		23/,0001	•	64,091.		
	11	•				75,007.		
Pa	ırt I	II Gaming. Complete if the organization a	answered "Yes" on Form	990, Part IV, line 19, or	reported more than			
	_	\$15,000 on Form 990-EZ, line 6a.				T		
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		
-Be	1	Gross revenue	C <sup>V</sup>					
ses	2	Cash prizes	0/2					
Direct Expenses	3	Noncash prizes	, ,					
Direct	4	Rent/facility costs						
	5	Other direct expenses						
	6	Volunteer labor	Yes % No	Yes% No	Yes % No			
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		<b>&gt;</b>			
	Net gaming income summary. Subtract line 7 from line 1, column (d)							
^	F	touthe etato(a) in which the every leating and	ioto gomina settivities.					
	ls t	ter the state(s) in which the organization condu he organization licensed to conduct gaming a No," explain:	_	states?		Yes No		
		ere any of the organization's gaming licenses re Yes," explain:	•	-	year?	Yes No		
032082 11-25-20 Schedule G (Form 990 or 990-EZ) 2020								

Sche	dule G (Form 990 or 990-EZ) 2020 FRAMEWORKS OF TAMPA BAY, INC. 20-	8776228	Page 3			
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			
	Indicate the percentage of gaming activity conducted in:					
		13a	%			
	The organization's facility					
	An outside facility	130	70			
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:					
I	Name					
,	Address					
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No			
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount					
(	of gaming revenue retained by the third party > \$					
c	If "Yes," enter name and address of the third party:					
1	Name					
,	Address ▶					
16	Gaming manager information:					
	Name					
	Gaming manager compensation ▶ \$					
	Description of services provided					
	Director/officer Employee Independent contractor					
	Employee Employee Endent Contractor					
47	Manual above all above at the second					
	Mandatory distributions:					
	Is the organization required under state law to make charitable distributions from the gaming proceeds to					
retain the state gaming license? Yes No						
	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the					
	organization's own exempt activities during the tax year > \$					
Par		art III, lines 9,	9b, 10b,			
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.					
-						

2020.04030 FRAMEWORKS OF TAMPA BAY, IN 192700\_1

#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2020

Open to Public

Open to Public Inspection

Name of the organization

FRAMEWORKS OF TAMPA BAY, INC.

Employer identification number 20-8776228

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COACHING, AND RESEARCH-BASED RESOURCES TO EQUIP YOUTH WITH SOCIAL AND

EMOTIONAL SKILLS.

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 VI, SECTION B, LINE 11B:

A 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.

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

THE CEO IS EVALUATED ANNUALLY BY THE BOARD OF DIRECTORS ON 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

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

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