Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form, as it may be made public. Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

A F	or the	2023 calenda	ır year, or tax year beginning	07/01/2023	and end	ing	06	/30/202	24
B c	heck if ap	oplicable:	C Name of organization				D Emp	loyer ide	entification number
	Address change Name change TAMPA BAY HOMESCHOOL INCLUSIVE EVENTS INC Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telep						88-3421053		
Ц							E Telephone number		
=	nitial retur							72	7-497-7424
=		rn/terminated	City or town, state or province, country, and	ZIP or foreign postal code			F Grou	up Exer	nption
=	Amended Application	n pending	Land O Lakes, FL					nber	•
		ting Method:	✓ Cash	ifv):		Н	Check	✓ if the	organization is not
		https://tbl				— "			ach Schedule B
			ck only one) — 🗹 501(c)(3) 🗌 501(c) () (insert no.)	947(a)(1) or	527	(Form 9		55544.5 2
			✓ Corporation ☐ Trust		Other:	OL1	,	,	
		-	7b to line 9 to determine gross receipts.			or if tot	al assets		
			500,000 or more, file Form 990 instead	•				. \$	12,154
_	art I		e, Expenses, and Changes in l						
			the organization used Schedule (,				•
	1		ns, gifts, grants, and similar amoun					1	609
	2		ervice revenue including governmer					2	11,545
	3		p dues and assessments					3	0
	4	Investment	T					4	0
	т 5а		unt from sale of assets other than i		1 1				0
			or other basis and sales expenses	•			0 0	-	
	b		ss) from sale of assets other than in			o)		_	
	С 6		d fundraising events:	ventory (Subtract line	ob irom line o	a)		5c	0
	-	_	ome from gaming (attach Sched	lulo G if greater th	an				
<u>o</u>	а			_	6a		0		
Revenue	h		me from fundraising events (not inc		0 of co	ntributi	0	-	
ě	b		aising events reported on line 1) (a			Hillbuti	0115		
Œ			h gross income and contributions e				0		
	•		t expenses from gaming and fundra				0	-	
	c d		e or (loss) from gaming and fundra	•		and si	ıhtract	-	
	u	line 6c) .		•		and st	Joliaci	6d	0
	70	•	s of inventory, less returns and allow						0
	7a b						0 0	-	
			t or (loss) from sales of inventory (s						
	C	•	• •		•			7c 8	0
	8 9		nue (describe in Schedule O)					9	0
	10		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, similar amounts paid (list in Sched					10	12,154
	11		id to or for members	•				11	0
(n	12		her compensation, and employee t					12	0
Expenses	13		al fees and other payments to indep					13	0
en	13 14		arrees and other payments to indep γ , rent, utilities, and maintenance					14	0
Ϋ́			blications, postage, and shipping					15	0
	15 16	• .							0
	16		nses (describe in Schedule O) .Se					16	10,870
	17	Types and	nses. Add lines 10 through 16 .	· · · · · · · · · · · · · · · · · · ·				17	10,870
şts	18 19		deficit) for the year (subtract line 17					18	1,284
SSE	13		or fund balances at beginning of r figure reported on prior year's retu					40	
ţ	00	=		•				19	1,635
Net Assets	20		ges in net assets or fund balances		. ==			20	0
_	21	inet assets	or fund balances at end of year. Co	mpine lines 18 through	gn 20			21	2,919

Form 990-EZ (2023)

Page 2

Page 11 Relance Sheets (see the instructions for Part II)

Pal	· ·	,				
	Check if the organization used Schedule	O to respond to ar	• •			
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			1,836	_	
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			1,836	25	2,957
26	Total liabilities (describe in Schedule O) See Sc	hedule O, Statement.	2	201	_	
27	Net assets or fund balances (line 27 of column	(B) must agree with	n line 21)	1,635	27	2,919
Par						
	Check if the organization used Schedule	O to respond to ar	ny question in this	Part III 🔲		Expenses
What	is the organization's primary exempt purpose?	See Schedule O, Sta	tement 3			equired for section 1(c)(3) and 501(c)(4)
Desc	ribe the organization's program service accomplis	shments for each of	f its three largest p	rogram services.	1	ganizations; optional for
	easured by expenses. In a clear and concise m				oth	ners.)
	ons benefited, and other relevant information for ea		•			
28	Middle school dance: A two hour dance hosted 66 m	iddle school student	s from across 4 cour	ities, and		
	included entertainment, refreshments, and photos.					
	(Grants \$ 0) If this amount	includes foreign gra	nts. check here .		28	a 943
29	High School Dance: A four hour dance hosted 59 high					7.0
	entertainment, refreshments, and photos.	jii sonoor st uu onts ii	om doross / countries	o, una moradoa		
	entertainment, renesiments, and protes.					
	(Grants \$ 0) If this amount	includes foreign gra	nts check here	П	29	a 1,593
30	Prom: A four hour dance hosted 87 high school junio				20	1,373
00	entertainment, refreshments, and photos.	or and semiors morn a	cross to counties, a	ila iliciaaea		
	entertainment, refresiments, and photos.					
	(Grants \$ 0) If this amount	includes foreign gra	nte chock horo		30	5 710
21	Other program services (describe in Schedule O)				30	a 5,718
31					24	
33	(Grants \$ 0) If this amount Total program service expenses (add lines 28a t	includes foreign gra	mis, check here .	📙	31	_
	Total program service expenses (add lines 20a i	iliougiio ia)			32	2 9,185
Dak	IV List of Officers Directors Tweeters and Key					
Par		Employees (list each	one even if not comp	oensated-see the i		
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	Employees (list each	one even if not comp ny question in this	oensated-see the i		
Par		r Employees (list each O to respond to ar	one even if not comp ny question in this (c) Reportable	pensated — see the in Part IV	nstru	uctions for Part IV)
Par		O to respond to ar (b) Average hours per week	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC/	pensated—see the in Part IV	nstru	uctions for Part IV)
Par	Check if the organization used Schedule	O to respond to ar	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	pensated—see the in Part IV	nstru	uctions for Part IV)
	Check if the organization used Schedule (a) Name and title	(b) Average hours per week devoted to position	none even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	pensated—see the in Part IV	nstru eee (e	uctions for Part IV)
Deni	Check if the organization used Schedule (a) Name and title se Mestanza-Taylor	O to respond to ar (b) Average hours per week	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	pensated—see the in Part IV	nstru	uctions for Part IV)
Deni Chie	Check if the organization used Schedule (a) Name and title se Mestanza-Taylor f Executive Officer	(b) Average hours per week devoted to position	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	pensated—see the i Part IV	nstru eee (e	e) Estimated amount of other compensation
Deni Chie Paul	Check if the organization used Schedule (a) Name and title se Mestanza-Taylor f Executive Officer a Christensen	(b) Average hours per week devoted to position	none even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	pensated—see the i Part IV	nstru eee (e	uctions for Part IV)
Deni Chie Paul Chie	Check if the organization used Schedule (a) Name and title se Mestanza-Taylor f Executive Officer a Christensen f Operating Officer	(b) Average hours per week devoted to position	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	pensated—see the i Part IV	nstru eee (e	e) Estimated amount of other compensation
Deni Chie Paul Chie Karis	Check if the organization used Schedule (a) Name and title se Mestanza-Taylor f Executive Officer a Christensen f Operating Officer ssa Wright	(b) Average hours per week devoted to position	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	censated—see the i Part IV	nstru eee (e	e) Estimated amount of other compensation
Deni Chie Paul Chie Karis Chie	Check if the organization used Schedule (a) Name and title se Mestanza-Taylor f Executive Officer a Christensen f Operating Officer ssa Wright f Financial Officer	(b) Average hours per week devoted to position 5.00	n one even if not comply question in this (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	censated—see the i Part IV	nstru	e) Estimated amount of other compensation
Deni Chie Paul Chie Karis Chie Jillia	Check if the organization used Schedule (a) Name and title se Mestanza-Taylor f Executive Officer a Christensen f Operating Officer ssa Wright f Financial Officer n Brugal	(b) Average hours per week devoted to position 5.00	n one even if not comply question in this (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	pensated—see the in Part IV	nstru	e) Estimated amount of other compensation
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Deni Chie Paul Chie Karis Chie Jillia	Check if the organization used Schedule (a) Name and title se Mestanza-Taylor f Executive Officer a Christensen f Operating Officer ssa Wright f Financial Officer n Brugal	(b) Average hours per week devoted to position 5.00	n one even if not comply question in this (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-) 0	pensated—see the in Part IV	0 0 0	e) Estimated amount of other compensation 0
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Deni Chie Paul Chie Karis Chie Jillia	Check if the organization used Schedule (a) Name and title se Mestanza-Taylor f Executive Officer a Christensen f Operating Officer ssa Wright f Financial Officer n Brugal	(b) Average hours per week devoted to position 5.00	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0	pensated—see the in Part IV	0 0 0	e) Estimated amount of other compensation 0
Deni Chie Paul Chie Karis Chie Jillia	Check if the organization used Schedule (a) Name and title se Mestanza-Taylor f Executive Officer a Christensen f Operating Officer ssa Wright f Financial Officer n Brugal	(b) Average hours per week devoted to position 5.00	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0	pensated—see the in Part IV	0 0 0	e) Estimated amount of other compensation 0
Deni Chie Paul Chie Karis Chie Jillia	Check if the organization used Schedule (a) Name and title se Mestanza-Taylor f Executive Officer a Christensen f Operating Officer ssa Wright f Financial Officer n Brugal	(b) Average hours per week devoted to position 5.00	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0	pensated—see the in Part IV	0 0 0	e) Estimated amount of other compensation 0

Part V

	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	3 Part	۷.	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		V
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		~
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			•
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~
	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization subject to section $6033(e)$ notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		~
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		~
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 0			
b	Did the organization file Form 1120-POL for this year?	37b		~
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		~
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9	-		
b 40-	Gross receipts, included on line 9, for public use of club facilities	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
b	section 4911: 0; section 4912: 0; section 4955: 0 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
Б	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40h		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	40b		•
Ū	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed: FL	100		
42a		727-49	7-7424	4
	Located at: 7IP + 4			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		~
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country:	42c		•
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year			
	40		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		~
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b		V
Q C	Did the organization receive any payments for indoor tanning services during the year?	44c		~
d	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	440 45a		~
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	Ju		
~	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-F7. See instructions	45h		

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

Form 99	90-EZ (2	023)								P	age 4
46	Did th	ne organization engage, directly or in	ndirectly, in political c	ampaign activities	on behalf	of or ir	n opposit	tion		Yes	
Part	VI	ndidates for public office? If "Yes," of Section 501(c)(3) Organizations	s Only						46		✓
		All section 501(c)(3) organization 50 and 51.					plete th	e tabi	es to	or line	es
		Check if the organization used Sch	nedule O to respond	to any question i	n this Pai	TVI			<u>· · ·</u>		
47		he organization engage in lobbying If "Yes," complete Schedule C, Par		section 501(h) elec		fect du	ring the	tax	47	Yes	No
48	-	organization a school as described in				 .lo E		. +	48		~
49a		ne organization make any transfers to						. +	49a		~
b		es," was the related organization a se		_					49b		
50		plete this table for the organization's								es. an	d ke
		oyees) who each received more than									
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS 1099-NEC)	contrib 6C/ benefit		employee d deferred			d amou	
None				,							
f	Total	number of other employees paid over	er \$100,000								
51	Com	plete this table for the organization',000 of compensation from the organ	s five highest compe	ensated independe	ent contra	ctors w	vho each	rece	ived	more	thar
	(a)	Name and business address of each independ	lent contractor	(b) Type of s	service		(c)	Compe	ensatio	on	
None											
				_							
				1							
										_	
				-							
	Total	number of other independent contra	actors each receiving	over \$100,000							
52	Did 1	the organization complete Schedubleted Schedule A	-		ganizatio	ns mus		_	Yes		No
	enalties	of perjury, I declare that I have examined this rid complete. Declaration of preparer (other than					est of my kr				
		Security of property (office that	. ssor, is based on all line	ation of willon prepar	o. mas arry r				—		
Sign		Signature of officer				Date					
Here		Karissa Wright, CFO									
		Type or print name and title									
Paid		Print/Type preparer's name	Preparer's signature		Date		Check	if P	PTIN		
Prep	arer						self-emplo				
Use		Firm's name				Firm's	EIN				
May th	a IRS	Firm's address discuss this return with the preparer	shown above? See	instructions		Phone	no.		Vac		<u></u>

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization Employer identification number						
	TAMPA BAY HOMESCHOOL INCLUSIVE EVENTS INC 88-3421053					
Part I Reason for Public Cha						ons.
The organization is not a private foundation		,		-	•	
1 A church, convention of church					U(b)(1)(A)(i).	
2 A school described in section3 A hospital or a cooperative ho			-	-	\/A\/;;;\	
4 A medical research organizati						(iii) Enter the
hospital's name, city, and stat	·e:					
5 An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit described in
 A federal, state, or local gover An organization that normally described in section 170(b)(1 	receives a subs	tantial part of its sup				n the general public
8 A community trust described	in section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9 An agricultural research organ or university or a non-land-gra university:	nization described ant college of agr	d in section 170(b)(1) iculture (see instruction	(A)(ix) op ons). Ente	er the nan	ne, city, and state of	the college or
10 An organization that normally receipts from activities related support from gross investmen acquired by the organization a	after June 30, 197	related business taxal 75. See section 509(a	ole incom i)(2) . (Cor	ne (less se mplete Pa	art III.)	fees, and gross 33 ¹ / ₃ % of its businesses
11 _ An organization organized and	•	•	•		` '` '	
12 An organization organized and	•		•			
one or more publicly supporte the box on lines 12a through 1						
a Type I. A supporting organization supporting organization. Y	n(s) the power to	regularly appoint or e	lect a ma	jority of t		
b Type II. A supporting orga control or management of organization(s). You must	the supporting o	rganization vested in	the same			
c Type III functionally integ						ally integrated with,
d Type III non-functionally that is not functionally interequirement (see instructional see instructio	grated. The orga	nization generally mus	st satisfy	a distribu	ıtion requirement an	
e Check this box if the organ functionally integrated, or	nization received Type III non-func	a written determination	on from th	ne IRS tha	at it is a Type I, Type ion.	e II, Type III
f Enter the number of supported						
g Provide the following information	n about the supp	orted organization(s).				
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Schedule A (Form 990) 2023 Page 2 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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (d) 2022 (c) 2021 **(e)** 2023 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge **Total.** Add lines 1 through 3 . . . 4 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) **Public support.** Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business 9 activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) **Total support.** Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) % 14 Public support percentage from 2022 Schedule A, Part II, line 14 15 331/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

Schedule A (Form 990) 2023 Page **3**

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

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

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")				2,104	609	2,713
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
•	organization's tax-exempt purpose				8,404	11,545	19,949
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the				0	0	0
4	organization's benefit and either paid						
	to or expended on its behalf				0	0	0
5	The value of services or facilities				-		
	furnished by a governmental unit to the						
	organization without charge				0	0	0
6	Total. Add lines 1 through 5	0	0	0	10,508	12,154	22,662
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .				0	0	0
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				0	196	196
С	Add lines 7a and 7b	0	0	0	0	196	196
8	Public support. (Subtract line 7c from		_	_	_		
	line 6.)						22,466
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	0	0	0	10,508	12,154	22,662
10a	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties, and income from similar sources				0	0	0
b	Unrelated business taxable income (less				0	U	
~	section 511 taxes) from businesses						
	acquired after June 30, 1975				0	0	0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on				0	0	0
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)				0	0	0
13	Total support. (Add lines 9, 10c, 11,				0	0	0
	and 12.)	o	0	0	10,508	12,154	22,662
14	First 5 years. If the Form 990 is for the		first, second	, third, fourth,	or fifth tax ye	ar as a section	n 501(c)(3)
	organization, check this box and stop he						v
	on C. Computation of Public Suppor					T T	
15	Public support percentage for 2023 (line 8		•			15	<u>%</u>
16 Secti	Public support percentage from 2022 Sci on D. Computation of Investment In					16	%
17	Investment income percentage for 2023 (v line 13 colu	mn (f)\	17	%
18	Investment income percentage for 2023 (-		18	
19a	33 ¹ / ₃ % support tests—2023. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests-2022. If the organize						
	line 18 is not more than 331/3%, check this	box and stop h	ere . The organi	zation qualifies	as a publicly su	upported organi	zation .
20	Private foundation. If the organization di	d not check a l	oox on line 14	19a or 19h o	heck this hox	and see instruc	ctions

Schedule A (Form 990) 2023 Page 4

Part IV **Supporting Organizations**

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

Se

	on A. All Supporting Organizations		Yes	No
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.	1		
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).	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.	3a		
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.	3b		
С	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.	3c		
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.	4a		
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.	4b		
С	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.	4c		
5а	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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
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? <i>If "Yes," provide detail in Part VI.</i>	6		
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).	7		
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).	8		
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 .	9a		
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 .	9b		
С	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 .	9c		
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.	10a		

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.)

10b

Schedule A (Form 990) 2023 Page 5 Part IV **Supporting Organizations** (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a 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 c 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 Section B. Type I Supporting Organizations Yes No 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 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 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 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 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 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete **line 2** below. The organization is the parent of each of its supported organizations. *Complete line 3 below.* С 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. Yes No Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b 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. 2b 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. 3a

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.

3b

Schedule A (Form 990) 2023 Page 6

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Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	izations	
1	☐ Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Sect	ion A-Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7_	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in 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-functional (see instructions).		integrated Type III suppo	rting organization

Schedule A (Form 990) 2023 Page 7

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2023 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) Section E—Distribution Allocations (see instructions) **Underdistributions Distributable Excess Distributions** Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023 a From 2018 From 2019 **c** From 2020 **d** From 2021 **e** From 2022 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2023 distributable amount Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2023 from Section D, line 7: Applied to underdistributions of prior years Applied to 2023 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result 5 greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2024. Add lines 3j and 4c. Breakdown of line 7: Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . . Excess from 2023 . . .

Schedule A (Form 990) 2023 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE 0 (Form 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.

OMB No. 1545-0047

Department of the Treasury	Attach to Form 990 or Form 990-EZ.	Open to Public Inspection		
Internal Revenue Service	epartment of the Treasury			
Name of the organization	• • • • • • • • • • • • • • • • • • • •	Employer identification number		
	HOOL INCLUSIVE EVENTS INC	88-3421053		
TAWFA BAT HOWESC	HOOL INCEUSIVE EVENTS INC	86-3421033		

Schedule O, Statement 1

TAMPA BAY HOMESCHOOL INCLUSIVE EVENTS INC

Form: **Form 990-EZ (2023)** EIN: **88-3421053**

Page: 1

Part I, Line 16

Other Expenses Structured Explanation

Description	Amount
Web Hosting	360
Software Rental	1,044
Licensing Permits Filing Fees	61
Non Programing Credit Card Processing	9
Non Programing Insurance	203
Program Security	430
Program Printing	255
Program Venues	1,535
Program Entertainment	800
Program Decorations	529
Program Food and Drink	4,158
Program Photography and Videography	575
Program Credit Card Processing	428
Program Ticketing Fees	483
Total:	10,870

Schedule O, Statement 2 TAMPA BAY HOMESCHOOL INCLUSIVE EVENTS INC

Form: Form 990-EZ (2023)
Page: 2
EIN: 88-3421053
Part II, Line 26

Other Liabilities Structured Explanation

	F
Description	EOY Amount
Florida Sales and Use Tax to be paid	38
Total:	38

Schedule O, Statement 3

TAMPA BAY HOMESCHOOL INCLUSIVE EVENTS INC

Form: Form 990-EZ (2023) EIN: 88-3421053

Page: 2 Part III

Primary Exempt Purpose

Primary Exempt Purpose

To provide safe and inclusive events to Tampa Bay homeschool students regardless of race, religion, socio-economic status, ability, gender identity, or sexual orientation.

Schedule O, Statement 4

TAMPA BAY HOMESCHOOL INCLUSIVE EVENTS INC

Form: Form 990-EZ (2023) EIN: 88-3421053

Page: 2

Part III, Line 31

Other Program Service Accomplishments

Description	Grants And Allocations	Includes Foreign Grants	Program Service Expenses
A graduation ceremony allowing homeschool seniors to walk and receive their parent-issued diploma. The ceremony hosted 12 students and included 2 keynote speakers, professional photos, a professional video of the event, and livestream for out of town family & friends.	0		931
Total:			931