

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0687

2017

For calendar year 2017 or other tax year beginning JUL 1, 2017, and ending JUN 30, 2018

Go to www.irs.gov/Form990T for instructions and the latest information

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

A Check box if address changed

Name of organization (Check box if name changed and see instructions.)

D Employer identification number (Employees' trust, see instructions)

B Exempt under section X 501(c)(3) 408(e) 220(e) 408A 530(a) 529(a)

Print or Type

A KID'S PLACE OF TAMPA BAY, INC.

26-2757636

Number, street, and room or suite no. If a P.O. box, see instructions.

1715 LITHIA PINECREST ROAD

E Unrelated business activity codes (See instructions)

City or town, state or province, country, and ZIP or foreign postal code

BRANDON, FL 33511

900099

C Book value of all assets at end of year 6,287,170.

F Group exemption number (See instructions.)

G Check organization type X 501(c) corporation 501(c) trust 401(a) trust Other trust

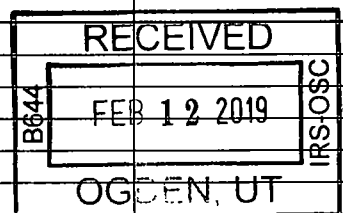
H Describe the organization's primary unrelated business activity. SEE STATEMENT 1

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? X Yes No

If "Yes," enter the name and identifying number of the parent corporation. SEE STATEMENT 2

J The books are in care of BRAD GREGORY Telephone number (813) 381-3839

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows 1a-13.



Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income)

Table with 4 columns: Line number, Description, Amount, Total. Rows 14-34.

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Part III Tax Computation

35 Organizations Taxable as Corporations See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here... 36 Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 34 from: 37 Proxy tax. See instructions. 38 Alternative minimum tax. 39 Tax on Non-Compliant Facility Income. See instructions. 40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies.

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 41b Other credits (see instructions) 41c General business credit. Attach Form 3800 41d Credit for prior year minimum tax (attach Form 8801 or 8827) 41e Total credits Add lines 41a through 41d 42 Subtract line 41e from line 40 43 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) 44 Total tax Add lines 42 and 43 45a Payments: A 2016 overpayment credited to 2017 45b 2017 estimated tax payments 45c Tax deposited with Form 8868 45d Foreign organizations: Tax paid or withheld at source (see instructions) 45e Backup withholding (see instructions) 45f Credit for small employer health insurance premiums (Attach Form 8941) 45g Other credits and payments: Form 2439 Form 4136 Other Total 46 Total payments. Add lines 45a through 45g 47 Estimated tax penalty (see instructions). Check if Form 2220 is attached 48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed 49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid 50 Enter the amount of line 49 you want: Credited to 2018 estimated tax Refunded

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here 52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. 53 Enter the amount of tax-exempt interest received or accrued during the tax year \$

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 taxpayer) is based on all information of which preparer has any knowledge. Signature of officer: [Signature] Date: 1-25-19 Title: CHIEF EXECUTIVE OFFICER. May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [] No. Paid Preparer Use Only Print/Type preparer's name: SAM A. LAZZARA Preparer's signature: [Signature] Date: 1/22/19 Check [] if self-employed PTIN: P01342929 Firm's name: RIVERO, GORDIMER & COMPANY, P.A. Firm's EIN: 59-3040705 Firm's address: TAMPA, FL 33672 Phone no. (813) 875-7774

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY STATEMENT 1

MEMBERSHIP IN HPS, LLC, A MEMBER-OWNED GROUP PURCHASING ASSOCIATION
 TO FORM 990-T, PAGE 1

FORM 990-T PARENT CORPORATION'S NAME AND IDENTIFYING NUMBER STATEMENT 2

| | |
|----------------------------------|-----------------------|
| <u>CORPORATION'S NAME</u> | <u>IDENTIFYING NO</u> |
| A KID'S PLACE OF TAMPA BAY, INC. | 26-2757636 |

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS STATEMENT 3

| <u>PARTNERSHIP NAME</u> | <u>GROSS INCOME</u> | <u>DEDUCTIONS</u> | <u>NET INCOME OR (LOSS)</u> |
|-------------------------------------|---------------------|-------------------|-----------------------------|
| HPS LLC | 202. | 0. | 202. |
| TOTAL TO FORM 990-T, PAGE 1, LINE 5 | 202. | 0. | 202. |