DLN: 93493267004369 OMB No. 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ► Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 D Employer identification number B Check if applicable TAMPA BAY TECHNOLOGY FORUM INC □ Address change 51-0444271 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite P O BOX 20067 ☐ Amended return ☐ Application pending (813) 400-1164 City or town, state or province, country, and ZIP or foreign postal code TAMPA, FL  $\,$  336220067  $\,$ G Gross receipts \$ 501,466 Name and address of principal officer H(a) Is this a group return for DANIEL JAMES SCOTT ☐Yes ☑No subordinates? P O BOX 20067 H(b) Are all subordinates TAMPA, FL 336220067 ☐Yes ☐No ıncluded? Tax-exempt status 501(c)(3) ✓ 4947(a)(1) or 501(c) ( 6 ) ◀ (insert no ) If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► TAMPABAY TECH L Year of formation 2003 M State of legal domicile FL Summary 1 Briefly describe the organization's mission or most significant activities PROMOTE THE INTERESTS OF THE TECHNOLOGY SECTOR OF FLORIDA'S TAMPA BAY REGION Activities & Governance 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 43 4 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 2 45 Total number of volunteers (estimate if necessary) . . . . 6 Total unrelated business revenue from Part VIII, column (C), line 12 0 **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 452,500 477,500 Ravenua 9 Program service revenue (Part VIII, line 2g) . 21,615 23,917 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 35 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 474.150 501.466 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 0 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 273,099 259,158 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 183,644 191,152 456,743 450,310 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . 17,407 51,156 Net Assets or Fund Balances Beginning of Current Year **End of Year** 281,492 375,805 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 65,065 108,222 22 Net assets or fund balances Subtract line 21 from line 20 . 216,427 267,583 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2019-09-23 Signature of officer Sign Here DANIEL JAMES SCOTT EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature Check | If 2019-09-10 P01451787 Paid self-employed Firm's name CLIFTONLARSONALLEN LLP Firm's EIN ► 41-0746479 Preparer Use Only Firm's address ▶ 402 SOUTH KENTUCKY AVENUE SUITE 600 Phone no (863) 680-5600 LAKELAND, FL 338015354 ✓ Yes 🗆 No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

Part	Stateme	ant of Buseus as Comiles Ass			
		ent of Program Service Acc	omplishments		
	Check if S	chedule O contains a response or	note to any line in this Part III .		🗆
1		he organization's mission			
		ARGEST, AND THE NATION'S SEC IG TECH COMPANIES AND THEIR \	OND-FASTEST-GROWING, TECH HU ALUE-CHAIN PARTNERS	JB BY COLLABORATING WITH TA	MPA BAY'S LARGEST
2	Dıd the organızat	cion undertake any significant prog	ram services during the year which	were not listed on	
i	the prior Form 99	90 or 990-EZ?			🗌 Yes 🗹 No
	If "Yes," describe	these new services on Schedule (	)		
3	Did the organizat	tion cease conducting, or make sig	nificant changes in how it conducts	, any program	
		these changes on Schedule O			☐ Yes 🗹 No
4	Describe the orga Section 501(c)(3)	anızatıon's program service accom	plishments for each of its three larg required to report the amount of gr ervice reported		
4a	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	See Additional Data		,	, (	,
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	Other program se	ervices (Describe in Schedule O ) including c	rants of \$	) (Revenue \$	)
	• •	service expenses ►	Tanto or y	, (πενειίαε ψ	,

Form 990 (2018) Page 3 **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Νo 1 2 Yes Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆 . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates Nο 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 5 Yes 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? Nο 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Nο 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? Nο If "Yes," complete Schedule D, Part III R Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation No 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Nο permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? No 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Nο assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . . . . . . . 11b Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its Νo 11c Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Nο 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Nο Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f Nο the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? 12a Nο b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b Nο If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Νo 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . 14a Nο **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments 14b Nο 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 . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) . . . .

lines 1c and 8a? If "Yes," complete Schedule G, Part II

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

Nο

Nο

Nο

Nο

No

Νo

Νo

Nο

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16

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18

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20a

20b

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37

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Part V

Form	990 (2018)			Page <b>4</b>
Par	Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
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		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

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

Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

35b

36

37

38

0

1a

Yes

Yes

Form 990 (2018)

Νo

No

13a

14a

14b

15

No

Nο

Form **990** (2018)

13b

13c

a Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

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? If "Yes," see instructions and file Form 4720, Schedule N . . . . . . .

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Form	990 (2018)			Page (
Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions  Check if Schedule O contains a response or note to any line in this Part VI	•		lines
Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 43			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 43			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	٥.)	

Yes Nο 10a 10a Did the organization have local chapters, branches, or affiliates? . . . . . . . . No b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the 11a Yes **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 . **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . 12a Yes b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in 12c Yes 13 13 14 Νo 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official . . . . 15a Yes 15b Nο If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a Nο

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt 16b Section C. Disclosure List the States with which a copy of this Form 990 is required to be filed 17 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records ▶DANIEL JAMES SCOTT P O BOX 20067 TAMPA, FL 336220067 (813) 400-1164

Νo Form 990 (2018)

orm 990 (	2018)										Page <b>7</b>
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	ıploy	ees	, Highest Comp	ensated Employ	rees,
	Check if Schedule O contains a	response or no	te to an	y line	ın t	this	Part VI	١.			🗆
Section	A. Officers, Directors, Tru	istees, Key E	mploy	ees	, an	id H	lighe	st C	Compensated En	nployees	
ear • List all f compens	e this table for all persons require of the organization's <b>current</b> of ation Enter -0- in columns (D), (	ficers, directors, E), and (F) if no	trustee compe	s (wl nsatı	neth on v	er ir vas į	ndıvıdu Daid	als (	or organizations), re	gardless of amount	-
	of the organization's <b>current</b> key		•								
ho receive	organization's five <b>current</b> high of reportable compensation (Box n and any related organizations										
f reportabl	of the organization's <b>former</b> office e compensation from the organiz	ation and any r	elated o	rganı	zatı	ons	•'			·	•
rganızatıor	of the organization's <b>former dire</b> n, more than \$10,000 of reportab	le compensation	n from t	he or	gan	ızatı	on and	an	y related organization	ns	2
ompensate	s in the following order individua ed employees, and former such p	ersons	•								
_ Check	this box if neither the organizatio	n nor any relate	ed orgar	nizatio	on c	omp	ensate	d ar	ny current officer, di	rector, or trustee	Γ
	<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related		ne b	ox, ι n of or/t	t che unles ficer rust	s pers and a ee)	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1000 MISC)	MISC)	related organizations
See Addition	al Data Table						Ŀ				
					l	1		l			

Form 990 (2	2018)										Page <b>8</b>
Part VII	Section A. Officers, D	Directors, Trustees	, Key I	mpl	loye	es,	and I	High	nest Compensate	d Employees (co	ntinued)
	<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)		ne b	ox, u n off or/tr	t che inles ficer	s pers	on	( <b>D</b> ) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations

Co. Address   Day Tally	al trustee for	cnal Trustee	oloyee	compensated ee		
See Additional Data Table						
			·			

1h Sub-Total	 	 	•		

Sub-Total				<b>&gt;</b>			
Total from continuation sheets to Pa	art VII <b>, Section</b>	Α		▶ [			
Total (add lines 1b and 1c)				•	228,400	0	

C	Total from continuation sheets to Part VII, Section A ▶				
d	Total (add lines 1b and 1c)	228,400	0		11,793
2	Total number of individuals (including but not limited to those listed above) we of reportable compensation from the organization $\blacktriangleright$ 2	ho received more than	\$100,000		
				Yes	No

	Fotal from continuation sheets to Part VII, Section A	0		11,793
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 2	•		
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization $\triangleright$ 2			
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual			
	ındıvıdual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

			163	140
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No
				110
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of contractors.	mpensa	ition	

	Individual		4	No					
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization services rendered to the organization of "Yes," complete Schedule $J$ for such person		5	No					
Se	Section B. Independent Contractors								
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.								
·	(A) Name and business address	(B) Description of services	Comp	(C) pensation					

5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization? If "Yes," complete Schedule J for such person		5	No			
Se	ection B. Independent Contractors						
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year						
	(A) Name and business address	(B) Description of services		(C)			
	Name and dusiness address	Description of services		Compensation			

from the organization Report compensation for the calendar year ending with or within the organization's tax year									
	(A) Name and business address	(B) Description of services	(C) Compensation						

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0					
		Form <b>990</b> (2018)			

Part		Statement of	Revenue									rage <b>3</b>
		Check if Schedul	le O contains a	a respo	nse or note	to any						🗆
							Total r		Rela ex fur	(B) ated or empt action	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
	<b>1</b> a	a Federated campaig	ns	1a					rev	enue		312 - 314
Gifts, Grants illar Amounts	ı	<b>b</b> Membership dues		<b>1</b> b	43	34,000						
Gra not	١,	c Fundraising events		1c								
īš, - r Ar	١,	<b>d</b> Related organizatio	ns	1d								
ija Jiga	١,	e Government grants (co	ontributions)	1e								
Contributions, Gifts, Grants and Other Similar Amounts	1	All other contributions, and similar amounts in										
utic Per		above	ot included	<b>1</b> f		43,500						
g ji	!	g Noncash contribution in lines 1a - 1f \$	ons included									
Cont and		h Total. Add lines 1a				<b>&gt;</b>						
					l B	usines	s Code	477,500				
Program Service Revenue	2a	EVENT REGISTRATIONS	5			4511165	900099		23,917	23	,917	
₹.							900099					
ce F	b c											
žer vi	d			_								
E	e			_	_							
ogra	f	All other program se	rvice revenue				22.017					
ď	g	<b>Total.</b> Add lines 2a-2	2f		<u> </u>		23,917					
		Investment income (ii similar amounts) .			nterest, and	dother		4	9			49
		Income from investme			ond proceed	ls <b>i</b>						
	5	Royalties	<u></u>			1	•					
	_		(ı) Real	I	(II) Pers	onal						
	6а	Gross rents										
	b	Less rental expenses										
	c	: Rental income or					$\dashv$					
		(loss)					Ц					
	d	Net rental income o				<b>&gt;</b>						
	7a	Gross amount	(ı) Securit	.ies	(II) Otl	ner	-					
		from sales of assets other										
		than inventory										
	b	Less cost or other basis and										
	c	sales expenses Gain or (loss)					+					
		Net gain or (loss) .		•		<b></b>						
<b>A</b> \	8a	Gross income from for for the control of the contro	_	ents of								
<del>I</del> nue		contributions reporte	ed on line 1c)									
eve		See Part IV, line 18		- 1			-					
r R		Less direct expense : Net income or (loss)		L	ents	<b>•</b>						
Other Revenue	9a	Gross income from g	gamıng actıvıtı	es								
O		See Part IV, line 19		a								
	Ь	Less direct expense	s	ь			1					
	c	: Net income or (loss)	from gaming	activiti	es	<b>&gt;</b>						
	10a	Gross sales of invent returns and allowand										
				a								
	b	Less cost of goods s	sold	ь								
	C	Net income or (loss)  Miscellaneous		invent	ory Business							
	11		Kevenue		Business	Code	$\dashv$					
	ь	•			•							
	c	:			-							
	-	All other revenue .										
		Total. Add lines 11a				•						
	12	<b>Total revenue.</b> See	Instructions			•		501,46	6	23,917		0 49
												Form <b>990</b> (2018)

Part IX Statement of Functional Expenses section 501(c)(3) and 501(c)(4) organizations must complete all columns and section 501(c)(3) and 501(c)(4) organizations must complete all columns are section 501(c)(3).	lumns All other orga	anizations must com	plete column (A)	
Check if Schedule O contains a response or note to any	_			🗆
Oo not include amounts reported on lines 6b, 'b, 8b, 9b, and 10b of Part Ⅷ.	( <b>A</b> ) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpense
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, line 15 and 16				
4 Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	240,192			
<b>6</b> Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7 Other salaries and wages	2,444			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits				
LO Payroll taxes	16,522			
.1 Fees for services (non-employees)				
a Management				
<b>b</b> Legal	150			
c Accounting	20,122			
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column	6,303			
(A) amount, list line 11g expenses on Schedule O)	5,233			
2 Advertising and promotion	6,010			
3 Office expenses	10,475			
4 Information technology	9,303			
<b>5</b> Royalties				
.6 Occupancy				
7 Travel	27			
8 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
.9 Conferences, conventions, and meetings	133,927			
<b>0</b> Interest				
1 Payments to affiliates				
22 Depreciation, depletion, and amortization				
3 Insurance	3,237		1	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a LICENSES & FEES	747			
b DUES & SUBSCRIPTIONS	424			
<u>c</u>			1	
d				
e All other expenses	427			
Total functional expenses. Add lines 1 through 24e	450,310			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)				

Form 990 (2018)

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	Beginning of year		End of year
1 Cash-non-interest-bearing	185,642	1	240,381
2 Savings and temporary cash investments	84,694	2	128,267
3 Pledges and grants receivable, net	10,000	3	
4 Accounts receivable, net		4	
Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete		6	
ω Part ii or Schedule L L			

	6	Loans and other receivables from other disqualisection 4958(f)(1)), persons described in section contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L	n 4958(c)(3)(B), and itions of section 501(c)(9) (see instructions) Complete		6	
ets	7	Notes and loans receivable, net	7			
SS	8	Inventories for sale or use		8		
४	9	Prepaid expenses and deferred charges	1,156	9	7,157	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a			
	b	Less accumulated depreciation	10b	]	<b>10</b> c	
	11	Investments—publicly traded securities .		11		
	12	Investments—other securities See Part IV, line		12		
	13	Investments—program-related See Part IV, line		13		
	14	Intangible assets			14	

_	9	Prepaid expenses and deferred charges			1,156	9	/,15/
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a				
	b	Less accumulated depreciation	10b			10c	
	11	Investments—publicly traded securities .				11	
	12	Investments—other securities See Part IV, line	11			12	
	13 Investments—program-related See Part IV, line 11					13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
	16	Total assets.Add lines 1 through 15 (must equ	al line 34)		281,492	16	375,805
	17	Accounts payable and accrued expenses			5,565	17	11,722
	18	Grants payable				18	
	19	Deferred revenue			59,500	19	96,500

	11	Investments—publicly traded securities .		11	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets.Add lines 1 through 15 (must equal line 34)	281,492	16	375,805
	17	Accounts payable and accrued expenses	5,565	17	11,722
	18	Grants payable		18	
	19	Deferred revenue	59,500	19	96,500
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
્ <u>વ</u>	22	Loans and other navables to surrent and former officers, directors, trustees			

	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets.Add lines 1 through 15 (must equal line 34)	281,492	16	375,805
	17	Accounts payable and accrued expenses	5,565	17	11,722
	18	Grants payable		18	
	19	Deferred revenue	59,500	19	96,500
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
iabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
jab		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	ı				

	19	Deferred revenue	59,500	19	96,500
	20	Tax-exempt bond liabilities		20	
Liabilities	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	_
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24)		25	

	26	Total liabilities.Add lines 17 through 25	65,065	26	108,222
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24)  Complete Part X of Schedule D	6F 06F	25	100 222
	24	Unsecured notes and loans payable to unrelated third parties		24	
	23	Secured mortgages and notes payable to unrelated third parties		23	
in the		persons Complete Part II of Schedule L		22	
iabilit		key employees, highest compensated employees, and disqualified			

seo		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.			
	26	Total liabilities. Add lines 17 through 25	65,065	26	108,222
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24)  Complete Part X of Schedule D		25	
	24	Unsecured notes and loans payable to unrelated third parties		24	
_	23	Secured mortgages and notes payable to unrelated third parties		23	

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Net Assets or Fund Balan
                                                                                                                  216,427
          Unrestricted net assets
                                                                                                                           27
                                                                                                                                                   267.583
    27
    28
          Temporarily restricted net assets
                                                                                                                            28
    29
          Permanently restricted net assets
                                                                                                                            29
          Organizations that do not follow SFAS 117 (ASC 958),
```

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267,583

375,805

Form **990** (2018)

216,427

281,492

check here ▶ □ and complete lines 30 through 34.

Paid-in or capital surplus, or land, building or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Capital stock or trust principal, or current funds . .

Total net assets or fund balances

Total liabilities and net assets/fund balances

Form	990 (2018)				Page <b>12</b>
Pa	tXI Reconcilliation 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			501,466
2	Total expenses (must equal Part IX, column (A), line 25)	2			450,310
3	Revenue less expenses Subtract line 2 from line 1	3			51,156
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			216,427
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			267,583
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		<b>2</b> b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule C	)		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngle	3a		No
	THE RELATIONS OF THE PROPERTY				

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2018)

## **Additional Data**

Software ID:

Software Version:

Name: TAMPA BAY TECHNOLOGY FORUM INC.

Form 990 (2018)

Form 990, Part III, Line 4a:

ESTABLISHED IN 2000. TAMPA BAY TECH (FORMERLY KNOWN AS THE TAMPA BAY TECHNOLOGY FORUM) IS ONE OF THE NATION'S OLDEST AND LARGEST TECHNOLOGY COUNCILS, AND THE ENGINE UNITING OUR MEMBERS IN GROWING OUR COMMUNITY'S ENGAGEMENT, PRIDE, TALENT & OPPORTUNITY PIPELINE ITS THREE STRATEGIC INITIATIVES ARE WORKFORCE, MARKETING, AND COMMUNITY TAMPA BAY TECH PRODUCES TWO FLAGSHIP EVENTS ANNUALLY - POWEREDUP AND THE TAMPA BAY TECH AWARDS IN ADDITION, IT ORGANIZES HUNDREDS OF INTEREST-LEVEL GATHERINGS PER YEAR IN CONJUNCTION WITH THEIR BOARD OF DIRECTORS, TECHNOLOGY EXECUTIVE COUNCIL, MEETUP COOPERATIVE AND COMMUNITY PARTNERS TAMPA BAY TECH MEMBERS REPRESENT 2 MILLION TOTAL EMPLOYEES. \$300+ MILLION

VENTURE CAPITAL RAISED, \$500+ BILLION ANNUAL REVENUES AND \$1+ TRILLION MARKET CAPITALIZATION

**EIN:** 51-0444271

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) from the any hours

	any hours	6-1/10-1-10-1						organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(Ŵ- 2/1099- MISC)	organization and related organizations	
ALAGOOD JEFF CHAIR	5 00	х		×				0	0	0	
WARNEKE JASON VICE CHAIR	2 50	х		х				0	0	0	
SOUTHRON JOE SECRETARY	2 50	х		х				0	0	0	
MILKS TRAVIS	2 50	×		х				0	0	0	

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VICE CHAIR	
SOUTHRON JOE	
SECRETARY	
MILKS TRAVIS	
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TREASURER	•

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

RIMES BRIAN

CRAVER LYNNE

SHEDD JOHN

PERRY JEAN MARC

DAVIS STEPHANIE

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and Independent Contractors

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation from the

	any hours			recto		ustee)	)	organization	organizations	from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
KLEIMAN CHERYL DIRECTOR	0 50	x						0	0	0
SCHONS ED DIRECTOR	0 50	x						0	0	0
DAVIS SABLE DIRECTOR	0 50	x						0	0	0
BARKER CHRIS DIRECTOR	0 50	x						0	0	0

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DAVIS SABLE
DIRECTOR
BARKER CHRIS
DIRECTOR
HOSS CRAIG
DIRECTOR

KUEMMEL JOHN

JOHNSON ANDE

CORREA RAYMOND

FERRANTE TAMMY

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DAVIS KEVIN

and Independent Contractors

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other week (list person is both an officer from the from related compensation and a director/trustee) any hours organizations from the organization

and Independent Contractors

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

KRUEGER ADAM

STOCKON CHASE

**CURTIS STANLEY** 

VOLMUTH GINA LEIGH

.......

	any hours	and	a dır	recto	r/tr	ustee)	)	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(Ŵ- 2/1099- MISC)	organization and related organizations
SLADE PETE DIRECTOR	0 50	х						0	0	0
PAUL CHRIS DIRECTOR	0 50	х						0	0	0
KARLO CHRIS DIRECTOR	0 50	х						0	0	0
KENNEDY KATHARINE DIRECTOR	0 50	×						0	0	0

KARLO CHRIS	0 50				0	
DIRECTOR		,				
KENNEDY KATHARINE	0 50	×			0	
DIRECTOR		^				
ANSTETT KIM	0 50				0	
DIRECTOR		_ ^				
LEE VIRGINIA	0 50					

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(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

	family Hours	anu	a uii	ecti		ustee,	'	Organization	Organizations	indiritie
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
SILVERMAN BRAD DIRECTOR	0 50	×						0	0	0
WILLIAMS JR DIRECTOR	0 50	x						0	0	0
PHILIPOOM BRUCE DIRECTOR	0 50	x						0	0	0
CAVAN CANDACE DIRECTOR	0 50	x						0	0	0

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DIRECTOR
CAVAN CANDACE
DIRECTOR
THALASSINIDIS ANGELO
DIRECTOR

STEWART JAMES

PERSINGER JOANNE

WILSON JEREMY

MCDEVITT VALERIE

MULLARKEY MATTHEW

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

and Independent Contractors

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average hours per than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation

and a director/trustee)

organization

127,200

101,200

organizations

from the

5,997

5,796

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

DIRECTOR

DIRECTOR

CASCHETTE SCOTT

DANIEL J SCOTT

JILL ST THOMAS

CO-EXECUTIVE DIRECTOR

CO-EXECUTIVE DIRECTOR

	for related organizations below dotted line)	악파	Institutional Trustee	<u>Ş</u>	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
CATE CHRIS	0 50	х						0	0	0
DIRECTOR		\						U	U	0
DICK KEN	0 50	v						0	0	0

0 50

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40.00

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any hours

SCHEDULE C

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

DLN: 93493267004369

Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service

EZ)

(Form 990 or 990-

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C • Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B Section 527 organizations Complete Part I-A only If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B Do not complete Part II-A If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization

IAM	IPA BAY TECHNOLOGY FORUM INC			51-0444271			
Par	t I-A Complete if the orga	nization is exempt under section	on 501(c) or is	a section 527 organ	nizatio	on.	
1	Provide a description of the organ "political campaign activities")	nization's direct and indirect political ca	mpaign activities in	Part IV (see instruction	s for de	efinition of	
2	Political campaign activity expenditures (see instructions)				\$		
3	Volunteer hours for political camp	paign activities (see instructions)					
Par	t I-B Complete if the orga	nization is exempt under section	on 501(c)(3).				
1	Enter the amount of any excise to	ax incurred by the organization under s	ection 4955	<b>&gt;</b>	\$		
2	Enter the amount of any excise to	Enter the amount of any excise tax incurred by organization managers under section 4955			\$		
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?					☐ Yes	□ No
4a	Was a correction made?					☐ Yes	□ No
b	If "Yes," describe in Part IV						
Pari	t I-C Complete if the orga	nization is exempt under section	on 501(c), exce	ept section 501(c)(3	3).		
1	Enter the amount directly expend	ed by the filing organization for section	n 527 exempt funct	ion activities	\$		
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exen function activities						
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b				\$		
4	Did the filing organization file Form 1120-POL for this year?					☐ Yes	□ No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.						
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-		(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-	

Grassroots ceiling amount

activity

Volunteers?

Media advertisements?

Return Reference

1

b

(b)

Amount

(a)

No

Yes

## Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 Nο 1 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Yes Did the organization agree to carry over lobbying and political expenditures from the prior year? No Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year С Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

instructions), and Part II-B, line 1 Also, complete this part for any additional information

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

efile GRAPHIC print - DO NOT PROCESS					DLN:	DLN: 93493267004369	
SCHEDUL (Form 990 or EZ)	990-	Supplemental Information to Form 990 or 990-EZ  Complete to provide information for responses to specific questions on  Form 990 or 990-EZ or to provide any additional information.  Attach to Form 990 or 990-EZ.  Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.		ions on n.	OMB No 1545-0047  2018  Open to Public Inspection		
Name Betheolog TAMPA BAY TECHN 990 Schedule	OLOGY FORUM I	NC mental Informatio	n		Employer identi 51-0444271	fication number	
Return Reference				Explanation			
FORM 990, PART VI, SECTION A, LINE 1	THE BOARD OF DIRECTORS, BY RESOLUTION ADOPTED BY A MAJORITY OF THE NUMBER OF DIRECTORS, MA Y DESIGNATE TWO OR MORE DIRECTORS TO CONSTITUTE AN EXECUTIVE COMMITTEE OR OTHER COMMITTEES , EACH OF WHICH SHALL HAVE AND MAY EXERCISE ALL OF THE AUTHORITY OF THE BOARD OF DIRECTORS IN THE MANAGEMENT OF THE CORPORATION						

Return Explanation

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

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Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	AN INTERESTED PERSON SHALL INCLUDE ANY DIRECTOR, OFFICER, OR MEMBER OF A COMMITTEE TO WHICH THE BOARD OF DIRECTORS HAS DELEGATED POWERS, WHO HAS A DIRECT OR INDIRECT FINANCIAL INTEREST IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, EACH INTERESTED PERS ON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS RELATING TO THE FINANCIAL INTEREST AND ALL MATERIAL FACTS RELATING TO THE FINANCIAL INTEREST AND ALL MATERIAL FACTS RELATING TO THE FINANCIAL INTEREST AND ALL MATERIAL FACTS RELATING TO THE DIADRONG PERSON OF ANY COMMITTEE WHICH IS CONSIDERING THE TRANSACTION ON OR ARRANGEMENT AT A MEETING OF THE BOARD OR COMMITTEE ANY INFORMATION WHICH THE INTERESTED PERSONS BELIEVE THAT THE BOARD OR COMMITTEE SHOULD CONSIDER IN DETERMINING WHETHER A CONFLICT OF INTEREST EXISTS ALL FURTHER PROCEEDINGS SHALL BE UNDERTANGENOW BY DISINTERESTED PERSONS BELIEVE THAT THE BOARD OR COMMITTEE SHOULD CONSIDER IN DETERMINING WHETHER A CONFLICT OF INTEREST EXISTS ALL FURTHER PROCEEDINGS SHALL BE UNDERTANGENOW BY DISINTERESTED PERSONS BELIEVE THAT THE BOARD OR COMMITTEE SHOULD CONSIDER SHALL BE UNDERTANGENOW BY DISINTERESTED PERSONS OF THE BOARD OR COMMITTEE SHOULD CONSIDER SHALL FURTHER PROCEEDINGS SHALL BE UNDERTANGENOW BY DISINTERESS THE INTERESTED FERSONS SHALL DETERMINE BY MAJORITY OF WHETHER A CONFLICT OF INTEREST EXISTS THE INTERESTED PERSONS SHALL NOT BE PRESENT DURING THE DELIBERATIONS OR VOTE OF THE BOARD OR COMMITTEE SHALL DETERMINE BY MAJORITY OF WHETHER A CONFLICT OF INTEREST EXISTS THE INTERESTED PERSONS COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT THE BOARD OR COMMITTEE SHALL APPOINT A DISINTERESTED PERSON OR COMMITTEE SHALL APPOINT A DISINTERESTED PERSON OR COMMITTEE SHALL DETERMINE BY THE EXERCISE OF DUBLILIGENCE WHETHER THE CONFLICT OF INTEREST IN THE BOARD OR COMMITTEE SHALL DETERMINED BY THE EXERCISE OF DUBLILIGENCE WHETHER THE TRE OFFICE OF INTEREST THE BOARD ON THE PROPOSED TRANSACTION OR ARRANGEMENT THE BOARD ON THE PROPOSED TRANSACTION O

Return Explanation

FORM 990, COMPENSATION IS DISCUSSED AMONG OFFICERS AND RATIFIED AT THE EXECUTIVE COMMITTEE LEVEL EX ECUTIVE COMPENSATION IS DETERMINED BY COMPARING TO OTHER 501C6 ORGANIZATIONS AND IS BASED SECTION B, ON REASONABLE AND APPROPRIATE LEVEL OF RESPONSIBILITY

Return Explanation

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FORM 990,	THE GOVERNING DOCUMENTS, FINANCIAL STATEMENTS, AND CONFLICT OF INTEREST POLICIES ARE AVAILABLE TO
PART VI,	THE PUBLIC UPON REQUEST
SECTION C,	
LINE 19	