

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

03-24-2006 90030 002 \*\*\*\*70.00

**DOCUMENT # N01000007850**

1. Entity Name  
100 BLACK MEN OF TAMPA BAY, INC.



Principal Place of Business  
3837 NORTDALE BLVD  
SUITE 165  
TAMPA, FL 33624

Mailing Address  
3837 NORTDALE BLVD  
SUITE 165  
TAMPA, FL 33624

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03152006 Chg-NP CR2E037 (11/05)

4. FEI Number  
05-0598851

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HENDERSON, CHARLES E  
15108 HEATHRIDGE DR.  
TAMPA, FL 33625

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when consolidating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME BELL, HENRY JR  
STREET ADDRESS 16410 HATCHER LOOP DR.  
CITY-ST-ZIP TAMPA, FL 33624

TITLE VD ☒ Delete  
NAME CURRY, COREY C  
STREET ADDRESS 3904 PINE ST  
CITY-ST-ZIP TAMPA, FL 33607

TITLE VDO ☒ Delete  
NAME COLEMAN, RAYMOND  
STREET ADDRESS 3506 -24TH AVE EAST  
CITY-ST-ZIP TAMPA, FL 33605

TITLE VDF ☐ Delete  
NAME HENDERSON, CHARLES E  
STREET ADDRESS 15108 HEATHRIDGE DR.  
CITY-ST-ZIP TAMPA, FL 33625

TITLE VDP ☐ Delete  
NAME LUMPKIN, THALLUS CAPT  
STREET ADDRESS 714 STRAW LAKE DRIVE  
CITY-ST-ZIP BRANDON, FL 33510

TITLE SE ☐ Delete  
NAME WASHINGTON, BRIAN E  
STREET ADDRESS 8938 ABERDEEN CREEK CIRCLE  
CITY-ST-ZIP RIVERVIEW, FL 33569

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V.P. DEVELOPMENT ☒ Change ☐ Addition  
NAME JAMES COLE  
STREET ADDRESS 12206 WOOD DUCK  
CITY-ST-ZIP Temple Terrace, FL 33617

TITLE VP OPERATIONS ☒ Change ☐ Addition  
NAME FRANKLIN REYES JR  
STREET ADDRESS 5818 HAMMON DR  
CITY-ST-ZIP TAMPA FL 33617

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Henry L. Bell, Jr* Henry L. Bell, Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/06

(813) 228-1619

Date Daytime Phone #

**ATTACHMENT #** **400 38299** **# N01000007850**  
**Short Form**

Form **990-EZ**

**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

**2005**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A For the 2005 calendar year, or tax year beginning**

**2005, and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization 100 BLACK MEN OF TAMPA BAY INC.		<b>D</b> Employer identification number 05-0598851
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 3837 NORTH DALE BLVD 165		<b>E</b> Telephone number (813) 265-2806
		City or town, state or country, and ZIP + 4 TAMPA FL 33624		<b>F</b> Group Exemption Number

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting method: ☒ Cash ☐ Accrual  
Other (specify) ▶

**I** Web site: ▶ N/A

**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**J** Organization type (check only one) — ☒ 501(c) ( 3 ) (insert no.) ☐ 4947(a)(1) or ☐ 527

**K** Check ☒ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. **Some states require a complete return.**

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ

▶ \$ 38,902.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See Instructions)

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	26,265.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	12,637.
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c	
	6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
EXPENSES	6b	Less: direct expenses other than fundraising expenses	6b	11,330.
	6c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c	-11,330.
	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less: cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	
	8	Other revenue (describe ▶ )	8	
	9	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	27,572.
	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
ASSETS	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	2,065.
	16	Other expenses (describe ▶ See Other Expenses Statement )	16	14,832.
	17	<b>Total expenses</b> (add lines 10 through 16)	17	16,897.
	18	Excess or (deficit) for the year (line 9 less line 17)	18	10,675.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	6,068.
	20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year (combine lines 18 through 20)	21	16,743.	

**Part II Balance Sheets** — If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See Instructions)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	6,068.	16,743.
23 Land and buildings	0.	0.
24 Other assets (describe ▶ )	0.	0.
25 <b>Total assets</b>	6,068.	16,743.
26 <b>Total liabilities</b> (describe ▶ )	0.	0.
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	6,068.	16,743.

## ATTACHMENT

40038299

# N01000007850

Form 990-EZ (2005) 100 BLACK MEN OF TAMPA BAY INC.

05-0598851

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**Part III Statement of Program Service Accomplishments** (See Instructions)**Expenses**

What is the organization's primary exempt purpose? **MENTORING, EDUCATION, HEALTH & WELLNESS, ECONOMIC DEVELOPMENT**  
 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts: optional for others.)

28	Education-Four time a year have a seminar on the Chronicles Of Black Wealth. Economic Development have a program of Dollars And Sense (Grants \$ 4,000.) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	5,014.
29	Health & Wellness-7th Annual African American Men's Health Forum free testing for Colon Cancer, Blood Pressure, Cholesterol, Diabetes. (Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	600.
30	Mentoring- School-base mentoring program at Oak Park Academy Elementray, mentoring 25 kids ever other fruday for two hours. mentoring the collegiate 100 at USF. (Grants \$ 1,600.) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	5,302.
31	Other program services (attach schedule) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	<b>Total program service expenses</b> (add lines 28a through 31a) <input type="checkbox"/>	32	10,916.

**Part IV List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated. See Instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
HENRY L. BELL, JR. 16410 BONNEVILLE DR TAMPA FL 33624	PRESIDENT 20HR	0.	0.	0.
FRANKLIN REVELS, JR. 5818 HAMMON DR TAMPA, FL 33619	VP OPERATIOHS 15HR	0.	0.	0.
CHARLES E. HENDERSON 15108 HEATHRIDGE DR TAMPA FL 33625	VP FINANCE 20HR	0.	0.	0.
See List of Officers, Etc. Statement				

**Part V Other Information** (Note the attachment requirement in the instructions)

0

Yes No

33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	35b		X
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If 'Yes,' att a stmt.)	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/>	37a	0.	
b	Did the organization file Form 1120-POL for this year?	37b		X
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 unpaid at the start of the period covered by this return?	38a		X
b	If 'Yes,' attach the sch specified in the In 38 instructions and enter the amount involved	38b	N/A	
39	501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9	39a	N/A	
b	Gross receipts, included on line 9, for public use of club facilities	39b	N/A	
40a	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> : section 4912 <input type="checkbox"/> : section 4955 <input type="checkbox"/>			
b	501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach an explanation	40b		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Enter amount of tax on line 40c reimbursed by the organization			

ATTACHMENT

40038299  
# NO 1000007850

Form 990-EZ (2005) 100 BLACK MEN OF TAMPA BAY INC.

05-0598851

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**Part V Other Information** (Note the attachment requirement in the instructions) (Continued)41 List the states with which a copy of this return is filed ▶ Florida42 a The books are in care of ▶ CHARLES E. HENDERSONTelephone no. ▶ (813) 265-2806Located at ▶ 15108 HEATHRIDGE DR. TAMPA FLZIP + 4 ▶ 33625

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

42b

Yes

No

If 'Yes,' enter the name of the foreign country: ▶

See the instructions for exceptions and filing requirements for Form TD F 90-22.1.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

42c

If 'Yes,' enter the name of the foreign country: ▶

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

▶ 43

N/A

Please  
Sign  
Here

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.

▶ Henry L. Bell, Jr.  
Signature of officer

03/15/06

Date

▶ HENRY L. BELL, JR PRESIDENT  
Type or print name and titlePaid  
Pre-  
parer's  
Use  
OnlyPreparer's  
signature ▶ Charles E. Henderson

Date

03/15/06

Check if  
self-  
employed ▶ ☒Preparer's SSN or PTIN (See  
General instruction V.)  
PO0483909Firm's name (or  
yours if self-  
employed): ▶ HIEI, THE HOUSE OF TAXESaddress, and  
ZIP + 4 ▶ 15108 HEATHRIDGE DRIVETAMPA

FL 33625

EIN

Phone no. ▶ (813) 265-2806

BAA

TEEA0312 02/06/06

Form 990-EZ (2005)

ATTACHMENT

40038299

**SCHEDULE A**  
(Form 990 or 990-EZ)**Organization Exempt Under  
Section 501(c)(3)**(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

OMB No. 1545-0047

**2005**Department of the Treasury  
Internal Revenue Service▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

Name of the organization

100 BLACK MEN OF TAMPA BAY INC.

Employer identification number

05-0598851

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See instructions. List each one. If there are none, enter 'None'.)

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
none				

Total number of other employees paid over \$50,000 ▶

None

**Part II - A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None'.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
none		

Total number of others receiving over \$50,000 for professional services ▶

None

**Part II - B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
none		

Total number of other contractors receiving over \$50,000 for other services ▶

None

# ATTACHMENT

40038299  
#N01000907850  
05-0598851

Schedule A (Form 990 or 990-EZ) 2005

100 BLACK MEN OF TAMPA BAY INC.

Page 2

Part III Statements About Activities (See instructions.)		Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities . . . . \$ 0.			
(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)		1	X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)			
a Sale, exchange, or leasing of property?		2a	X
b Lending of money or other extension of credit?		2b	X
c Furnishing of goods, services, or facilities?		2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		2d	X
e Transfer of any part of its income or assets?		2e	X
3a Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments.)		3a	X
b Do you have a section 403(b) annuity plan for your employees?		3b	X
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		3c	X
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		4b	X

## Part IV Reason for Non-Private Foundation Status (See instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☒ An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc. functions - subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ☐ Type 1 ☐ Type 2 ☐ Type 3

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

## ATTACHMENT

40038299  
# NO1000007850

Schedule A (Form 990 or 990-EZ) 2005 100 BLACK MEN OF TAMPA BAY INC.

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**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.***Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) .....	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) .....					
16 Membership fees received .....					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose .....					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 .....					
19 Net income from unrelated business activities not included in line 18 .....					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf .....					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge .....					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets .....					
23 Total of lines 15 through 22 .....					
24 Line 23 minus line 17 .....					
25 Enter 1% of line 23 .....					
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 .....					26a
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts .....					26b
c Total support for section 509(a)(1) test: Enter line 24, column (e) .....					26c
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d
e Public support (line 26c minus line 26d total) .....					26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) .....					26f %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2004) _____ (2003) _____ (2002) _____ (2001) _____					
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2004) _____ (2003) _____ (2002) _____ (2001) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c
d Add: Line 27a total _____ and line 27b total _____					27d
e Public support (line 27c total minus line 27d total) .....					27e
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ....					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) .....					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) .....					27h %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

# ATTACHMENT

40038299

#N01000007850

Schedule A (Form 990 or 990-EZ) 2005 100 BLACK MEN OF TAMPA BAY INC.

05-0598851

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## Part V Private School Questionnaire (See instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? .....	31		
If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)				
-----				
-----				
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff? .....	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions? .....	32d		
If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)				
-----				
-----				
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges? .....	33a		
b	Admissions policies? .....	33b		
c	Employment of faculty or administrative staff? .....	33c		
d	Scholarships or other financial assistance? .....	33d		
e	Educational policies? .....	33e		
f	Use of facilities? .....	33f		
g	Athletic programs? .....	33g		
h	Other extracurricular activities? .....	33h		
If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)				
-----				
-----				
34a	Does the organization receive any financial aid or assistance from a governmental agency? .....	34a		
b	Has the organization's right to such aid ever been revoked or suspended? .....	34b		
If you answered 'Yes' to either 34a or b, please explain using an attached statement.				
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation. ....	35		



## ATTACHMENT

40038299  
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05-0598851

Schedule A (Form 990 or 990-EZ) 2005 100 BLACK MEN OF TAMPA BAY INC.

Page 5

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See instructions.)  
(To be completed **ONLY** by an eligible organization that filed Form 5768)Check ☒ **a** if the organization belongs to an affiliated group. Check ☐ **b** if you checked 'a' and 'limited control' provisions apply.**Limits on Lobbying Expenditures**

(The term 'expenditures' means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	36	0.
37	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	37	
38	Total lobbying expenditures (add lines 36 and 37) .....	38	0.
39	Other exempt purpose expenditures .....	39	
40	Total exempt purpose expenditures (add lines 38 and 39) .....	40	0.
41	Lobbying nontaxable amount. Enter the amount from the following table --		
	<b>If the amount on line 40 is --</b>		
	Not over \$500,000 .....		
	Over \$500,000 but not over \$1,000,000 .....		
	Over \$1,000,000 but not over \$1,500,000 .....		
	Over \$1,500,000 but not over \$17,000,000 .....		
	Over \$17,000,000 .....		
	<b>The lobbying nontaxable amount is --</b>		
	20% of the amount on line 40 .....		
	\$100,000 plus 15% of the excess over \$500,000 .....		
	\$175,000 plus 10% of the excess over \$1,000,000 .....		
	\$225,000 plus 5% of the excess over \$1,500,000 .....		
	\$1,000,000 .....		
42	Grassroots nontaxable amount (enter 25% of line 41) .....	42	0.
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	43	0.
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	44	0.

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.**4 -Year Averaging Period Under Section 501(h)**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
See the instructions for lines 45 through 50.)

Lobbying Expenditures During 4 -Year Averaging Period					
Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount .....					
46 Lobbying ceiling amount (150% of line 45(e)) .....					
47 Total lobbying expenditures .....					
48 Grassroots non-taxable amount .....					
49 Grassroots ceiling amount (150% of line 48(e)) .....					
50 Grassroots lobbying expenditures .....					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

Yes	No	Amount

- a Volunteers .....
- b Paid staff or management (Include compensation in expenses reported on lines c through h.) .....
- c Media advertisements .....
- d Mailings to members, legislators, or the public .....
- e Publications, or published or broadcast statements .....
- f Grants to other organizations for lobbying purposes .....
- g Direct contact with legislators, their staffs, government officials, or a legislative body .....
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....
- i Total lobbying expenditures (add lines c through h.) .....

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

BAA

Schedule A (Form 990 or 990-EZ) 2005

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## TEEA0406 08/08/05

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

Department of the Treasury  
Internal Revenue Service

ATTACHMENT  
40038299  
#N01000007850  
**Schedule of Contributors**

Supplementary Information for  
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No. 1545-0047

**2005**

Name of organization

100 BLACK MEN OF TAMPA BAY INC.

Employer identification number

05-0598851

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- ☒ 501(c)( 3 ) (enter number) organization  
☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation  
☐ 527 political organization

Form 990-PF

- ☐ 501(c)(3) exempt private foundation  
☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation  
☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule – see instructions.)

**General Rule –**

- ☐ For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules –**

- ☒ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test under Regulations sections 1.509(a)-3/1.170A-9(e) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc. purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc. purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc. contributions of \$5,000 or more during the year.) ..... ► \$

**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.**

Schedule B (Form 990, 990-EZ, or 990-PF) (2005)

# ATTACHMENT

100 BLACK MEN OF TAMPA BAY INC.

05-0598851

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Form 990-EZ, Part I, Line 16

## Other Expenses Statement

Other expenses (describe)

Dollars & Sense program	5,014.
Jr 100 Programs	5,302.
Chaptr Dues/Assessments	3,115.
Education	1,051.
Health & Wellness	350.
Total	14,832.

Form 990-EZ, Page 2, Part IV

## List of Officers, Etc. Statement

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
THALLUS LUMPKIN 714 STRAW LAKE DRIVE TAMPA, FL 33510	VP PROGRAMS 20HR	0.	0.	0.
JAMES COLE 12206 WOOD DUCK TEMPLE TERRACE, FL 33617	VP DEVELOPMENT 20HR	0.	0.	0.
BRIAN WASHINGTON 8938 ABERDEEN CREEK CIRCLE TAMPA, FL 33569	SECRETARY 20HR	0.	0.	0.
CRAIG BALDWIN 3837 NORTH DALE BLVD #165 TAMPA, FL 33624	PARLIAMENTARIAN 10HR	0.	0.	0.
DONALD STOKELY, JR. 707 PERIWINKLE PTE PL SEFFNER, FL 33584	HISTORIAN-WEB MASTER 25	0.	0.	0.
REV JIMMIE BROWN 13807 LAKE VILLAGE PLACE TAMPA, FL 33618	CHAPLAN 30	0.	0.	0.
CHARLES HOLLOMAN 11 6926 COHASSET CIRCLE RIVERVIEW, FL 33569	BOARD OF DIRECTOR 4	0.	0.	0.
CHARLEY BRYANT 4810 COLUMBUS WAY S SAINT PETERSBURG, FL 33712	BOARD OF DIRECTOR 2	0.	0.	0.
TROY COLLIER 6101 EAST 112 AVE TEMPLE TERRACE, FL 33617	BOARD OF DIRECTOR 2	0.	0.	0.
EARL HAUGABOOK P.O. BOX 111 TAMPA FL 33601	BOARD OF DIRECTOR 2	0.	0.	0.
BURNIS KIPATRICK, JR. 27051 CORAL SPRING DR WESLEY CHAPEL, FL 33543	BOARD OF DIRECTOR 2	0.	0.	0.

## ATTACHMENT

100 BLACK MEN OF TAMPA BAY INC.

05-0598851

40038299  
#N01000007850 2Form 990-EZ, Page 2, Part IV  
List of Officers, Etc. Statement

Continued

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
THOMAS WHITE 4375 RIDGEMOOR DRIVE NORTH PALM HARBOR, FL 34685	BOARD OF DIRECTOR 2	0.	0.	0.
SAM JONES 1823 WINN ARTHUR VALRICO, FL 33594	BOARD OF DIRECTOR 20	0.	0.	0.
EDDIE ADAMS 9504 WOODLAND TAMPA, FL. 33637	BOARD OF DIRECTOR 4	0.	0.	0.
ISAAC MCKINNEY III P.O. BOX 13672 ST PETERSBURG, FL. 33733	BOARD OF DIRECTOR 2	0.	0.	0.
RAYMOND SWEET 7902 FIR DR TAMPA, FL 33619	BOARD OF DIRECTOR 10	0.	0.	0.
CEDRIC POWELL 7001 SOUTH FITZGERLD ST TAMPA, FL. 33616	MEMBER 10	0.	0.	0.
MARCUS GREEN AME MAC DILL AIR FORCE BASE TAMPA, FL. 33619	MEMBER 02	0.	0.	0.
JETIE B. WILDS, JR. 10405 GREENHEDG TAMPA, FL. 33626	MEMBER 6	0.	0.	0.
WALTER FLOYD 1043 MILLAED FARMER RD NEWNAN, GA. 30263	MEMBER 01	0.	0.	0.
JEH MOHR 15518 LAKE BELLA VISTA DR TAMPA, FL. 33625	MEMBER 02	0.	0.	0.

# ATTACHMENT

100 BLACK MEN OF TAMPA BAY INC.

05-0598851

40038299  
#NO 1000007850<sup>3</sup>

## Supporting Statement of:

Form 990-EZ/Line 16 Amount-4

Description	Amount
taxes	350.
charity	701.
Total	<u>1,051.</u>