** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A	רטו נוופ	e 2022 calendar year, or tax year beginning and	enaing		
В	Check if applicabl	C Name of organization		D Employer identific	cation number
	Addre	TAMPA BAY THRIVES, INC.			
	Name chang	Doing business as		84-30367	23
F	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	•
F	Final return		1100111/Julio	813-803-	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,060,069.
	Ameno			H(a) Is this a group re	
Г	Applic			for subordinates	
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	—
$\overline{}$	Ταν-ρν	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	1	list. See instructions
	Websit	THE HAMPADAUMUD TITES ORG	0 02.	H(c) Group exemption	
		organization: X Corporation Trust Association Other	1 Year		State of legal domicile: FL
	art I	Summary	L Tour	or formation:	Ciato or logar dormono, = =
		Briefly describe the organization's mission or most significant activities: TO M	OBTLT7	E THE COMMU	אדייע ייט
Activities & Governance	'	STRENGTHEN BEHAVIORAL HEALTH OUTCOMES FO	R DEPR	ESSION ANX	TETY AND
nar	1	Check this box if the organization discontinued its operations or dispo			
ver	1	- · · · · · · · · · · · · · · · · · · ·			15
ဇ္ဗ		• • • • • • • • • • • • • • • • • • • •		·····	15
∞ ∞		Number of independent voting members of the governing body (Part VI, line 1b)			0
ţį		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			74
Ęï		Total number of volunteers (estimate if necessary)	—	6	0.
Ac		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 11	·····	7b	
Revenue			_	Prior Year	Current Year
		Contributions and grants (Part VIII, line 1h)		882,343.	2,606,340.
		Program service revenue (Part VIII, line 2g)		0.	0. 627.
		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		854.	
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	453,102.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		883,197.	3,060,069.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		363,689.	371,815.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 142,5	<u></u>	0.	70,200.
ă	b	Total fundraising expenses (Part IX, column (D), line 25) 142, 5	71.		
ш	1/	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,642,658.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,006,347.	1,588,950.
	19	Revenue less expenses. Subtract line 18 from line 12		-1,123,150.	1,471,119.
or Ses			Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		2,957,302.	3,960,786.
t As	21	Total liabilities (Part X, line 26)		591,545.	123,910.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		2,365,757.	3,836,876.
	art II	Signature Block			
Und	ler pena	lties of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of my	/ knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	hich preparer	has any knowledge.	
Sig	n	Signature of officer		Date	
He	re	CARRIE ZEISSE, PRESIDENT AND CEO			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	SAM A. LAZZARA		if self-employe	
Pre	parer	Firm's name RIVERO, GORDIMER & COMPANY, P.A.	<u> </u>		9-3040705
Use	Only	Firm's address P. O. BOX 172359			
		TAMPA, FL 33672		Phone no. (8	13) 875-7774
Ma	y the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No

Par	till Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO MOBILIZE THE COMMUNITY TO STRENGTHEN BEHAVIORAL HEALTH OUTCOMES FOR
	DEPRESSION, ANXIETY AND SUBSTANCE USE DISORDERS, WITH A FOCUS ON
	IMPROVING EARLY INTERVENTION, ACCESS AND AWARENESS
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,270,262 • including grants of \$) (Revenue \$
	TBT INCLUDES LOCAL LEADERS IN THE GREATER TAMPA BAY AREA WHO UNDERSTAND
	THE IMPORTANCE OF IMPROVING THE QUALITY AND ACCESS TO MENTAL HEALTH AND SUBSTANCE ABUSE RESOURCES. THAT'S WHY WE HAVE JOINED FORCES TO HELP
	HEAL, AND PROVIDE THE BEST POSSIBLE RESOURCES FOR THOSE LIVING WITH
	THESE CONDITIONS. WE'RE WORKING TOGETHER TO ELIMINATE BARRIERS THAT
	MAKE IT DIFFICULT TO FIND AND ACCESS RESOURCES FOR MENTAL WELLNESS AND
	SUBSTANCE USE. TOGETHER, WE'RE DETERMINED TO ENSURE THAT EACH OF US HAS
	A CHANCE TO LIVE A LIFE FILLED WITH MENTAL WELLNESS.
	LET'S TALK IS A FREE, CONFIDENTIAL, 24/7 BEHAVIORAL HEALTH SUPPORT AND
	NAVIGATION LINE CONNECTING CALLERS TO TRAINED COUNSELORS WHO CAN
	PROVIDE EMOTIONAL SUPPORT, INFORMATION, AND REFERRALS TO HELP PEOPLE
4b	(Code:) (Expenses \$
4-	
4c	(Code:) (Expenses \$
1-1	Other program convices (Describe on Schodule O.)
4d	Other program services (Describe on Schedule O.)
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 1,270,262.
4e	Total program service expenses 1,2/0,262.

10050419 795320 312500

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	If "Yes," complete Schedule A	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ū	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	-		
•	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	•		
Ū	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
0	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	7		
8		8		x
0	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	0		25
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	10		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			37
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	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,		v	
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.		X
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> ^</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		x
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
20a	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<u> </u>
b 21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		\vdash
4 1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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Form 990 (2022) TAMPA BAY THRIVES,
Part IV Checklist of Required Schedules (continued)

	The state of the dame of the state of the st		<u> </u>	·
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
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			l
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			l
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	200		X
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//f	200		
•	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in 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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			l
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			177
0.4	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
35 =	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	- 554		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
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		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		٦,	
Dai	Note: All Form 990 filers are required to complete Schedule 0	38	X	
Га	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
19	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 14		162	140
b				
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

022) TAMPA BAY THRIVES, INC. Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return 2a					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X		
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			37		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X		
_	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			x		
	any contributions that were not tax deductible as charitable contributions?	6a				
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	G L				
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b				
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х		
a b		7b				
C	Did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10				
·	to file Form 8282?	7c		x		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the					
	sponsoring organization have excess business holdings at any time during the year?	8				
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?	9b				
10	Section 501(c)(7) organizations. Enter:					
а	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	-				
11	Section 501(c)(12) organizations. Enter					
а	Gross income from members or shareholders	4				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
40-	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	40-				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-				
	Is the organization licensed to issue qualified health plans in more than one state?	13a				
u	Note: See the instructions for additional information the organization must report on Schedule O.	iou				
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans					
С	Enter the amount of reserves on hand	1				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or					
	excess parachute payment(s) during the year?	15		Х		
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х		
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17				
	If "Yes," complete Form 6069.					

232005 12-13-22

Form **990** (2022)

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					Λ
Sec	tion A. Governing Body and Management					
		1 1	4 -		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15			
	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	15			
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	ne direct supervision				
	of officers, directors, trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		Х
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					
	more members of the governing body?	A		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the following:				
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?	•••••	·····	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ached at the	·····			
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F					
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		ſ	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such or	hanters affiliates	····· }	iou		
~	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing boo		г	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	before filling the fo	'''''	1 Ia		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris		г	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "?		·····	120	-21	
С				12c	х	
10				13	X	
13 14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?			14	X	
			·····	14	-21	
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?			1E c		Х
	The organization's CEO, Executive Director, or top management official		г	15a		X
D	Other officers or key employees of the organization	•••••	····· }	15b		-22
16-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	mont with a				
ıoa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange			16-		Х
1.	taxable entity during the year?		·····	16a		Λ
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluating in injury continuous and take at the organization to evaluating injury continuous applicable follows:					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	inization's		401		
800	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed FL		14 (5) (2)		V =	- -
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990-1 (section 50	rr(c)(3)	only	availa	aDIE
	for public inspection. Indicate how you made these available. Check all that apply.	O-b(1- O)				
		n on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	onflict of interest pol	icy, and	d tinar	ncial	
	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 bo	ooks and records				
	THE ORGANIZATION - 813-803-5630	- 0.2				
	400 NORTH TAMPA STREET, 15TH FLOOR, TAMPA, FL 336) U <u>Z</u>				

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

X

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Name and title Name and title Avera hours weel (list an hours relate organiza below line) (1) CARRIE ZEISSE 40. PRESIDENT AND CEO (2) DR. RAVI CHARI 2. CHAIR (3) TOMMY INZINA 1. DIRECTOR (4) CLARA REYNOLDS 2. TREASURER/SECRETARY (5) KIMBERLY RAMOS 1. DIRECTOR (6) TRACYE BROWN 1. DIRECTOR (7) JOHN COURIS 2. VICE CHAIR (8) SHERIFF CHRIS NOCCO 1. DIRECTOR (9) MARCIA ANDRESEN 1. DIRECTOR (10) BARBARA DAIRE 1. DIRECTOR (11) CHRIS MAJESKI 1. DIRECTOR (12) LINDA MCKINNON 1. DIRECTOR (13) CHIEF DANIEL SLAUGHTER 1.	er yy yor dd	tee or director	not c c, unle cer an	ss per	ition more rson i irecto	than o	n an	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) 196,590. 0.	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) 0.	(F) Estimated amount of other compensation from the organization and related organizations 12,698
hours weel (list an hours relate organiza below line) (1) CARRIE ZEISSE 40. PRESIDENT AND CEO (2) DR. RAVI CHARI 2. CHAIR (3) TOMMY INZINA 1. DIRECTOR (4) CLARA REYNOLDS 2. TREASURER/SECRETARY (5) KIMBERLY RAMOS 1. DIRECTOR (6) TRACYE BROWN 2. DIRECTOR (7) JOHN COURIS 2. VICE CHAIR (8) SHERIFF CHRIS NOCCO 1. DIRECTOR (9) MARCIA ANDRESEN 1. DIRECTOR (10) BARBARA DAIRE 1. DIRECTOR (11) CHRIS MAJESKI 1. DIRECTOR (12) LINDA MCKINNON 1. DIRECTOR	er yy yor dd	X X X	cer an	ss per da a di	rson i irecto	s both r/trust	n an tee)	compensation from the organization (W-2/1099-MISC/1099-NEC)	compensation from related organizations (W-2/1099-MISC/1099-NEC) 0.	amount of other compensation from the organization and related organizations
(list an hours relate organiza below line) (1) CARRIE ZEISSE 40. PRESIDENT AND CEO (2) DR. RAVI CHARI 2. CHAIR (3) TOMMY INZINA 1. DIRECTOR (4) CLARA REYNOLDS 2. TREASURER/SECRETARY (5) KIMBERLY RAMOS 1. DIRECTOR (6) TRACYE BROWN 1. DIRECTOR (7) JOHN COURIS 2. VICE CHAIR (8) SHERIFF CHRIS NOCCO 1. DIRECTOR (10) BARBARA DAIRE 1. DIRECTOR (11) CHRIS MAJESKI 1. DIRECTOR (12) LINDA MCKINNON 1. DIRECTOR	y y or in the property of the	X X X Individual trustee or director		X X Officer			,	the organization (W-2/1099-MISC/ 1099-NEC) 196,590. 0.	organizations (W-2/1099-MISC/ 1099-NEC) 0.	compensation from the organization and related organizations 12,698
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Ine	000	X X X	Institut	x x	Keyem	Highest	Former	0.	0.	12,698
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(13) CHIEF DANIEL SLAUGHTER 1.		Х						0.	0.	0
) ()									
DIRECTOR		Х		Ш				0.	0.	0
(14) DAVID PIZZO 1.) ()							•		•
DIRECTOR		X						0.	0.	0
(15) JOHN JOHANESSEN 1.) (I I		1 1				•
DIRECTOR		Х						^		0
	١.	22						0.	0.	
DIRECTOR	00	X						0.	0.	0

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Page **8**

Pai	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A)	(B) (C)							(D)		(F)			
	Name and title	Average	(40		Pos) than		Reportable	Reportable		Estimat	ed	
		hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensatio	n	amount	of	
		week	offic	cer an	nd a d	irecto	or/trus	tee)	from	from related		other		
		(list any	ctor						the	organizations	s c	mpens	ation	
		hours for	r dire	l			ted		organization	(W-2/1099-MIS	SC/	from th	ie	
		related	stee o	nstee			ensa		(W-2/1099-MISC/	1099-NEC)	0	rganiza	tion	
		organizations	al trus	nal tı		oyee	o mb		1099-NEC)			and rela		
		below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			0	ganizat	ions	
		line)	Indi	Inst	ijJ.	Key	Hig	P						
										4				
))				
									601					
									(0					
							H							
			1				C		1					
	Subtotal			<u> </u>		(1-		196,590.		0.	12,6	98.	
	Total from continuation sheets to Part VI	I Section A						••	0.		0.	,	0.	
	Total (add lines 1b and 1c)			- 10	- 1)			196,590.		0.	12,6		
2	Total number of individuals (including but n								<u> </u>	0.000 of reportable	e e	,		
_	compensation from the organization						-,		3331134 111313 111411 4 133	.,			1	
	or services and the services of the services o		•									Yes	No	
3	Did the organization list any former officer,	director trust	ee k	ev e	emp	love	e o	r hic	nhest compensated emr	olovee on				
Ū	line 1a? If "Yes," complete Schedule J for \$	- 1		-		•				-	3		х	
4	For any individual listed on line 1a, is the su								hor componention from		⊢			
4	and related organizations greater than \$150			-					•	the organization	4	х		
5	Did any person listed on line 1a receive or a	-								idual for services				
_	rendered to the organization? If "Yes," com										5		Х	
Sec	tion B. Independent Contractors	•									•	•	•	
1	Complete this table for your five highest co										pensatio	n from		
	the organization. Report compensation for	the calendar y	ear (endi	ng v	vith	or w	ithir		year.				
	(A)	addrass							(B)	ondoo	Corre	(C)		
Name and business address Description of services Cor								Com	pensatio	וו				

FRANKCRUM 12, INC., 100 SOUTH MISSOURI AVE, CLEARWATER, FL 33756
IGNITION DIGITAL MARKETING, LLC PEO SERVICES 379,007. 4507 9TH AVE E, BRADENTON, FL 34208 MARKETING SERVICES 106,000. JHOI MEDIA LLC 10557 SAN TRAVASO DR, TAMPA , FL 33647 100,250. MARKETING SERVICES

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

Form 990 (2022)

Ра	rt \	/	Statement of Revenue					
			Check if Schedule O contains a response	or note to any lir	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue		(D) Revenue excluded from tax under sections 512 - 514
nts nts	1	а	Federated campaigns 1a					
irar oun			Membership dues 1b					
Contributions, Gifts, Grants and Other Similar Amounts			Fundraising events 1c					
Sift lar,			Related organizations 1d					
ini)			Government grants (contributions) 1e					
tion S		f	All other contributions, gifts, grants, and					
ig #			similar amounts not included above \dots 1f 2,	606,340.				
d of		g	Noncash contributions included in lines 1a-1f 1g \$					
<u>8 Ö</u>		h	Total. Add lines 1a-1f		2,606,340.			
				Business Code				
Se	2	а						
Program Service Revenue		b						
n Si		С						
Jrar Rev		d						
or L		е				~		
а.		f	All other program service revenue			~ () \		
			Total. Add lines 2a-2f			()		
	3		Investment income (including dividends, inter		627,			627.
	١.		other similar amounts)		02/7			027.
	4		Income from investment of tax-exempt bond p		1			
	5		Royalties (i) Real	(ii) Personal				
	ء ا	_		(ii) i cisoriai	5			
	ľ		Gross rents 6a Less: rental expenses 6b		0			
			Rental income or (loss) 6c					
			Net rental income or (loss)					
	7		Gross amount from sales of (i) Securities	(ii) Other				
	-	_	assets other than inventory 7a					
		b	Less: cost or other basis					
ne			and sales expenses7b					
Revenue		С	Gain or (loss) 7c					
æ		d	Nick weign au (least)					
her	8	а	Gross income from fundraising events (not					
윰			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18					
		b	Less: direct expenses 8b					
			Net income or (loss) from fundraising events					
	9	а	Gross income from gaming activities. See					
			Part IV, line 199a	<u> </u>				
			Less: direct expenses 9b					
	١.,							
	10	а	Gross sales of inventory, less returns					
		L	and allowances 10a					
			Less: cost of goods sold 10k					
		С	Net income or (loss) from sales of inventory	Business Code				
Snc	4.	а	DEBT FORGIVENESS	900099	453,102.	453,102.		
ne Tue	١.,	a b						
Miscellaneous Revenue		C						
<u> </u> §			All other revenue					
2			Total. Add lines 11a-11d		453,102.			
	12		Total revenue. See instructions		3,060,069.	453,102.	0.	627.
	_							

Part IX | Statement of Functional Expenses

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

D -	Check if Schedule O contains a respon	(A)	this Part IX	(C) I	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
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,	106 500	100 740	27 252	20 400
	trustees, and key employees	196,589.	129,749.	37,352.	29,488
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and			A	
	persons described in section 4958(c)(3)(B)	122 075	07 (07	25 246	10 022
7	Other salaries and wages	132,875.	87,697.	25,246.	19,932
8	Pension plan accruals and contributions (include	6 050	A E07	1 201	1 040
_	section 401(k) and 403(b) employer contributions)	6,950.	4,587.	1,321.	1,042
9	Other employee benefits	12,000.	7,920	2,280.	1,800 3,510
10	Payroll taxes	23,401.	15,445.	4,446.	3,510
11	Fees for services (nonemployees):		401		
а	Management	17,963.	5,607.	12,244.	112
b	Legal	43,503.		29,652.	272
С.	Accounting	43,303.	13,579.	29,032.	212
	Lobbying	70,200.			70,200
e	Professional fundraising services. See Part IV, line 17	10,200.)		70,200
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	634,709.	624,016.	10,671.	22
	column (A), amount, list line 11g expenses on Sch 0.)	347,114.	337,054.	60.	10,000
12	Advertising and promotion	9,757.	7.	9,600.	150
13	Office expenses	10,249.	500.	9,244.	505
14	Information technology	10,240.	300.	7,244.	303
15	Royalties	44,704.	30,287.	9,053.	5,364
16 17	Occupancy	8,340.	535.	7,784.	21
17	Travel	0,540.	333.	7,704.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
10	Conferences, conventions, and meetings				
19 20	* -				
20 21	Payments to affiliates			+	
22	Depreciation, depletion, and amortization	1,977.		1,977.	
23		4,524.		4,524.	
23 24	Other expenses. Itemize expenses not covered	1,321.		1,521.	
	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	OTHER	24,095.	13,279.	10,663.	153
b		= - /	==,=:	==,,	
C				+	
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,588,950.	1,270,262.	176,117.	142,571
26	Joint costs. Complete this line only if the organization	,,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,	,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Table and the state of the stat				

Part X | Balance Sheet

<u>'ar</u>	τχ	Balance Sheet					
		Check if Schedule O contains a response or r	note to a	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			606,575.	1	1,662,664
	2	Savings and temporary cash investments			2,176,437.	2	1,977,065
	3	Pledges and grants receivable, net			162,557.	3	300,000
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul	bstantial	ontributor, or 35%			
		controlled entity or family member of any of the	nese pers	ons		5	
	6	Loans and other receivables from other disqu	alified pe	sons (as defined			
		under section 4958(f)(1)), and persons describ	oed in se	tion 4958(c)(3)(B)		6	
3	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			9,428.	9	17,247
	10a	Land, buildings, and equipment: cost or other	r				
		basis. Complete Part VI of Schedule D	. 10a	8,233.			
	b	Less: accumulated depreciation	. 10b	4,423.	2,305.	10c	3,810
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin	e 11			12	
	13	Investments - program-related. See Part IV, lin	ne 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			>.	15	
	16	Total assets. Add lines 1 through 15 (must ed		4 4	2,957,302.	16	3,960,78
	17	Accounts payable and accrued expenses			591,545.	17	123,91
	18	Grants payable				18	
	19	Deferred revenue		29		19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
1	22	Loans and other payables to any current or fo	ormer offi	er, director,			
		trustee, key employee, creator or founder, sul	ostantial	ontributor, or 35%			
		controlled entity or family member of any of the	nese pers	ns		22	
i	23	Secured mortgages and notes payable to unr	elated th	d parties		23	
	24	Unsecured notes and loans payable to unrela	ted third	oarties		24	
	25	Other liabilities (including federal income tax,	payables	to related third			
		parties, and other liabilities not included on lin	nes 17-24	. Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			591,545.	26	123,910
.		Organizations that follow FASB ASC 958, c	heck he	e X			
3		and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions			2,365,757.	27	3,836,876
	28	Net assets with donor restrictions		<u></u>		28	
		Organizations that do not follow FASB ASC	958, ch	ck here			
:		and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current fund	ds			29	
	30	Paid-in or capital surplus, or land, building, or	equipme	nt fund		30	
	31	Retained earnings, endowment, accumulated	income,	or other funds		31	
	32	Total net assets or fund balances			2,365,757.	32	3,836,876
	33	Total liabilities and net assets/fund balances			2,957,302.	33	3,960,786

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				<u>69.</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	588	3,9	50.			
3	Revenue less expenses. Subtract line 2 from line 1	3				19.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,	365	5,7	57.			
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	3,	836	5,8	76.			
Pa	rt XIII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
			_	_	Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.				Х			
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?								
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a								
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	b Were the organization's financial statements audited by an independent accountant?								
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,								
	consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	,						
	review, or compilation of its financial statements and selection of an independent accountant?			2c	<u>X</u>				
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule	0.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					_			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	dit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b					
	· C · `		F	orm (990	(2022)			
	Public								

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 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

TAMPA BAY THRIVES, INC.

Employer identification number

84-3036723 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).) 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) Total

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

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

Sec	ction A. Public Support	7.		,						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
	Gifts, grants, contributions, and	(-,/ = - : -	(,	(-/	(-,	(-/	(-)			
	membership fees received. (Do not									
	include any "unusual grants.")		305,000.	3564667.	882,343.	2606340.	7358350.			
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		305,000.	3564667.	882,343.	2606340.	7358350.			
5	The portion of total contributions						_			
	by each person (other than a									
	governmental unit or publicly				. \					
	supported organization) included									
	on line 1 that exceeds 2% of the				(C))				
	amount shown on line 11,				-07					
	column (f)									
	Public support. Subtract line 5 from line 4.						7358350.			
Sec	ction B. Total Support			0.						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019 305,000.	(c) 2020	(d) 2021	(e) 2022	(f) Total 7358350 •			
7	Amounts from line 4		305,000.	3564667.	882,343.	2606340.	7358350.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,		10)						
	and income from similar sources			584.	854.	627.	2,065.			
9	Net income from unrelated business		. (2)							
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital	• C1	Ť							
	assets (Explain in Part VI.)	110					F2.C0.41.F			
	Total support. Add lines 7 through 10	101,					7360415.			
	Gross receipts from related activities,					12				
13	First 5 years. If the Form 990 is for the		rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3)				
804	organization, check this box and stop etion C. Computation of Publ		roontogo				<u></u>			
	Public support percentage for 2022 (acluma (fl)		14	99.97 %			
	Public support percentage for 2022 (15	99.97 %			
	33 1/3% support test - 2022. If the o									
100	stop here. The organization qualifies	-								
h	33 1/3% support test - 2021. If the									
~	and stop here. The organization qual	•		,		,				
17 a	10% -facts-and-circumstances tes									
		-								
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization									
b	10% -facts-and-circumstances tes	-		* * * * * * * * * * * * * * * * * * * *	-	7a, and line 15 is	10% or			
_	more, and if the organization meets the	-								
	organization meets the facts-and-circ				-					
18	*		-				s			
_	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) 2022

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	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			4			
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support				_		
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources		*				
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	ON'					
11	Net income from unrelated business activities not included on line 10b.						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital			1		1	
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	<u></u>		<u> </u>		<u> </u>	<u> </u>
14	First 5 years. If the Form 990 is for the	ne organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	tion,
	check this box and stop here						<u></u>
	ction C. Computation of Publ					1 1	
	Public support percentage for 2022 (15	<u>%</u>
	Public support percentage from 2021					16	<u>%</u>
	ction D. Computation of Inve					147	0/
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18	% 17 is not
198	a 33 1/3% support tests - 2022. If the						
	more than 33 1/3%, check this box a						
t	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
Ju		
5b		
5c		
6		
7		
8		
9a		
Ja		
9b		
9с		
10a		
10b		

Par	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction 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 or	e or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's offi	cers,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	ortod		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supporting organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among			
	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	ction 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	ction 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 on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
C	supported organizations played in this regard.	3		<u> </u>
	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instru	ctions).		
a				
b		, (aaa inatruatia	201	
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity. Activities Test. Answer lines 2a and 2b below.	(see iristructio		No
2			Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b		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.	20		
а				
u	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	- Ju		

Sche	dule A	A (Form 990) 2022 TAMPA BAY THRIVES, INC.			84-3036723 Page 6
Pai		Type III Non-Functionally Integrated 509(a)(3) Supportin	g Org	anizations	-
1		Check here if the organization satisfied the Integral Part Test as a qualifying	•	, , ,	,
		All other Type III non-functionally integrated supporting organizations must	comple	te Sections A through E	
Sect	ion A	- Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net s	short-term capital gain	1		
2	Reco	overies of prior-year distributions	2		
3	Othe	er gross income (see instructions)	3		
4	Add	lines 1 through 3.	4		
5	Depr	reciation and depletion	5		
6	Porti	ion of operating expenses paid or incurred for production or			
	colle	ction of gross income or for management, conservation, or			
	main	stenance of property held for production of income (see instructions)	6		
7	Othe	er expenses (see instructions)	7		
8	Adju	sted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B	- Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggr	regate fair market value of all non-exempt-use assets (see		1	
		uctions for short tax year or assets held for part of year):			
a		age monthly value of securities	1a	())	
b	Aver	age monthly cash balances	1b	-07	
		market value of other non-exempt-use assets	1c		
d	Tota	l (add lines 1a, 1b, and 1c)	1d	U	
е	Disc	count claimed for blockage or other factors			
	(expl	lain in detail in Part VI):	JK)	
2	Acqu	uisition indebtedness applicable to non-exempt-use assets	2		
3	Subt	tract line 2 from line 1d.	3		
4	Cash	n deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see i	instructions).	4		
5	Net v	value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multi	iply line 5 by 0.035.	6		
7	Reco	overies of prior-year distributions	7		
8	Mini	mum Asset Amount (add line 7 to line 6)	8		
Sect	ion C	- Distributable Amount			Current Year
1	Adju	sted net income for prior year (from Section A, line 8, column A)	1		
2	Ente	r 0.85 of line 1.	2		
3	Minir	mum asset amount for prior year (from Section B, line 8, column A)	3		
4	Ente	r greater of line 2 or line 3.	4		
5	Inco	me tax imposed in prior year	5		

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

Schedule A (Form 990) 2022

instructions).

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

emergency temporary reduction (see instructions).

6

Schedule A (Form 990) 2022

a Excess from 2018 **b** Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

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.)
	C,01
	,;C

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990 or Form 990-PF.

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization

	TAMPA BAY THRIVES, INC.	84-3036723				
Organization type (che	eck one):					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private for	oundation				
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private found	dation				
	501(c)(3) taxable private foundation	· 04				
	tion is covered by the General Rule or a Special Rule .					
Note: Only a section 50	01(c)(7), (8), or (10) organization can check boxes for both the General Rule a	and a Special Rule. See instructions.				
General Rule	SU					
	zation filing Form 990, 990-EZ, or 990-PF that received, during the year, cont n any one contributor. Complete Parts I and II. See instructions for determini					
Special Rules	ois o					
sections 509(a contributor, du	vation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 3 a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13 uring the year, total contributions of the greater of (1) \$5,000; or (2) 2% of th 0-EZ, line 1. Complete Parts I and II.	3, 16a, or 16b, and that received from any one				
For an organize	zation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that	at received from any one				
	uring the year, total contributions of more than \$1,000 exclusively for religion					
literary, or edu	ucational purposes, or for the prevention of cruelty to children or animals. Conn (b) instead of the contributor name and address), II, and III.					
year, contribut is checked, en purpose. Don't	zation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that tions exclusively for religious, charitable, etc., purposes, but no such contributer here the total contributions that were received during the year for an excit complete any of the parts unless the General Rule applies to this organizatiable, etc., contributions totaling \$5,000 or more during the year	utions totaled more than \$1,000. If this box clusively religious, charitable, etc., ation because it received nonexclusively				
answer "No" on Part IV,	Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).					

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

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

TAMPA	BAY	THRIVES,	INC
-------	-----	----------	-----

84-3036723

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 2,098,600.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		s <u>100,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	.;60/05/1	\$100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Pulojic i	\$ 200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022) Page **3**

Name of organization

Employer identification number

TAMPA BAY THRIVES, INC.

84-3036723

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	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
		* CO.6.	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		\$	

Schedule B (Form 990) (2022) Page **4**

Name of organization **Employer identification number** 84-3036723 TAMPA BAY THRIVES, INC. Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

223454 11-15-22

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 Inspection

Name of the organization

TAMPA BAY THRIVES, INC.

Employer identification number 84-3036723

Pai			s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6. (a) Donor advised funds	(b) Funds and other accounts
	Total number at and of year	(a) Donor advised funds	(b) I unus 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 Did the organization inform all donors and donor advisors in value organization.	wwiting that the appets hold in denov advi	and funds
5	-	_	
6	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of impermissible private benefit?		
Pai		ranization answered "Yes" on Form 990	
1	Purpose(s) of conservation easements held by the organizati		Turty, into 7.
•	Preservation of land for public use (for example, recrea		f a historically important land area
	Protection of natural habitat		f a certified historic structure
	Preservation of open space	Trescritation o	i a destined historie structure
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	of a conservation easement on the last
_	day of the tax year.	ned defined various definitional in the ferm	Held at the End of the Tax Year
а	Total number of conservation easements	<i>s</i> (0)	2a
	Total acreage restricted by conservation easements		0.
c	Number of conservation easements on a certified historic str	ructure included in (a)	
	Number of conservation easements included in (c) acquired		
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
	year		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements in		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	O(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports conservati	ion easements in its revenue and expens	e statement and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial staten	nents that describes the
	organization's accounting for conservation easements.	(4	
Pai	t III Organizations Maintaining Collections o		other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95		
	of art, historical treasures, or other similar assets held for pub	· · · · · · · · · · · · · · · · · · ·	·
	service, provide in Part XIII the text of the footnote to its final		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in fur	therance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
_			
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under FASB A		•
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	5 IUI FUIIII 99U.	Schedule D (Form 990) 2022

232051 09-01-22

Pai	t III Organizations Maintaining C	ollections of Art, H	listorical Tr	easures, o	or Other	Similar As	sets(conti	inued)
3	Using the organization's acquisition, accession	on, and other records, ch	eck any of the	following tha	at make sigr	nificant use of	f its	
	collection items (check all that apply):							
а	Public exhibition	d 🗆	\square Loan or exc	hange progra	am			
b	Scholarly research	е 🗆	Other					
С	c Preservation for future generations							
4	Provide a description of the organization's co	llections and explain how	w they further t	the organizati	on's exemp	t purpose in	Part XIII.	
5	During the year, did the organization solicit or	receive donations of art	, historical trea	asures, or oth	er similar as	ssets		
	to be sold to raise funds rather than to be ma	intained as part of the or	rganization's c	ollection?			Yes	☐ No
Pai	t IV Escrow and Custodial Arrang	gements. Complete if	the organizatio	on answered	"Yes" on Fo	orm 990, Part	IV, line 9, o	r
	reported an amount on Form 990, Par	t X, line 21.						
1a	Is the organization an agent, trustee, custodia	an or other intermediary	for contributio	ns or other as	sets not inc	cluded		
	on Form 990, Part X?						Yes	└─ No
b	b If "Yes," explain the arrangement in Part XIII and complete the following table:							
							Amour	nt
С	Beginning balance					1c		
	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on Fo					?	Yes	└─ No
<u>b</u>	If "Yes," explain the arrangement in Part XIII.							<u>. Ll</u>
Pai	t V Endowment Funds. Complete if	the organization answer	ed "Yes" on F					
		(a) Current year (b) Prior year	(c) Two year	rs back (d)	Three years ba	ack (e) Fou	r years back
1a	Beginning of year balance							
	Contributions		•	O				
	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities		2					
	and programs							
f	Administrative expenses							
	End of year balance							
2	Provide the estimated percentage of the curr	ent year end balance (lin	e 1g, column (a)) held as:				
а	Board designated or quasi-endowment	%						
b	Permanent endowment	%						
С	Term endowment	6						
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.						
За	Are there endowment funds not in the posses	ssion of the organization	that are held a	and administe	ered for the			
	organization by:	•						Yes No
	(i) Unrelated organizations						3a(i)	
							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization							
4	Describe in Part XIII the intended uses of the	organization's endowme	ent funds.					
Pai	t VI Land, Buildings, and Equipm	ent.						
	Complete if the organization answered	d "Yes" on Form 990, Par	rt IV, line 11a.	See Form 990), Part X, lin	e 10.		
	Description of property	(a) Cost or other	(b) Cos	t or other	(c) Accı	umulated	(d) Boo	k value
		basis (investment)	basis	(other)	depre	ciation		
1a	Land							
	Buildings							
	Leasehold improvements							
	Equipment			8,233.		4,423.		3,810.
	Other							
	. Add lines 1a through 1e. (Column (d) must ed		olumn (B), line	10c.)				3,810.

Schedule D (Form 990) 2022

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
) Financial derivatives			
) Closely held equity interests			
) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation. Cost or	end-of-year market value
(1)			
(2)		-0,	
(3)		-07	
(4)			
(5)			
(6)			
(7)		30	
(8)			
(9)		O	
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	10		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)	1,69		
(2)			
(3)			
(4)	Y		
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Column (b) must equal Form 990, Part X, col. (B) line	15)		
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990 Part IV line	e 11e or 11f See Form 990 Part X line	e 25
(a) Description of liability	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(b) Book value
(1) Federal income taxes			(-,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(0)			i
(9)	25.)		-
(9) tal. (Column (b) must equal Form 990, Part X, col. (B) line Liability for uncertain tax positions. In Part XIII, provide			

232053 09-01-22

	dale B (1 ellil eee) LeeL		THRIVES,			3036723	Page
Par	t XI Reconciliation of I	Revenue per	Audited Finan	cial Statements With Revenue per R	leturi	n.	
	Complete if the organiza	ation answered "	Yes" on Form 990,	Part IV, line 12a.			
1	Total revenue, gains, and other	support per auc	lited financial state	ments	1	3,065	,109

1	Total revenue, gains, and other support per audited financial statements			1	3,065,109.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	5,040.		
С	Recoveries of prior year grants	2c			
	Other (Describe in Part XIII.)	2d			
	Add lines 2a through 2d			2e	5,040.
3	Subtract line 2e from line 1			3	3,060,069.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
_	Tatal various Add lines 2 and 4. (This regist agricul Form 000, Bort I line 12)		Ī	-	3 060 069

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	1,593,990.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments 2b		
	Other losses 2c		
	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	5,040.
	Subtract line 2e from line 1	3	1,588,950.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part), line 18.)	5	1,588,950.

| Part XIII | Supplemental Information.

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

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. UNRELATED BUSINESS INCOME, IF ANY, IS NOT EXEMPT FROM INCOME TAX AND IS TAXED AT STATUTORY RATES.

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. ALL TAX YEARS REMAIN SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022

SCHEDULE G (Form 990)

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, line of

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

TAMPA B	BAY THRIVES, INC.				84-3036	723
Part I Fundraising Activities	Complete if the organization answer	ered "\	'es" or	n Form 990, Part IV, I	ine 17. Form 990-E2	I filers are not
required to complete this par						
1 Indicate whether the organization rais					•	
a Mail solicitations				overnment grants		
b Internet and email solicitations				nment grants		
c Phone solicitations	g Special	fundra	aising	events		
d In-person solicitations						
2 a Did the organization have a written of					77	
	Part VII) or entity in connection with p					
b If "Yes," list the 10 highest paid indi		uant to	agree	ements under which t	the fundraiser is to b	oe
compensated at least \$5,000 by the	organization.				4	
(i) Name and address of individual	(ii) Activity	(iii) fund	Did raiser ustody itrol of utions?	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to (or retained by)
or entity (fundraiser)	(ii) Activity	or cor	itrol of utions?	from activity	fundraiser listed in col. (i)	organization
RELENTLESS PARTNER CONSULTING	-	Yes	No	601	, , ,	
LLC - 1720 W KATHLEEN ST.,	GRANT WRITING	-55	Х	15,000.	50,000.	-35,000.
GRANT PATHWAYS INC 10632					, -	, -
ASHFORD OAKS DR., TAMPA, FL	GRANT WRITING		x	0.	20,000.	-20,000.
· · · · · · · · · · · · · · · · · · ·					·	
	c C					
	\)					
- 4	10					
	<u>~</u>	<u> </u>				
X						
Гоtal				15,000.	70,000.	-55,000.
3 List all states in which the organization					-	egistration
or licensing.	Ğ				·	
FL						

232081 10-27-22

Schedule G (Form 990) 2022

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

SEE PART IV FOR CONTINUATIONS

	edu I rt I	, ,	BAY THRIVES, ne organization answered	TNC • d "Yes" on Form 990, Pai		- 3 0 3 6 / 2 3 Page 2 d more than \$15,000
		of fundraising event contributions and gr				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
ent			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				<u> </u>
	4	Cash prizes				
Se	5	Noncash prizes				
pense	6	Rent/facility costs			1	
Direct Expenses	7	Food and beverages			07	
Θ	8	Entertainment) '	
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through	. ,			
Do		Net income summary. Subtract line 10 from li				
Pa	Ir L I	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Forn	n 990, Part IV, line 19, or	reported more than	
- anue		\$15,000 0111 01111 990-LZ, iiile 0a.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue	C			
ses	2	Cash prizes	Ois			
ect Expenses	3	Noncash prizes	C ~			1
Direct	4	Rent/facility costs				_
	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
۵	Ent	ter the state(s) in which the organization condu	icte gaming activities:			
		the organization licensed to conduct gaming a	· · -			Yes No
		No," explain:				
	_					
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes No
-	_	1				

Schedule G (Form 990) 2022

232082 10-27-22

Sch	nedule G (Form 990) 2022 TAM	PA BAY	THRIVES,	INC.	84-	3036	723	Page 3
	Does the organization conduct gaming ac	tivities with	nonmembers?				Yes	No
12	Is the organization a grantor, beneficiary of to administer charitable gaming?						Yes	□ No
13	Indicate the percentage of gaming activity							
	The organization's facility					13a		%
	An outside facility							%
14	Enter the name and address of the person	n who prepa	res the organization	on's gaming/special eve	ents books and records:			
	Name							
	Address							
15	a Does the organization have a contract wit	h a third par	ty from whom the	organization receives g	gaming revenue?		Yes	☐ No
ı	o If "Yes," enter the amount of gaming reve	nue receive	d by the organizat	ion \$	and the amount			
	of gaming revenue retained by the third p	arty \$						
•	If "Yes," enter name and address of the the	nird party:			A			
	Name				1			
	Address				96,			
	Address				,			
16	Gaming manager information:)			
	Name			(V)				
	Gaming manager compensation \$			S),				
	Description of services provided			0				
			~()	•				
			1,65					
	Director/officer En	nployee	Inde	ependent contractor				
17	Mandatory distributions:							
	a Is the organization required under state la	w to make c	haritable distribut	ions from the gaming p	roceeds to			
	retain the state gaming license?					📖	Yes	└── No
ı	Enter the amount of distributions required			ited to other exempt or	ganizations or spent in the			
D	organization's own exempt activities during art IV Supplemental Information			guired by Part L line 2h	ackumps (iii) and (v); and D	ort III. lii	200 0	0h 10h
	15b, 15c, 16, and 17b, as applica		· ·	•		art III, III	1165 5,	30, 100,
90	HEDULE G, PART I, LIN	F 2B	T.T QTP OFF TP	ги итангат I	DATD FIINDRATCE	pg.		
50	HEDOLE G, TAKT I, HIN	u 2D,	DIDI OF I	EN HIGHEST I	AID FONDRAIDE			
(]) NAME OF FUNDRAISER:	RELEN	TLESS PAR	TNER CONSULT	TING LLC			
<u>_</u>	The state of the s	TUDDIT	11100 1111	111211 00110021	. 1110 1110			
(]) ADDRESS OF FUNDRAIS	ER: 17	20 W KATH	LEEN ST., TA	AMPA, FL 3360	7		
(]) NAME OF FUNDRAISER:	GRANT	PATHWAYS	INC.				
(]) ADDRESS OF FUNDRAIS	ER: 10	632 ASHFO	RD OAKS DR.	, TAMPA, FL 3	3625		
				=• /	,			

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

TAMPA BAY THRIVES, INC.

Questions Regarding Compensation

Employer identification number 84-3036723

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			7,
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	0 11 504()(0) 504()(4) 1504()(0) 11 11 12 12 13 14 15 15 14 15 15 16 16 16 16 16 16			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the revenues of:	E-		х
a	The organization?	5a		X
D	Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	5b		-23
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
6	contingent on the net earnings of:			
а	The organization?	6a		Х
h	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
•	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
-	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	•		reported as deferred on prior Form 990	
(1) CARRIE ZEISSE	(i)	196,590.	0.	0.	0 .4	12,698.	209,288.	0.	
PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)					·			
	(ii)					•			
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	(ii))				
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	(i)								
	(ii)								

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 3:
THE BOARD APPROVES THE COMPENSATION OF THE PRESIDENT AND CEO ANNUALLY.
20,
.01

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

TAMPA BAY THRIVES, INC.

Employer identification number 84-3036723

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

SUBSTANCE USE DISORDER, WITH A FOCUS ON IMPROVING EARLY INTERVENTION,

ACCESS AND AWARENESS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
BEGIN THEIR JOURNEY TO BETTER MENTAL HEALTH.

LET'S TALK LAUNCHED IN THE SUMMER OF 2021 AS A YEAR-LONG PILOT. IN THE SHORT-TERM, LET'S TALK PROVIDES A RESOURCE FOR TAMPA BAY RESIDENTS WHO ARE SEEKING BEHAVIORAL HEALTH CARE TO ACCESS INFORMATION AND GET

CONNECTED TO CARE IN A WELCOMING AND NON-JUDGEMENTAL ENVIRONMENT.

ADDRESSING BEHAVIORAL HEALTH CHALLENGES BEFORE THEY INTENSIFY AND

BROADENING THE NUMBER OF PEOPLE WHO ARE RECEIVING TREATMENT FOR BEHAVIORAL HEALTH ISSUES WILL LEAD TO LONG-TERM IMPROVEMENTS IN

POPULATION HEALTH AND QUALITY OF LIFE.

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

A COPY OF THE FORM 990 IS PROVIDED TO THE GOVERNING BODY FOR REVIEW BEFORE FILING.

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

BOARD MEMBERS ENGAGED IN THE GOVERNANCE OF TBT OCCUPY POSITIONS OF

FIDUCIARY TRUST AND STEWARDSHIP WITH RESPECT TO THE INTERESTS OF TBT.

ACCORDINGLY, BOARD MEMBERS, AS WELL AS MEMBERS OF THEIR IMMEDIATE FAMILIES,

BUSINESS ASSOCIATES, AND FIRMS IN WHICH THEY HAVE AN INTEREST, SHALL MAKE

FULL DISCLOSURE OF ANY PRIVATE, BUSINESS, OR PROFESSIONAL RELATIONSHIP

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

Schedule O (Form 990) 2022

Employer identification number 84-3036723

WHERE A POTENTIAL OR ACTUAL CONFLICT OF INTEREST IS PRESENT. PRIOR TO ANY AND ALL BOARD MEETINGS, EACH BOARD MEMBER SHALL REVIEW THE MEETING AGENDA FOR ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST. IN THE EVENT AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST ASSOCIATED WITH ANY AGENDA ITEM IS CONCLUDED BY A BOARD MEMBER AFTER SUCH REVIEW, THE IMPACTED BOARD MEMBER SHALL INFORM THE BOARD CHAIRPERSON OF THE CONFLICT IN ADVANCE OF THE MEETING. AFTER DISCLOSURE OF THE BOARD MEMBER'S ACTUAL OR POTENTIAL CONFLICT TO THE BOARD CHAIRPERSON AS SET FORTH ABOVE, THE FOLLOWING PROCEDURES FOR ADDRESSING THE CONFLICT OF INTEREST WILL BE ADHERED TO BY EACH BOARD WITHOUT EXCEPTION: THE BOARD CHAIRPERSON SHALL, UPON DISCLOSURE BY AN IMPACTED BOARD MEMBER, HAVE THE DISCRETION (BASED UPON THE SEVERITY OF THE ACTUAL OR POTENTIAL CONFLICT) TO EXCUSE THE IMPACTED BOARD MEMBER FROM THE BOARD DISCUSSIONS ON THAT AGENDA ITEM REGARDLESS OF WHETHER THE IMPACTED BOARD MEMBER IS ASKED TO LEAVE THE ROOM DURING THE AGENDA ITEM DISCUSSION, THE BOARD CHAIRPERSON SHALL NOTIFY ALL BOARD MEMBERS OF THE ACTUAL OR POTENTIAL CONFLICT OF INTEREST SO EVERYONE IS AWARE OF THE SAID CONFLICT BEFORE ANY DISCUSSIONS AND/OR VOTE ON THE MATTER THE BOARD SHALL DETERMINE WHETHER TBT CAN OBTAIN MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT WITH REASONABLE EFFORTS FROM AN INDIVIDUAL OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY AVAILABLE, THE BOARD SHALL DETERMINE WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE TBT'S BEST INTEREST, AND WHETHER THE TRANSACTION IS FAIR AND REASONABLE TO TBT. AN INTERESTED BOARD MEMBER SHALL NOT VOTE, PARTICIPATE INFLUENCE, OR ATTEMPT TO INFLUENCE ANY DETERMINATION OR PROCEEDINGS. AS REQUESTED BY THE BOARD CHAIRPERSON, THE INTERESTED BOARD MEMBER MAY, HOWEVER, RESPOND TO QUESTIONS POSED BY THE BOARD REGARDING THE CONTRACT OR TRANSACTION. ANY SUCH CONTRACT OR TRANSACTION MUST BE AUTHORIZED BY A VOTE OF AT LEAST TWO-THIRDS (2/3) OF THE BOARD MEMBERS ENTITLED TO VOTE AT A

Schedule O (Form 990) 2022 Page **2**

Name of the organization

TAMPA BAY THRIVES, INC.

Employer identification number 84-3036723

MEETING AT WHICH A QUORUM WAS PRESENT. ANY INTERESTED BOARD MEMBER MAY NOT BE COUNTED IN DETERMINING THE EXISTENCE OF A QUORUM. THE MINUTES OF THE BOARD SHALL REFLECT THE FOLLOWING: THE NAME(S) OF THE BOARD MEMBER(S) WHO DISCLOSED OR WAS OTHERWISE FOUND TO HAVE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, THE NATURE OF THE ACTUAL OR POSSIBLE CONFLICT OF INTEREST, ANY ACTION TAKEN TO DETERMINE WHETHER A CONFLICT OF INTEREST WAS PRESENT, AND THE BOARD CHAIRPERSON'S DECISION AS TO WHETHER A CONFLICT OF INTEREST, IN FACT, EXISTED THE NAMES OF THE BOARD MEMBERS WHO WERE PRESENT FOR DISCUSSIONS AND VOTES RELATING TO THE TRANSACTION OR ARRANGEMENT, THE CONTENT OF THE DISCUSSION, INCLUDING ANY ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT, AND A RECORD OF ANY VOTES TAKEN ON THE SUBJECT AT ISSUE THE INTERESTED BOARD MEMBER'S REMOVAL FROM THE ROOM (IF REQUESTED BY THE CHAIRPERSON), EXCLUSION FROM VOTING AND PARTICIPATION IN DISCUSSIONS, AND THE EXISTENCE OF A PROPER QUORUM.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

FORM 990, PART VII, SECTION B

TAMPA BAY THRIVES, INC. CONTRACTS WITH A PROFESSIONAL EMPLOYER

ORGANIZATION (PEO) FOR ADMINISTRATION OF THE EMPLOYEES. UNDER THIS

AGREEMENT, ALL EMPLOYEES OF TAMPA BAY THRIVES, INC. ARE IN ACTUALITY

LEASED FROM THE PEO. DUE TO THIS AGREEMENT, TAMPA BAY THRIVES, INC.

DOES NOT FILE FORM W-3 TRANSMITTAL OF WAGES AND TAX STATEMENT, BUT

RATHER THE PEO WILL FILE FORM W-3 WHICH WOULD INCLUDE THE EMPLOYEES OF

TAMPA BAY THRIVES, INC. FOR THE YEAR ENDED DECEMBER 31, 2022, TAMPA BAY

THRIVES, INC. UTILIZED 5 EMPLOYEES THROUGH THE PEO.

Schedule O (Form 990) 2022 Page **2**

Name of the organization TAMPA BAY THRIVES, INC.	Employer identification number 84-3036723
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTING SERVICES:	
PROGRAM SERVICE EXPENSES	622,950
MANAGEMENT AND GENERAL EXPENSES	8,336
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	631,286
)
OTHER PROFESSIONAL SERVICES:	
PROGRAM SERVICE EXPENSES	1,066
MANAGEMENT AND GENERAL EXPENSES	2,335
FUNDRAISING EXPENSES	22
TOTAL EXPENSES	3,423
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	634,709
,, C	