			** PUBLIC DISCLOSURE COPY							
	n	חר	Return of Organization Exempt From	n Income Tax	OMB No. 1545-0047					
Forr	" 9 9	10	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code	(except private foundation						
Dena	rtment of t	the Treasury	Do not enter social security numbers on this form as it may	-	Open to Public					
Department of the Treasury Internal Revenue ServiceGo to www.irs.gov/Form990 for instructions and the latest information.IA For the 2022 calendar year, or tax year beginningJUL1, 2022and endingJUN30, 2023										
AF	or the	-								
B C	heck if pplicable:	C Name of	organization	D Employer identific	ation number					
_	⊐Address		D'S PLACE OF TAMPA BAY, INC.							
	_change]Name			26-275763	26					
	_change	<u>v</u>	usiness as and street (or P.O. box if mail is not delivered to street address) Room/si							
	_return Final		LITHIA PINECREST ROAD	uite E Telephone number (813)381-	-3839					
L	Jreturn/ termin- ated		pwn, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	5,712,845.					
	Amende Ireturn		DON, FL 33511	H(a) Is this a group ref						
	Applica-		nd address of principal officer: BRAD GREGORY	for subordinates?						
	pending		AS C ABOVE	H(b) Are all subordinates inc						
ΙT	ax-exer	mpt status:	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	、 /	ist. See instructions					
J۷	Vebsite	WWW.	AKIDSPLACETB.ORG	H(c) Group exemption	number					
ΚF	orm of o	organization:	X Corporation Trust Association Other L Y	'ear of formation: 2008 M	State of legal domicile: FL					
Pa		Summary		1						
ø	1 B	Briefly describ	e the organization's mission or most significant activities: TO PROTE	CT & CARE FOR	NEGLECTED					
anc	8	ABUSE	D CHILDREN WHO HAVE BEEN REMOVED FROM							
ern		Check this bo	°	nore than 25% of its net as						
30	3 N	18								
8 (4	18						
Activities & Governance			69 300							
tivi			of volunteers (estimate if necessary)		0.					
Ac			d business revenue from Part VIII, column (C), line 12		0.					
	DIN		business taxable income from Form 990-T, Part I, line 11	Prior Year	Current Year					
	8 C	Contributions	and grants (Part VIII, line 1h)	4,143,445.	4,973,096.					
Revenue			ce revenue (Part VIII, line 2g)	79,412.	74,927.					
eve			come (Part VIII, column (A), lines 3, 4, and 7d)	75,120.	33,471.					
Ř			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	203,789.	211,920.					
		otal revenue	4,501,766.	5,293,414.						
			nilar amounts paid (Part IX, column (A), lines 1-3)	0.	0.					
			to or for members (Part IX, column (A), line 4)	0.	0.					
Se	15 S	Salaries, othei	compensation, employee benefits (Part IX, column (A), lines 5-10)	3,068,432.	3,657,849.					
ense	16a P	Professional fi	ndraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) 335,971.	0.	0.					
Expenses	bТ	otal fundraisi	ng expenses (Part IX, column (D), line 25) 335,971.							
ш			es (Part IX, column (A), lines 11a-11d, 11f-24e)	1,109,920.	1,500,472.					
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,178,352.	5,158,321.					
	19 R	Revenue less	expenses. Subtract line 18 from line 12	323,414.	135,093.					
Net Assets or Fund Balances				Beginning of Current Year	End of Year					
sset 3alaı			Part X, line 16)	7,192,457.	7,854,699.					
et A nd E			(Part X, line 26)	100,209.	487,782.					
			fund balances. Subtract line 21 from line 20	7,092,248.	7,366,917.					
Ра	rt II	Signature	BIOCK							

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

Sign	Signature of officer		Da	ite
	BRAD GREGORY, CHIEF EXECU	TIVE OFFICER		
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	SAM A. LAZZARA			if self-employed P01342929
Preparer		& COMPANY, P.A.	Fi	m'sEIN 59-3040705
Use Only	Firm's address P. O. BOX 172359			
	TAMPA, FL 33672		PI	none no. (813) 875-7774
May the I	RS discuss this return with the preparer shown abo	ove? See instructions		X Yes No
				- 000 (*****

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2022)

	n 990 (2022) A KID'S PLACE OF TAMPA BAY, INC. 26-2757636 Pa
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: A KID'S PLACE PROVIDES A SAFE, LOVING, AND NURTURING HOME TO FOSTER
	CHILDREN. OUR PRIMARY FOCUS IS TO KEEP SIBLING GROUPS TOGETHER IN A
	SAFE, STABLE, HOME-LIKE ENVIRONMENT UNTIL A MORE PERMANENT PLACEMENT CAN BE PROVIDED.
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?
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
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ 4,224,815. including grants of \$) (Revenue \$ 74,92
40	A KID'S PLACE OF TAMPA BAY (AKP) PROVIDES 24/7 RESIDENTIAL SERVICES 3
	DAYS A YEAR FOR FOSTER CHILDREN FROM PASCO, PINELLAS, AND HILLSBOROUG
	COUNTIES. FOCUSING ON KEEPING SIBLING GROUPS TOGETHER, AKP OFFERS A
	SAFE, LOVING AND STABLE HOME ENVIRONMENT PROVIDED BY HOUSE PARENTS
	TRAINED IN TRAUMA INFORMED CARE. OUR FIVE HOMES AFFORD MEALS, CLOTHING
	EDUCATION, AND DAILY NECESSITIES FOR UP TO 60 CHILDREN AGES NEWBORN T
	18. ADDITIONALLY, AKP OFFERS INDEPENDENT LIVING SERVICES TO THE AGED
	OUT OF FOSTER CARE POPULATION, IE., AGES 18-22, IN A 6TH HOME CLOSE T THE PROGRAM. (CONTINUED ON SCHEDULE O)
	THE PROGRAM: (CONTINUED ON SCHEDOLE O)
41-	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	Y
4.0	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
4 u	
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 4,224,815.
4e	Total program service expenses 4,224,815.
2000	CEE COUEDULE O EOD COMMINIAMION (C)
3200	SEE SCHEDULE O FOR CONTINUATION(S) 3

Form	990	(2022)
	330	(2022)

Part IV Checklist of Required Schedules

A KID'S PLACE OF TAMPA BAY, INC.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
•	If "Yes," complete Schedule A	1	X X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2	~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? 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	<u> </u>		
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
9	Schedule D, Part III	8		- 23
9	nounts 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			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		v	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI	11b	Х	
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i>	11c		x
Ь	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
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
5	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-		v
10	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> . See instructions	17		X
18	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<u> </u>
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
232003	12-13-22	Form	990	(2022)

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232003 12-13-22

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	Form 990 (2	2022)	A	KID	' S	PLACE	OF	Т
Ì	Part IV	Checklist	of Requ	uired S	sche	edules (co	ntinue	d)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		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 I	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			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
-	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			
•	"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			
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization required, et al. of the organization required exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	01		
02	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 55		
54		34		х
25.2		35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
U	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?	330		
50	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 50		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
20	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		
38	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par		00		L
	Check if Schedule O contains a response or note to any line in this Part V			X
			Yes	No
1-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0		162	NU
b				
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	1c	х	
232004	(gambing) withings to prize withors:			(2022)
0	5			

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- Form 990 (2022) Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)
- A KID'S PLACE OF TAMPA BAY, INC.

			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 69									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		Х						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х						
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		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).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х						
с	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?									
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
	any contributions that were not tax deductible as charitable contributions?	6a		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7c		X						
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			37						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	NT /	X						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/ N/							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	11/	<u> </u>						
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? N/A	8								
9	sponsoring organization have excess business holdings at any time during the year? <u>N/A</u> Sponsoring organizations maintaining donor advised funds.	•								
a	$\mathbf{N}/\mathbf{\lambda}$	9a								
b	Did the sponsoring organization make any taxable distributions under section 4966?	9b		<u> </u>						
10	Section 501(c)(7) organizations. Enter:	0.0								
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders N/A 11a									
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.) 11b									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the yearN/A 12b									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?N/A	13a		<u> </u>						
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans									
	Enter the amount of reserves on hand	44		X						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a								
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	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		x						
	excess parachute payment(s) during the year?	13								
16	16 Test, see the instructions and the Form 4720, Schedule N.16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?									
	If "Yes," complete Form 4720, Schedule O.	16		X						
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? N/A	17		1						
_	If "Yes," complete Form 6069.									
23200	5 12-13-22	Form	990	(2022)						

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Form 990	(2022)
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Check if Schedule O contains a response or note to any line in this Part VI

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Х

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.

			~	Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 1	8						
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent	1b 1	8						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with any other							
	officer, director, trustee, or key employee?		2		X				
3	Did the organization delegate control over management duties customarily performed by or under the								
	of officers, directors, trustees, or key employees to a management company or other person?				X				
4	Did the organization make any significant changes to its governing documents since the prior Form				X				
5	Did the organization become aware during the year of a significant diversion of the organization's as				X				
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	• •	7-		x				
b	more members of the governing body?		7a						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s		76		x				
~	persons other than the governing body?		7b						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye) · y	0-	x					
	The governing body?		8a 95	X	-				
b	Each committee with authority to act on behalf of the governing body?		8b						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea organization's mailing address? If "Yes," provide the names and addresses on Schedule O	acheu al lhe	9		x				
00	tion B. Policies (This Section B requests information about policies not required by the Internal R	avanua Cada)	9		11				
				Yes	No				
0a	Did the organization have local chapters, branches, or affiliates?		10a	103	X				
	If "Yes," did the organization have written policies and procedures governing the activities of such c		100						
~	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b						
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo		11a	X					
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		114						
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		12b	X					
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "								
	on Schedule O how this was done		12c	x					
3	Did the organization have a written whistleblower policy?			X					
4	Did the organization have a written document retention and destruction policy?			X					
15	Did the process for determining compensation of the following persons include a review and approv								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official		15a	X					
	Other officers or key employees of the organization		15b	X					
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a							
	taxable entity during the year?		16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga								
	exempt status with respect to such arrangements?		16b						
ec	tion C. Disclosure								
7	List the states with which a copy of this Form 990 is required to be filed $_{ m FL}$								
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990-T (section 501(c)	3)s only	/) avail	able				
	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain)	on Schedule O)							
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c	,	and fina	ncial					
-	bescribe on Schedule O whether (and it so, how) the organization made its governing documents, conflict of interest polic 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							
	BRAD GREGORY - (813)381-3839								
	1715 LITHIA PINECREST ROAD, BRANDON, FL 33511								
2006) 12-13-22		Forn	n 990	(202				
• -	7				. .				
00	403 795320 214800 2022.05080 A KID'S PLACE	OF TAMPA BAY	, 21,	480	U 1				

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

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

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

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

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	(C)						(D)	(F)			
Name and title	Average	Position (do not check more than one				thon	000	Reportable	Estimated			
	hours per	box,	box, unless person is both an officer and a director/trustee)			is bot	h an	compensation	Reportable	amount of		
	week		er an	dad	irecto	or/trus	tee)	from	from related	other		
	(list any	Individual trustee or director						the	organizations	compensation from the		
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	organization		
	organizations	truste	al trus		yee	mpen		1099-NEC)		and related		
	below	idual	In stituti on al tru stee	ar	Key employee	Highest compensated employee	ler			organizations		
	line)	Indiv	Instit	Officer	Keye	High em pl	Former					
(1) BRAD GREGORY	50.00											
CEO				Х				168,309.	0.	28,662.		
(2) ADAM PALMER	2.00					Ć						
CHAIR		Х		Х				0.	0.	0.		
(3) BETH BRADBURN	2.00			~	1	2						
VICE CHAIR		Х		X				0.	0.	0.		
(4) DIMPLE MORGAN	2.00	•	\mathbf{r}	C								
TREASURER		Х	1	x				0.	0.	0.		
(5) LINDA HANNA	2,00											
SECRETARY		X		Х				0.	0.	0.		
(6) MIKE BAXTER	1.00											
BOARD MEMBER		Х						0.	0.	0.		
(7) TERRY CURRY	1.00											
BOARD MEMBER		Х						0.	0.	0.		
(8) ERIK FISCHER	1.00									_		
BOARD MEMBER		Х						0.	0.	0.		
(9) DEDE GRUNDEL	1.00									-		
BOARD MEMBER		Х						0.	0.	0.		
(10) FRED LAY	1.00											
BOARD MEMBER		х						0.	0.	0.		
(11) DARYL MANNING	1.00											
BOARD MEMBER		х						0.	0.	0.		
(12) GINA MILES	1.00											
BOARD MEMBER	1 00	х						0.	0.	0.		
(13) JOE MYERS	1.00									0		
BOARD MEMBER	1 00	Х						0.	0.	0.		
(14) STEVE RATCLIFF	1.00									0		
BOARD MEMBER	1 00	Х						0.	0.	0.		
(15) ARTHUR SCHULTZ	1.00	37								0		
BOARD MEMBER	1 00	Х						0.	0.	0.		
(16) GILBERT SINGER	1.00									0		
BOARD MEMBER	1 00	Х						0.	0.	0.		
(17) JOE TROY	1.00	v										
BOARD MEMBER		Х						0.	0.	0.		
232007 12-13-22						0				Form 990 (2022)		

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Form 990 (2022) A KID'S	PLACE OF	<u> </u>	LAN	ÍPA	BZ	ΑY,	INC.	26-2757	636 Page 8
Part VII Section A. Officers, Directors, True	stees, Key Em	ploy	ees,	and	High	est (Compensated Employe	ees (continued)	
(A) Name and title	(B) Average hours per week	(do box	not cl	(C) Posit heck m ss pers)	an one ooth an	(D) Reportable	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee Highest compensated	em ployee Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) MARK TUBB DIRECTOR	1.00	x					0.	0.	0.
(19) TOM SPANGLER	1.00				+				
DIRECTOR		x					0.	0.	0.
								3	
				_			Cor		
							K ^o		
					А	P	168,309.	0.	28,662.
1b Subtotal c Total from continuation sheets to Part V							100,309	0.	20,002.
d Total (add lines 1b and 1c)				\bigcirc			168,309.		28,662.
2 Total number of individuals (including but							received more than \$10	0,000 of reportable	•
compensation from the organization			Y						1
3 Did the organization list any former officer line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> .			-		•		ghest compensated em		Yes No 3 X
4 For any individual listed on line 1a, is the s and related organizations greater than \$15	um of reportab	le co	ompe	ensat	ion a	nd of	ther compensation from	the organization	4 X
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con Section B. Independent Contractors					-		-		5 X
Complete this table for your five highest control the organization. Report compensation for	•	•						· ·	sation from
(A) Name and business			ONE			with	(B) Description of		(C) Compensation
2 Total number of independent contractors \$100,000 of compensation from the organ	, e	iot lii	nite	d to t	hose 0	liste	l d above) who received i	more than	Form 990 (2022)

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Ра	rt \	/11						
			Check if Schedule O contains a response	or note to any lin	e in this Part VIII (A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	sections 512 - 514
ts ts	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
¶g,G			Fundraising events 1c	437,619.				
äifts ar /			Related organizations 1d					
s, 0		е	Government grants (contributions) 1e 3,	279,569.				
tion r Si		f	All other contributions, gifts, grants, and					
the			similar amounts not included above 1f 1,	255,908.				
d O		g	Noncash contributions included in lines 1a-1f	150,651.				
aCo		h	Total. Add lines 1a-1f		4,973,096.			
				Business Code				
e	2	а	THRIFT STORE INCOME	459510	74,927.	74,927.		
ervi		b						
Program Service Revenue		С				1		
		d						
rog		е)	
٩		f	All other program service revenue		84 008			
			Total. Add lines 2a-2f		74,927.			
	3		Investment income (including dividends, intere		E7 070			E7 070
			other similar amounts)	r	57,879	2		57,879.
	4		Income from investment of tax-exempt bond p	1				
	5		Royalties					
	_		(i) Real	(ii) Personal	5			
	6		Gross rents 6a					
			· ···					
			Rental income or (loss) 6c)			
	7		Net rental income or (loss) Gross amount from sales of (i) Securities	(ii) Other				
	'	a	assets other than inventory 7a 58 , 046 ,					
		h	Less: cost or other basis					
e		D	and sales expenses	Y				
Revenue		~	Gain or (loss) $7c - 24,408$					
Bev		d d	Net gain or (loss)		-24,408.			-24,408.
e	8	a	Gross income from fundraising events (not					,
oth	Ŭ	ŭ	including \$ 437,619 of					
			contributions reported on line 1c). See					
			Part IV, line 18	548,897.				
		b	Less: direct expenses 8b	336,977.				
					211,920.			211,920.
	9		Gross income from gaming activities. See					
			Part IV, line 19					
		b	Less: direct expenses					
		с	Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
			and allowances 10a					
		b	Less: cost of goods sold 10b					
		с	Net income or (loss) from sales of inventory					
ŝ				Business Code				
Miscellaneous Revenue	11	а						
ent		b						
Sel Sel		с						
Mis			All other revenue					
		е	Total. Add lines 11a-11d					
	12		Total revenue. See instructions		5,293,414.	74,927.	0.	1
23200	9 12	2-13-	-22					Form 990 (2022

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Secti	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	er organizations must co	omplete column (A).	
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	168,309.	143,062.	15,148.	10,099
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			1	
7	Other salaries and wages	2,950,978.	2,508,332.	265,588.	177,058
8	Pension plan accruals and contributions (include		-		
	section 401(k) and 403(b) employer contributions)		> (
9	Other employee benefits	236,023.	200,620.	21,242.	14,161
10	Payroll taxes	302,539.	257,158.	27,229.	18,15
11	Fees for services (nonemployees):	,			,
	Management				
b					
		30,000.	10,500.	18,000.	1,50
	Accounting	50,000.	<u> </u>	10,000.	1,500
	Lobbying	(
	Professional fundraising services. See Part IV, line 17	16,212.	16,212.		
f	Investment management fees	10,212.	10,212.		
g	Other. (If line 11g amount exceeds 10% of line 25,	281,591.	98,557.	168,954.	14,080
	column (A), amount, list line 11g expenses on Sch 0.)	201,391.	90,337.	100,954.	14,000
12	Advertising and promotion	69,811.	18,616.	41,072.	10,123
13	Office expenses	38,032.	30,426.	3,803.	3,803
14	Information technology	30,032.	30,420.	5,005.	5,003
15	Royalties	122 261	200 025	11 662	11 663
16	Occupancy	233,261.	209,935.	11,663.	11,663
17	Travel	35,225.	35,225.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	220,075.	206,871.	6,602.	6,602
3	Insurance	74,784.	56,088.	9,348.	9,348
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM SUPPLIES	317,254.	317,254.		
b	FUNDRAISING/DEVELOPMENT	51,433.			51,433
с	THRIFT STORE	45,765.	41,189.	2,288.	2,28
d	OTHER EXPENSES	43,095.	35,523.	3,786.	3,78
		43,934.	39,247.	2,812.	1,87
.5	Total functional expenses. Add lines 1 through 24e	5,158,321.	4,224,815.	597,535.	335,97
26	Joint costs. Complete this line only if the organization	- •		<u> </u>	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

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Check here

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if following SOP 98-2 (ASC 958-720)

11 2022.05080 A KID'S PLACE OF TAMPA BAY, 214800_1

Form **990** (2022)

Form 990 (2022)
Part X	Balance Sheet

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		Charle if Schedule O contains a response or pate to a	ny line in this Dort Y			
		Check if Schedule O contains a response or note to a	any line in this Part X .		<u></u>	
				(A) Beginning of y	vear	(B) End of year
	1	Cash - non-interest-bearing		505,	805. 1	566,387
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net				
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or form				
		trustee, key employee, creator or founder, substantia				
		controlled entity or family member of any of these per			5	
	6	Loans and other receivables from other disqualified p				
		under section $4958(f)(1)$), and persons described in s			e	
s	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9			82	778. 9	
		Land, buildings, and equipment: cost or other				,
	100	basis. Complete Part VI of Schedule D	6,284,04	1.	A	
	b	Less: accumulated depreciation 10b	6,284,04	7. 3,989,	696. 10	4,235,294
	11	Investments - publicly traded securities			1	
	12	Investments - other securities. See Part IV, line 11				1 0 1 0 0 0
	13	Investments - program-related. See Part IV, line 11			1	
	14	Intangible assets			1	
	15	Other assets. See Part IV, line 11				
	16	Total assets. Add lines 1 through 15 (must equal line		7,192,	457.1	
	17	Accounts payable and accrued expenses		100,		
	18	Grants payable			1	
	19	Deferred revenue			1	-
	20	Tax-exempt bond liabilities			2	-
	21	Escrow or custodial account liability. Complete Part l'			2	
ß	22	Loans and other payables to any current or former of			-	•
III		trustee, key employee, creator or founder, substantia				
Liabilities		controlled entity or family member of any of these pe			2	2
Ë	23	Secured mortgages and notes payable to unrelated t			2	220 120
	24	Unsecured notes and loans payable to unrelated third			2	
	25	Other liabilities (including federal income tax, payable				·
	20	parties, and other liabilities not included on lines 17-2				
		of Schedule D			2	5
	26	Total liabilities. Add lines 17 through 25		100,		100 000
	20	Organizations that follow FASB ASC 958, check he		,		
Net Assets or Fund Balances		and complete lines 27, 28, 32, and 33.				
anc	27	Net assets without donor restrictions		6,640,	623. 2	6,890,575
ра	28	Net assets with donor restrictions		451,	625. 2	
		Organizations that do not follow FASB ASC 958, c				- / -
Ľ		and complete lines 29 through 33.				
5	29	Capital stock or trust principal, or current funds			2	9
Sel	30	Paid-in or capital surplus, or land, building, or equipm			3	
ASS	31	Retained earnings, endowment, accumulated income			3	
let	32	Total net assets or fund balances				
2	33	Total liabilities and net assets/fund balances		7,192,	457. 3	
	00					Form 990 (20)

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Form	A KID'S PLACE OF TAMPA BAY, INC.	26-	2757	636	Ра	ge 12
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				14.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5	,15	8,3	21.
3	Revenue less expenses. Subtract line 2 from line 1	3		13	5,0	93.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7	,09	2,2	48.
5	Net unrealized gains (losses) on investments	5		13	9,5	76.
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	7	<u>,36</u>	6,9	17.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u></u>			X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	эO.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	5			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th					
	review, or compilation of its financial statements and selection of an independent accountant?			2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule C).			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					x
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	<u></u>	3b	000	
	.•. Ŭ			Form	990	(2022)
	\sim					
	7					

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SCHEDULE A	
(Form 990)	

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 of Form 990-EZ	
Go to www.irs.gov/Form990 for instructions and the I	latest inform

ctions and the latest information.	

1	2022
	Open to Public Inspection
Employer	identification numb

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

- Tur		A KI	D'S PLACE	OF TAMPA BAY	. INC		Empre	26-2757636
Pa	art I	Reason for Public (ee instructions.	
The	organ	ization is not a private found	lation because it is: (For lines 1 through 12, c	heck only	one box.)		
1		A church, convention of ch						
2		A school described in secti						
3		A hospital or a cooperative				(b)(1)(A)(i	ii).	
4		A medical research organiz	ation operated in co	njunction with a hospital	l described	d in sectio	n 170(b)(1)(A)(iii). Ei	nter the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental unit de	scribed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local gov	vernment or governn	nental unit described in a	section 17	70(b)(1)(A)	(v).	
7	X	An organization that norma	Illy receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from the gen	eral public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)				1	
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	nction with a land-g	rant college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, cit	, and state of the co	ollege or
		university:						
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from o	contributio	ons, membership fee	s, and gross receipts from
		activities related to its exen	npt functions, subjec	t to certain exceptions;	and (2) no	more that	n 33 1/3% of its sup	port from gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busine	sses acqu	iired by the organiza	tion after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)					
11		An organization organized a	and operated exclus	ively to test for public sa	ifety. See	section 50)9(a)(4).	
12		An organization organized a			4			
		more publicly supported or		-				Check the box on
		lines 12a through 12d that						
a		Type I. A supporting orga						
		the supported organization			a majority (of the dire	ctors or trustees of t	he supporting
		organization. You must c						
b		Type II. A supporting org						
		control or management o)	ame perso	ons that co	ontrol or manage the	supported
_		organization(s). You mus					and the state of the last of	
c	; [J Type III functionally inte						grated with,
		its supported organization						achization(a)
c		Type III non-functionally that is not functionally int						
		requirement (see instruct						lentiveness
e		Check this box if the orga	/					الا م
	·	functionally integrated, or					а турст, турст, тур	
f	Ente	er the number of supported of		nany mogratod support	ing organi	Lution.		
c		vide the following information	•	ed organization(s).				
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of moneta	ary (vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instruction	ons) support (see instructions)
Tota	al							

Schedule A (Form 990) 2022

A KID'S PLACE OF TAMPA BAY, INC.

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

(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						
Cale	ndar 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.")	3460412.	3537138.	4203541.	3775342.	4973096.	19949529.
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		0 - 0 - 1 0 0			100000	1
	Total. Add lines 1 through 3	3460412.	3537138.	4203541.	3775342.	4973096.	19949529.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly				1		
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1 0 0 4 0 5 0 0
	Public support. Subtract line 5 from line 4.						19949529.
-	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018 3460412.	(b)2019 3537138.	(c) 2020 4203541.	(d) 2021 3775342.	(e) 2022 4973096.	(f) Total 19949529 •
	Amounts from line 4	3400412.	323/130.	4205541.	5775542.	49/3090.	19949529.
8	Gross income from interest,			S			
	dividends, payments received on						
	securities loans, rents, royalties,		11,514.	135,389.	60 755	E7 070	200 042
_	and income from similar sources	32,505.	11,314,	. 235, 389.	62,755.	57,879.	300,042.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	• • •					
	assets (Explain in Part VI.)						20249571.
	Total support. Add lines 7 through 10						20249371.
12							
13	First 5 years. If the Form 990 is for the		rst, second, triird,	iourth, or min tax	year as a section :	501(0)(3)	
Sec	organization, check this box and stor ction C. Computation of Publ		rcentage				·····
-	Public support percentage for 2022 (-	column (f))		14	98.52 %
	Public support percentage from 2021					15	98.66 %
	33 1/3% support test - 2022. If the o						,-
100	stop here. The organization qualifies	-					
h	33 1/3% support test - 2021. If the d						
N	and stop here. The organization qua	-					
17a	10% -facts-and-circumstances tes						
a	and if the organization meets the fact						
	meets the facts-and-circumstances te		-	-		C C	
h	10% -facts-and-circumstances tes	•	•	,	•	17a and line 15 is	
~	more, and if the organization meets the	e e				-	
	organization meets the facts-and-circ				• •		
18	Private foundation. If the organization						
				, , , .	,		(Form 990) 2022

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Schedule A	(Form 990) 2022
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Schedule A (Form 990) 2	2022 A	KID'S	PLACE	OF	TAMPA	BAY,	INC
Part III Support S	Schedule for O	rganizati	ons Desc	ribec	l in Section	on 509(a	a)(2)

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

Sec	ction A. Public Support						
Cale	ndar 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				1		
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5			(
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons			0.	<u> </u>		
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			JIC .			
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)			\mathbf{D}			
Sec	ction B. Total Support			1			
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources)				
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
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 assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organ	ization,
	check this box and stop here						
Sec	ction C. Computation of Pub	lic Support Pe	rcentage				
15	Public support percentage for 2022 ((line 8, column (f), c	divided by line 13,	column (f))		15	%
16	Public support percentage from 202	1 Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 2	022 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2021 Schedule A,	Part III, line 17			18	%
1 9a	33 1/3% support tests - 2022. If the	e organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3% , and li	ne 17 is not
	more than 33 1/3%, check this box a	and stop here. The	organization quali	fies as a publicly s	supported organization	ation	
b	33 1/3% support tests - 2021. If the	e organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3	%, and
	line 18 is not more than 33 1/3%, ch	eck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	orted organizat	ion
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	
23202	23 12-09-22					Schedu	le A (Form 990) 2022
				16			

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Schedule A (Form 990) 2022 A KI

(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.)

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Schedule A (Form 990) 2022

17

Sche	edule A (Form 990) 2022 A KID'S PLACE OF TAMPA BAY, INC. 26-27	5763	6 Pa	ige 5
Ра	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		
	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	tion B. Type I Supporting Organizations	1		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> "No," <i>describe in</i> Part VI <i>how the supported organization</i> (s) effectively operated, supervised, or controlled the organization's activities. <i>If the organization had more than one supported</i> <i>organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i> <i>supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
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		Yes	No
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	<u> </u>		
			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			
	supported organizations played in this regard.	3		
Sec	tion 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 instructions).
- a ____ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.*
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

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3b | Schedule A (Form 990) 2022

2a

2b

За

Yes No

18

1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	on Nov. 20, 1970 (e <i>xplain in</i> I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must c	omple	te Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		.1	
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors	0	\	
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integr	ated Type III supporting org	anization (see
	instructions).			

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

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022 A KID'S PLACE OF TAMPA BAY, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (c)

га		(a)(b) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	is 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2022 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		1	
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
с	From 2019	0		
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)	\mathbf{C}		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	2		
4	Distributions for 2022 from Section D,			
	line 7: \$	Y		
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018			
b	Excess from 2019			
C	Excess from 2020			
	Excess from 2021			
e	Excess from 2022			

Schedule A (Form 990) 2022

hedule A	(Form 990) 2022	A KID'S PLACE	OF TAMPA	BAY. T	NC.	26-2757636 Pa
art VI	Supplemental Info Part IV, Section A, lines line 1; Part IV, Section I Section D, lines 5, 6, an	prmation. Provide the expl. 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a D, lines 2 and 3; Part IV, Secti d 8; and Part V, Section E, lin	anations required b , 9b, 9c, 11a, 11b, on E, lines 1c, 2a, 2	y Part II, line and 11c; Part b, 3a, and 3b	10; Part II, line 17a IV, Section B, line ; Part V, line 1; Par	or 17b; Part III, line 12; s 1 and 2; Part IV, Section C t V, Section B, line 1e; Part \
	(See instructions.)			•		
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						Schedule A (Form 990)

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** PUBLIC DISCLOSURE COPY	* *
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Schedule B

(Form 990)

Filers of:

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (chec

	Schedule of Contributors	OMB No. 1545-0047		
	Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.	2022		
		Emp	oloyer identification number	
A K	ID'S PLACE OF TAMPA BAY, INC.	2	6-2757636	
< one	ə):			
9	Section:			

Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
Check if your organization i	s covered by the General Rule or a Special Rule.
Note: Only a section 501(c)	(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See Instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ \$ _

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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	в	(Form	990)	(2022)
Concario	-	(, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	000,	()

Name of organization

Part I

Employer identification number

(d)

Type of contribution

X

A KID'S PLACE OF TAMPA BAY, INC.

Person Payroll

Noncash

(Complete Part II for

26-2757636

(c)

(a) (b) No. Name, address, and ZIP + 4 **Total contributions** 1 1,996,955. \$_

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
2			Person X Payroll Noncash (Complete Part II for noncash contributio
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
<u> 3 </u>		\$ <u>338,136</u> .	Person X Payroll Noncash (Complete Part II for noncash contributio
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
	Public Public	\$	Person Payroll Noncash (Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
		\$	Person Payroll Noncash (Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
		\$	Person Payroll Noncash (Complete Part II for noncash contributio

art II	Noncash Property (see instructions). Use duplicate copies of Part II	l if additional space is needed	
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
rom	Description of noncash property given	(See instructions.)	Date received
art I			
		_	
		\$	
(a) No.	(b)	(c)	(d)
rom	Description of noncash property given	FMV (or estimate)	Date received
art I	Description of noncash property given	(See instructions.)	Date received
(a) No.	(b)	(c)	(d)
rom	(D) Description of noncash property given	FMV (or estimate)	Date received
Part I		(See instructions.)	Date received
		_	
		_	
		\$	
(a)			
No.	(b)	(c)	(d)
rom	Description of noncash property given	FMV (or estimate)	Date received
Part I	Description of noncestriptoperty given	(See instructions.)	Date received
		_	
		_	
	X	\$	[
(a)	Y.	(c)	
No.	(b)	FMV (or estimate)	(d)
rom Part I	Description of noncash property given	(See instructions.)	Date received
		-	
		_ .	
		_ \$	— ———
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
rom Part I	Description of noncash property given	(See instructions.)	Date received
		_	
—		_	
		\$	

Name of organization

Employer identification number

 $08200403 \ 795320 \ 214800$

	B (Form 990) (2022)				Page 4				
Name of o	organization				Employer identification number				
	'S PLACE OF TAMPA BAY,	TNC.			26-2757636				
Part III	Exclusively religious, charitable, etc., contribut	ions to organizations described							
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, or completing Part III.	hthrough (e) and the following lin charitable, etc., contributions of \$1,00	e entry. For or 0 or less for th	rganizations ne year. (Enter this info.	once.) \$				
	Use duplicate copies of Part III if additional								
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Des	cription of how gift is held				
Part I									
		(e) Transfer o	of aift						
			n girt						
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	ansferor to transferee				
				A					
		[
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Des	cription of how gift is held				
Part I		(0) 000 01 girt							
			(
	(e) Transfer of gift								
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee								
(a) No. from	(b) Purpose of gift				evinition of how sift is hold				
Part I	(b) Purpose of gift	(c) Use of gift	(c) Use of gift		cription of how gift is held				
		L							
		(e) Transfer o	of gift						
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	ansferor to transferee				
				•					
		[
(a) No. from					eviation of how with in hold				
Part I	(b) Purpose of gift	(c) Use of gift		(d) Des	cription of how gift is held				
		(e) Transfer o	of gift						
	Transferee's name, address, a	nd 7I P + 4	B	elationshin of tr	ansferor to transferee				
223454 11-1	5-22				Schedule B (Form 990) (2022)				
		25							
200403	3 795320 214800 2	2022.05080 A KI	D'S PI	LACE OF T	AMPA BAY, 214800_1				

08200403 795320 214800

SCHEDULE [)
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Department of the Treasury

Internal Revenue Service

(Form	990)
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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.



Name of the organization

08200403 795320 214800

A KID'S PLACE OF TAMPA BAY, INC.

Employer identification number 26-2757636

Pa	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Is or Accounts.Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor adv	ised funds
	are the organization's property, subject to the organization's e	-	
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpos	e conferring
Pa		nization answered "Yes" on Form 990	, Part V, line 7.
1	Purpose(s) of conservation easements held by the organization		~
	Preservation of land for public use (for example, recreation	on or education)	of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the forr	
	day of the tax year.		Held at the End of the Tax Y
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
с	Number of conservation easements on a certified historic strue	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired af	ter July 25,2006, and not on a	
	historic structure listed in the National Register	$\overline{\mathbf{V}}$	2d
3	Number of conservation easements modified, transferred, release		
	year		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handling o	f
	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing co	nservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conserv	vation easements during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 17	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expens	se statement and
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial state	ments that describes the
_	organization's accounting for conservation easements.		
Pa	t III Organizations Maintaining Collections of		Other Similar Assets.
	Complete if the organization answered "Yes" on Form 9		
та	If the organization elected, as permitted under FASB ASC 958	, 1	
	of art, historical treasures, or other similar assets held for publi		•
	service, provide in Part XIII the text of the footnote to its finance		
b	If the organization elected, as permitted under FASB ASC 958	•	
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in ful	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 treas		ial gain, provide
	the following amounts required to be reported under FASB AS	-	
а	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2
23205	1 09-01-22	26	
		4 V	

	dule D (Form 990) 2022 A KID'S	PLACE OF Collections of A			r Other			6 Page 2		
3	Using the organization's acquisition, access									
	collection items (check all that apply):	,	· ·	0	U					
а	a 🗌 Public exhibition d 🗌 Loan or exchange program									
b	Scholarly research	е		0,0						
с	Preservation for future generations									
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.									
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets									
	to be sold to raise funds rather than to be maintained as part of the organization's collection?									
Par	t IV Escrow and Custodial Arran						IV, line 9, o	r		
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contributior	ns or other ass	sets not ind	cluded				
	on Form 990, Part X?		-				Yes	X No		
b	If "Yes," explain the arrangement in Part XIII									
							Amoun	ıt		
с	Beginning balance					1c				
	Additions during the year					1d				
	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or co	ustodial accou	unt liability	ð	Yes	No No		
<u>b</u>	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete i									
		(a) Current year	(b) Prior year		. ,	Three years ba	ack (e) Fou	r years back 319,111.		
	Beginning of year balance	406,751. 447,666. 333,541. 317,680								
b	Contributions				,000.	20,00	00.			
С	Net investment earnings, gains, and losses	38,933.	-40,915.	104	,125.	1,90	57.	10,509.		
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs		$\overline{\mathbf{v}}$			6,11	12.	11,934.		
f	Administrative expenses		\mathbf{C},\mathbf{Y}							
g	End of year balance	445,684	406,751.		,666.	333,54	41.	317,686.		
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, column (a	a)) held as:						
а	Board designated or quasi-endowment	/	_%							
b	Permanent endowment 100	%								
С		%								
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ession of the organization	ation that are held a	nd administer	red for the					
	organization by:)						Yes No		
								X		
								X		
	If "Yes" on line 3a(ii), are the related organiza						3b			
4	Describe in Part XIII the intended uses of the		owment funds.							
Par	t VI Land, Buildings, and Equipm		Dert IV line 11e 6		Dout V lin	o 10				
	Complete if the organization answere						(* ~			
	Description of property(a) Cost or other(b) Cost or other(c) Accumulated(d) Book valuebasis (investment)basis (other)depreciation							k value		
	L	· · · · · · · · · · · · · · · · · · ·	,		depre	CIALION	٢٥	4,790.		
	Land		684,790. 4,617,151. 1,647,369.					<u>4,790.</u> 9,782.		
	Buildings			2,363.		2,615.		<u>9,782</u> . 9,748.		
	Leasehold improvements			$\frac{2,303}{5,637}$		8,763.		<u>9,748.</u> 6,874.		
	Equipment			4,100.	44			$\frac{0,874}{4,100}$		
	Other			-				$\frac{1}{5},294$.		
TOTAL	Aud miles la through le. (Column (d) must e	quai i unii 990, Part	л, сошти (в), ште т							

Schedule D (Form 990) 2022

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Schedule D (Form 990) 2022 A KID'S PLAC	CE OF TAMPA B	AY, INC.	26-2757636 Page 3
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X	, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuatio	n: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) MONEY MARKET FUNDS	48,547.		MARKET VALUE
(B) EQUITIES	1,241,001.		MARKET VALUE
(C) FIXED INCOME	296,880.		MARKET VALUE
(D) NON-TRADITIONAL FUNDS	356,476.	END-OF-YEAR	MARKET VALUE
(E)			
(F)			
(G) (I)			
(H) Total (Col. (b) must aqual Form 000, Part V, col. (P) line 12.)	1,942,904.		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.	1,542,5040		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11c. See Form 990. Part X	line 13.
(a) Description of investment	(b) Book value		n: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			·
(5)			
(6)		<u>Q</u> .	
(7)		V O	
(8)			
(9)	Č		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.))	
Part IX Other Assets.	$\overline{\mathbf{v}}$		
Complete if the organization answered "Yes" of		11d. See Form 990, Part X	
	Description		(b) Book value
(1) BENEFICIAL INTEREST IN ASS	SETS HELD BY	OTHERS	445,684.
(2) GIFT CARDS	<i>y</i>		33,618.
(3)			
	*		
(5)			
(6)			
(7)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		479,302.
Part X Other Liabilities.	15.)		479,502.
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11e or 11f See Form 990	Part X line 25
I. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		
2. Liability for uncertain tax positions. In Part XIII, provide			
organization's liability for uncertain tax positions under		-	

232053 09-01-22

Sche	dule D (Form 990) 2022 A KID'S PLACE OF TAMPA BAY, INC	2.	26-2	2757636 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statements Wi	th Revenue per R	eturn	l.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements		1	5,416,778.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments 2a	139,576.		
b	Donated services and use of facilities 2b			
С	Recoveries of prior year grants 2c			
d	Other (Describe in Part XIII.) 2d			
е	Add lines 2a through 2d		2e	139,576.
3	Subtract line 2e from line 1		3	5,277,202.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 ()1)		
а	Investment expenses not included on Form 990, Part VIII, line 7b	16,212.		
b	Other (Describe in Part XIII.) 4b			1 ()1)
_	Add lines 4a and 4b		4c	<u> 16,212.</u> 5,293,414.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5 Dotu	
Pa	t XII Reconciliation of Expenses per Audited Financial Statements W	nth Expenses per	Retu	rn.
<u> </u>	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			5,142,109.
1	Total expenses and losses per audited financial statements		1	5,142,109.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities 2a			
b	Prior year adjustments 2b	\sim \bigcirc \rightarrow \rightarrow \bigcirc \rightarrow		
c	Other losses 2c)		
d	Other (Describe in Part XIII.)			٥
-	Add lines 2a through 2d		2e	
3			3	5,142,109.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	16 010		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a	16,212.		
b	Other (Describe in Part XIII.)			16 010
_	-		4c	16,212.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	5,158,321.
	t XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines		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 inf	ormation.		
	Y			
рдт	$\mathbf{T} \mathbf{V}, \mathbf{LINE} 4:$			
<u>1 /11</u>				
AF	CID'S PLACE OF TAMPA BAY, INC. MAINTAINS AN ENI	OWMENT FUND	АТ	THE
COI	IMUNITY FOUNDATION OF TAMPA BAY, INC. FOR THE I	LONG TERM SU	STA:	INABILITY
				-
OF	THE ORGANIZATION.			
PAI	RT X, LINE 2:			
MAN	NAGEMENT IS NOT AWARE OF ANY TAX POSITIONS IT H	IAS TAKEN TH	AT A	ARE SUBJECT
то	A SIGNIFICANT DEGREE OF UNCERTAINTY OR WOULD J	JEOPARDIZE I	TS 1	FAX EXEMPT
ST	ATUS. TAX YEARS AFTER JUNE 30, 2019 REMAIN SUBJ	JECT TO EXAM	INA	FION BY
TAX	KING AUTHORITIES.			

232054 09-01-22

<u> </u>	22 A KID'S PL	ACE OF TAMPA	BAY, INC.	26-2757636 Page 5
Part XIII Suppleme	22 A KID'S PL ental Information (continued)			
				7
			$\rightarrow O $	
			S a	
		A	N .	
		<u> </u>	r	
		Y		
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08200403 795320 214800 2022.05080 A KID'S PLACE OF TAMPA BAY, 214800_1

SCHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities						vities	OMB No. 1545-0047				
(Form 990)							Part IV, line 17, 18, rm 990-EZ, line 6a.		, or if the	2022	
Department of the Treasury		-	ttach to Form				-			Open to Public	
Internal Revenue Service		o www.irs.gov/	/Form990 for ir	nstruct	tions	and t	he latest information	on.		Inspection	
Name of the organization		PLACE C	OF TAMPA	BAY	Y,	INC	•		Employer id	entification number 7636	
	complete this par		e organization a	nswer	ed "Y	′es" o	n Form 990, Part IV,	line 1	7. Form 990-I	EZ filers are not	
 Indicate whether the a Mail solicitate Mail solicitate Internet and Phone solicitate In-person social In-person social 	e organization rais tions tations dicitations on have a written o ted in Form 990, P d highest paid indiv	sed funds throu or oral agreemer art VII) or entity viduals or entitie	e Sc f Sc g Sp nt with any indiv in connection v	olicitation olicitation oecial fu vidual (with pre	on of on of undra inclue	non-g gover aising ding o	overnment grants nment grants events fficers, directors, tru fundraising services	ıstees ?	Ye		
(i) Name and addres or entity (fund		(ii)	Activity	c	(iii) fundi have c or cor contrib	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	to (Amount paid or retained by fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
					Yes	No					
							Ø				
					ć	3					
)	2					
				57							
		,	$\mathbf{O}^{\mathbf{v}}$								
			, , , , , , , , , ,								
	\sim	SY									
Total 3 List all states in wh or licensing.	ich the organizatic					oution	s or has been notifie	d it is	exempt from	registration	
LHA For Paperwork R	eduction Act Not	ice, see the Ins	structions for F	orm 9	90 or	990-	EZ.		Schedu	le G (Form 990) 2022	

232081 10-27-22

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-FZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

				-LZ, III IES T AITU OD. LIST	eventis with gross receip	ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				GOLF		(add col. (a) through
			GALA	TOURNAMENT	1	col. (c))
P			(event type)	(event type)	(total number)	
ובגבוותב	1	Gross receipts	797,400.	136,055.	53,061.	986,516
	2	Less: Contributions	391,704.	36,000.	9,915.	437,619
_	3	Gross income (line 1 minus line 2)	405,696.	100,055.	43,146.	548,897
	4	Cash prizes				
,	5	Noncash prizes		702.		702
	6	Rent/facility costs			1	
	7	Food and beverages			5	
1	8	Entertainment		(\mathbf{O}	
	9	Other direct expenses	248,909.	50,545.	36,821.	336,275.
	10	Direct expense summary. Add lines 4 through	9 in column (d)	7		336,977
_		Net income summary. Subtract line 10 from li				211,920
a	rt I	• • • • • • • • • • • • • • • •	answered "Yes" on Forn	n 990, Part IV, line 19, or	reported more than	
Т		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
č	1	Gross revenue				
200	2	Cash prizes				
	3	Noncash prizes	$\mathbf{C}^{\mathbf{Y}}$			
	4	Rent/facility costs				
_	5	Other direct expenses	1		1 1	
	6	Volunteer labor	└── Yes % └── No	└── Yes % │── No	└── Yes % └── 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)			
		er the state(s) in which the organization condu				
		he organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
b	I† "I	No," explain:				
		re any of the organization's gaming licenses re Yes," explain:			year?	Yes No
b						
b						
b						

Sch	edule G (Form 990) 2022	A KID'S PLAC	E OF TAMP	A BAY, IN	C. 26	-2757636	Page 3
11	Does the organization conduct g	aming activities with nonm	embers?			Yes	No
12	Is the organization a grantor, ber						
10	to administer charitable gaming?					L Yes	└── No
	Indicate the percentage of gamin The organization's facility					13a	%
	An outside facility						%
	Enter the name and address of t						
	Name						
	Address						
15a	Does the organization have a co	ntract with a third party fro	m whom the organ	ization receives ga	aming revenue?	Yes	└── No
r	If "Yes," enter the amount of gar	ming revenue received by t	he organization	\$	and the amount		
~	of gaming revenue retained by th		no organization	Ψ			
c	If "Yes," enter name and address						
					1		
	Name						
	Address				N'		
					NY Y		
16	Gaming manager information:						
	Nama						
	Name						
	Gaming manager compensation	\$	Ċ	N.			
				\bigcirc			
	Description of services provided						
		_					
	Director/officer	Employee		ent contractor			
17	Mandatan, diatributiona;						
	Mandatory distributions: I Is the organization required under	er state law to make charita	able distributions fr	om the gaming pro	oceeds to		
	retain the state gaming license?						🗌 No
b	Enter the amount of distributions			other exempt org	anizations or spent in the	9	
Pa	organization's own exempt activ rt IV Supplemental Info	ities during the tax year rmation. Provide the exp	\$	by Part L line 2b	columns (iii) and (v); and	Part III lines 9	9h 10h
		applicable. Also provide				r art m, mes 9,	30, 100,
			•				
2320	83 10-27-22		33	2	Sch	edule G (Form	990) 2022
				-			

08200403 795320 214800

Schedule G	(Form 990)	A KID'S PLACE	OF TAMPA BAY	Y, INC.	26-2757636 Page 4
Part IV	Supplemental Info	ormation (continued)			
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			10 ⁻		
			CY		
		•	S		
					Schedule G (Form 990)
232084 04-01-	22		34		
			54		

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SCH	EDULE J	Compensation Information	1	OMB No.	1545-00	47
(Forr	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest			20	77	,
•		Compensated Employees		ZU		•
Deneta		Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	nent of the Treasury Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Name	of the organization		Employer ide	entificati	on nu	mber
		A KID'S PLACE OF TAMPA BAY, INC.	26-27	75763	6	
Par	t I Question	s Regarding Compensation				
					Yes	No
1a (Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	1 990,			
F	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	harter travel Housing allowance or residence for perso	nal use			
	Travel for com	panions	sidence			
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	s			
	Discretionary s	spending account Personal services (such as maid, chauffe	ur, chef)			
b li	f any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
r	eimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain		. 1b		
2 [Did the organization	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
t	rustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		. 2		
3 li	ndicate which, if ar	ny, of the following the organization used to establish the compensation of the organization'	s			
C	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organizat	ion to			
e	stablish compens	ation of the CEO/Executive Director, but explain in Part III.				
	Compensatior	committee X Written employment contract				
	Independent o	compensation consultant Compensation survey or study				
	X Form 990 of o	ther organizations X Approval by the board or compensation of	committee			
4 D	During the year, dic	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
С	organization or a re	lated organization:				
a F	Receive a severanc	e payment or change-of-control payment?		. 4a		X
b F	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		. 4b		X
сF	Participate in or rec	eive payment from an equity-based compensation arrangement?		. 4c		Х
li	f "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
		\mathbf{V}				
)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5 F	or persons listed o	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r					
аT	he organization?					X
		ation?		. 5b		X
lt	f "Yes" on line 5a o	or 5b, describe in Part III.				
6 F	or persons listed o	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r					
						X
		ation?		. 6b		X
It	f "Yes" on line 6a o	or 6b, describe in Part III.				
		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment				
		nes 5 and 6? If "Yes," describe in Part III		. 7		X
8 V	Vere any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t	the			
		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		. 8		X
		id the organization also follow the rebuttable presumption procedure described in				
		1 53.4958-6(c)?		. 9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schedul	e J (Forr	n 990)	2022

232111 10-18-22

26-2757636

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 V	V-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) BRAD GREGORY (i)	168,309.	0.	0.	0.	28,662.		0.
CEO (ii		0.	0.	0.	0.	0.	0.
(i)							
(ii							
(i)							
(ii							
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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.

1
$\left(\right)$

Schedule J (Form 990) 2022

SCHEDULE M (Form 990)

OMB No. 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Name of the organization

Employer identification number

20

A KID'S PLACE OF TAMPA BAY, INC. 26-2757636 Types of Property Part I (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art 1 Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 5 Clothing and household goods Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities - Publicly traded 9 10 Securities - Closely held stock 11 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 Collectibles 18 Food inventory 19 20 Drugs and medical supplies Taxidermy 21 Historical artifacts 22 23 Scientific specimens 24 Archeological artifacts 150,651.APPROXIMATE FMV X 300 FOOD/SUPPLIES 25 Other 26 Other 27 Other 28 Other 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for х exempt purposes for the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? 32a b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2022

232141 09-09-22

08200403 795320 214800

	(Form 990) 2022	A KID'S H	<u>PLACE O</u> F	TAMPA	BAY,	INC.		26-2757636	Pa
t II	Supplemental	Information	Provide the info	rmation requ	ired by P	art I lines 30h	32b, and 33, a	nd whether the organiz	ration
	this part for any ac	i, column (b), the ditional informatio	number of cont on.	ributions, the	number	of items receive	ed, or a combir	nation of both. Also cor	npiete
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	2							Schedule M (Forn	- 000

08200403 795320 214800 2022.05080 A KID'S PLACE OF TAMPA BAY, 214800_1

SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Complete to Form 9	provide information for 1 90 or 990-EZ or to provid Attach to Form 990	n to Form 990 or 9 responses to specific questions le any additional information. or Form 990-EZ. for the latest information.		-EZ
Name of the organizatio	n	LACE OF TAMPA			Employer identification number 26-2757636
FORM 990, PA	RT III, LINE	4A, PROGRAM S	ERVICE ACCOMPLISH	IME	NTS:
AKP CURRENTL	Y MAINTAINS O	NE CLASSROOM	SERVING ELEMENTAF	RY	AGED STUDENTS
AND BUILT A	COMPUTER LAB	TO MEET THE E	DUCATIONAL NEEDS	OF	OUR CHILDREN.
CHILDREN ALS	O RECEIVE MED	ICAL, THERAPE	UTIC AND DENTAL C	CAR	E DURING THEIR
STAY. AKP EA	RNED CARF INT	ERNATIONAL RE	ACCREDITATION IN	20	22 BY PASSING
AN IN-DEPTH	REVIEW AND ME	ETING RIGOROU	S CARF GUIDELINES	5 F	OR SERVICE AND
QUALITY, SIG	NIFYING CONFO	RMITY TO INTE	RNATIONAL SERVICE	i s	TANDARDS AND
FOCUS ON DEL	IVERING THE M	OST FAVORABLE	RESULTS FOR INDI	VI	DUALS SERVED.
IN 2023, AKP	PROVIDED A H	OME TO 91 CHI	LDREN WITH AN AVE	ERA	GE AGE OF 11,
RESIDING WIT	H US FOR AN AV	/ERAGE OF NIN	E MONTHS.		
FORM 990, PA	RT VI, SECTIO	N B, LINE 11B	07		
	-		ED IN ADVANCE OF	A	BOARD MEETING,
REVIEWED AND					
	~	\sim			
	RT V, LINE 2B	Y'			
			ACTS WITH A PROFE	223	TONAL EMPLOYER
	1	-	OF THE EMPLOYEES.		
			ACE ARE IN ACTUAL		
			PLACE DOES NOT E		
			, BUT RATHER THE		
			YEES OF A KID'S P		
			OMPONENTS OF SALF		
TAXES, RETIR	EMENT, AND OTI	HER BENEFITS	REPORTED ON THE A	APP	ROPRIATE
	OR THE YEAR El		31, 2022 A KID'S 990 or 990-EZ.	S P	LACE UTILIZED Schedule O (Form 990) 202
232211 10-28-22			40		
200403 795320) 214800	2022.05080	A KID'S PLACE OF	ТZ	AMPA BAY, 214800_1

Schedule O (Form 990) 2022 Name of the organization	Page Employer identification numbe
A KID'S PLACE OF TAMPA BAY, INC.	26-2757636
69 EMPLOYEES THROUGH THE PEO.	
FORM 990, PART VI, SECTION B, LINE 12C:	
ANY POTENTIAL CONFLICTS WILL BE REVIEWED BY THE EXECUTIV	VE COMMITTEE.
FORM 990, PART VI, SECTION B, LINE 15:	
SIMILAR POSITIONS IN LIKE-SIZE NON-PROFITS WERE OBTAINED	O AND THE DUTIES AN
RESPONSIBILITIES WERE ASSESSED RELATIVE TO COMPENSATION	OFFERED.
	3
FORM 990, PART VI, SECTION C, LINE 19:	,
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	I OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC	C UPON REQUEST.
FORM 990, PART XII, LINE 2C	
THE PROCESS FOR OVERSIGHT OF THE AUDIT AND SELECTION OF	AN INDEPENDENT
ACCOUNTANT HAS NOT CHANGED FROM THE PRIOR YEAR.	
32212 10-28-22	Schedule O (Form 990) 20

SCHEDULE R

(Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

OMB No. 1545-0047

2022 Open to Public Inspection

Employer identification number 26-2757636

Department of the Treasury Internal Revenue Service

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

Name of the organization

A KID'S PLACE OF TAMPA BAY, INC.

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

(a)	(b)	(c)	(d)		(e)		(f)	
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state o	r Total inco	me Enc	d-of-year assets	Direct c	ontrolling	I
of disregarded entity		foreign country)				en	itity	
A KID'S PLACE CHILDREN'S PROGRAMS, LLC -								
38-3976836, 1715 LITHIA PINECREST RD,	TO SUPPORT A KID'S PLACE OF					A KID'S PLAC	CE OF T	AMPA
BRANDON, FL 33511	TAMPA BAY, INC.'S MISSION	FLORIDA				BAY, INC.		
AKP 1813, LLC - 38-3976908)					
1715 LITHIA PINECREST RD	TO SUPPORT A KID'S PLACE OF					A KID'S PLAC	CE OF T	AMPA
BRANDON, FL 33511	TAMPA BAY, INC.'S MISSION	FLORIDA				BAY, INC.		
AKP 1715, LLC - 30-0879358								
1715 LITHIA PINECREST RD	TO SUPPORT A KID'S PLACE OF					A KID'S PLAC	CE OF T	AMPA
BRANDON, FL 33511	TAMPA BAY, INC.'S MISSION	FLORIDA				BAY, INC.		
AKP 1339, LLC - 37-1796274								
1715 LITHIA PINECREST RD	TO SUPPORT A KID'S PLACE OF					A KID'S PLAC	CE OF T	AMPA
BRANDON, FL 33511	TAMPA BAY, INC.'S MISSION	FLORIDA				BAY, INC.		
Part II Identification of Related Tax-Exempt Organizations during the tax year.	zations. Complete if the organization a	swered "Yes" on Form 990), Part IV, line 34,	because it l	had one or mor	e related tax-exe	empt	
(a)	(b)	(c)	(d)	(e)		(f)	(C Section 5	a)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public c	harity Dire	ct controlling	Section 5 contr	
of related organization	• •	foreign country)	section	status (if	section	entity	ent	
		• •		501(c))(3))		Yes	No
	-							

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

Schedule R (Form 990) 2022

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
AKP SUPPORT, LLC - 37-1796155 1715 LITHIA PINECREST RD BRANDON, FL 33511	TO SUPPORT A KID'S PLACE OF TAMPA BAY, INC.'S MISSION	FLORIDA			A KID'S PLACE OF TAMPA BAY, INC.
AKP THRIFT, LLC - 61-1996737 1715 LITHIA PINECREST RD BRANDON, FL 33511	TO SUPPORT A KID'S PLACE OF TAMPA BAY, INC.'S MISSION	FLORIDA	3		KID'S PLACE OF TAMPA BAY, INC.
	-	C			
	_	x0			
	_	SV			
	Rin				

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

(a)	(b)	(c)	(d)	(e)	(f)	(g	a)	1)	ו)	(i)		(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated,	Share of total income	Shar end-of		Dispropo allocat		Code V-U amount in	hox In	nanaging	Percenta ownersł
·		foreign country)		excluded from tax unde sections 512-514)	r	ass	ets	Yes		20 of Sche K-1 (Form 1	dule 4 065) Y	partner?	
	_												
	_												
	_				A								
	_					N							
						/ /					-		
	_			A									
				<u> </u>									
Identification of Deleted (nation or Truct Co		tion onourord "W			aret IV/	line 24		had or		oro rolat
 Identification of Related C organizations treated as a c (a) Name, address, and of related experient 	corporation or trust dur	ing the tax	oration or Trust. Co year. (b) lary activity	(c) (d) egal domicile Direct cor	ntrolling Type o	e) f entity	(f) Share o	f total		(g) Share of	(Perce	(h) entage	(i) Section 512(b)(1
 organizations treated as a c (a) 	corporation or trust dur	ing the tax	year. (b)	(c) (d)	ntrolling Type o	e) f entity S corp,	(f)	f total		(g)	(Perce	(h)	(i) Sectior 512(b)(1 controlle entity?
 organizations treated as a d (a) Name, address, and 	corporation or trust dur	ing the tax	year. (b)	(c) (d) egal domicile (state or foreign	ntrolling Type o	e) f entity S corp,	(f) Share o	f total		(g) Share of end-of-year	(Perce	(h) entage	(i) Section
 organizations treated as a d (a) Name, address, and 	corporation or trust dur	ing the tax	year. (b)	(c) (d) egal domicile (state or foreign	ntrolling Type o	e) f entity S corp,	(f) Share o	f total		(g) Share of end-of-year	(Perce	(h) entage	(i) Section 512(b)(13 controlle entity?
 organizations treated as a d (a) Name, address, and 	corporation or trust dur	ing the tax	year. (b)	(c) (d) egal domicile (state or foreign	ntrolling Type o	e) f entity S corp,	(f) Share o	f total		(g) Share of end-of-year	(Perce	(h) entage	(i) Section 512(b)(1 controlle entity?
 organizations treated as a d (a) Name, address, and 	corporation or trust dur	ing the tax	year. (b)	(c) (d) egal domicile (state or foreign	ntrolling Type o	e) f entity S corp,	(f) Share o	f total		(g) Share of end-of-year	(Perce	(h) entage	(i) Sectior 512(b)(1 controlle entity?
 organizations treated as a d (a) Name, address, and 	corporation or trust dur	ing the tax	year. (b)	(c) (d) egal domicile (state or foreign	ntrolling Type o	e) f entity S corp,	(f) Share o	f total		(g) Share of end-of-year	(Perce	(h) entage	(i) Sectior 512(b)(1 controlle entity?
 organizations treated as a d (a) Name, address, and 	corporation or trust dur	ing the tax	year. (b)	(c) (d) egal domicile (state or foreign	ntrolling Type o	e) f entity S corp,	(f) Share o	f total		(g) Share of end-of-year	(Perce	(h) entage	(i) Sectior 512(b)(1 controlle entity?
 organizations treated as a d (a) Name, address, and 	corporation or trust dur	ing the tax	year. (b)	(c) (d) egal domicile (state or foreign	ntrolling Type o	e) f entity S corp,	(f) Share o	f total		(g) Share of end-of-year	(Perce	(h) entage	(i) Sectior 512(b)(1 controlle entity?
 organizations treated as a d (a) Name, address, and 	corporation or trust dur	ing the tax	year. (b)	(c) (d) egal domicile (state or foreign	ntrolling Type o	e) f entity S corp,	(f) Share o	f total		(g) Share of end-of-year	(Perce	(h) entage	(i) Section 512(b)(1 controlle entity
 organizations treated as a d (a) Name, address, and 	corporation or trust dur	ing the tax	year. (b)	(c) (d) egal domicile (state or foreign	ntrolling Type o	e) f entity S corp,	(f) Share o	f total		(g) Share of end-of-year	(Perce	(h) entage	(i) Section 512(b)(1 controlle entity
 organizations treated as a d (a) Name, address, and 	corporation or trust dur	ing the tax	year. (b)	(c) (d) egal domicile (state or foreign	ntrolling Type o	e) f entity S corp,	(f) Share o	f total		(g) Share of end-of-year	(Perce	(h) entage	(i) Sectio 512(b)(- controll entity

Schedule R (Form 990) 2022 A KID'S PLACE OF TAMPA BAY, INC.

Part V	Transactions With Related Organ	izations. Comple	ete if the organizatio	n answered "Yes"	on Form 990, Part	IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No	
1	During the tax year, did the organization engage in any of the following transactions w							
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity							
	b Gift, grant, or capital contribution to related organization(s)							
	Gift, grant, or capital contribution from related organization(s)				1c			
	Loans or loan guarantees to or for related organization(s)				1d			
е	Loans or loan guarantees by related organization(s)				1e			
				,				
f	Dividends from related organization(s)			1	1f			
g	Sale of assets to related organization(s)				1g			
h	Purchase of assets from related organization(s)				1h			
i	Exchange of assets with related organization(s)			Y	1 i			
i	Lease of facilities, equipment, or other assets to related organization(s)				1i			
,								
k	Lease of facilities, equipment, or other assets from related organization(s)		$\langle \mathcal{O} \rangle$		1k			
1	Performance of services or membership or fundraising solicitations for related organiz	zation(s)			11			
m	Performance of services or membership or fundraising solicitations for related organiz Performance of services or membership or fundraising solicitations by related organiz	zation(s)			1m			
	 n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) o Sharing of paid employees with related organization(s) 							
Ŭ					10			
n	Reimbursement paid to related organization(s) for expenses				1p			
р 0	Reimbursement paid to related organization(s) for expenses				1a		<u> </u>	
ч	Theimbulsement paid by related organization(s) for expenses				I I I			
	Other transfer of cash or property to related organization(s)	· ·			1r			
					1s		<u> </u>	
	Other transfer of cash or property from related organization(s) If the answer to any of the above is "Yes," see the instructions for information on who				15		L	
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount inv	alvad			
		type (a-s)	Amount involved	Method of determining arround inv	olveu			
		, , ,						
(1)								
<u>()</u>								
(2)								
(2)								
(2)								
(3)								
(4)								
(4)								
(5)								

(6)

Schedule R (Form 990) 2022 A KID'S PLACE OF TAMPA BAY, INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)		(e) Are all partners sec 501(c)(3) orgs.? Yes No		(g) Share of end-of-year assets	(h) Disprop tionat allocatio Yes N	or- amount in box 20 15? of Schedule K-1	(j) General o managing partner? Yes NO	(k) Percentage ownership
					Ŕ	~				
			ische							
		ic								
	R	30×								
	Y									

Schedule R (Form 990) 2022

nation		ses to questi	ons on	Schodulo F		
nation	for respons	ses to questi	ons on	Schodulo		
				Schedule F	I. See inst	ructions.
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232165 09-14-22

Form	8868
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(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

Eilo -	a conarato	application	for oach	roturn
	a sevai ale	application	IUI Eacli	i etui ii.

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

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instru	ctions.		Taxpaye	ridentificatio	on number (TIN)		
print	A KID'S PLACE OF TAMPA BAY,		26-27	57636				
File by the due date for filing your return. See	ue date for Number, street, and room or suite no. If a P.O. box, see instructions.							
instructions.	tructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. BRANDON, FL 33511							
Enter the	Return Code for the return that this application is for (file	e a separa	te application for each return)			01		
Applicati	on	Return	Application	/		Return		
ls For		Code	Is For			Code		
Form 990	or Form 990-EZ	01	Form 1041-A			08		
Form 472	0 (individual)	03	Form 4720 (other than individual)			09		
Form 990	-PF	04	Form 5227			10		
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 990	-T (trust other than above)	06	Form 8870			12		
Form 990	-T (corporation) BRAD GREGORY	07						
 If the c If this is box ▶ [1 I reaction the box ▶ [2 If the box ▶ [toone No. ► (813) 381-3839 organization does not have an office or place of business s for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ► quest an automatic 6-month extension of time until organization named above. The extension is for the organization are grown of the extension is for the organization of the organization of the organization named above. The extension is for the organization are grown of the organization of the orga	Group Exe and atta <u>MA</u> anization's , an heck reas	emption Number (GEN) I: ich a list with the names and TINs of Y 15, 2024, to file s return for: d ending JUN 30, 2023 on: Initial return	f this is fo all memb	r the whole (ers the extended or extended	group, check this		
	his application is for Forms 990-PF, 990-T, 4720, or 6069 nonrefundable credits. See instructions.	, enter the	e tentative tax, less	3a	\$	0.		
	his application is for Forms 990-PF, 990-T, 4720, or 6069	enter an	v refundable credits and		₩	<u> </u>		
	mated tax payments made. Include any prior year overp			Зb	\$	0.		
-	ance due. Subtract line 3b from line 3a. Include your pa							
usir	ng EFTPS (Electronic Federal Tax Payment System). See	e instructio	ons.	3c	\$	0.		
Caution: instruction	If you are going to make an electronic funds withdrawal	(direct de	bit) with this Form 8868, see Form 8	453-TE ar		9-TE for payment 3868 (Rev. 1-2022)		