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	EVMENDED MO MAY 1	5 2010		
Form <b>990-T</b>	EXTENDED TO MAY 15 Exempt Organization Business		rn all our	No 1545-0687
Form 330-1	(and proxy tax under sect		7/1/	10 1040-0087
	For calendar year 2016 or other tax year beginning JUL 1, 2016		17   <b>7</b>	2016
Department of the Treasury	► Information about Form 990-T and its instructions is a		_   2	.0 10
Internal Revenue Service	▶ Do not enter SSN numbers on this form as it may be made	public if your organization is a 501(c)(	3). Open to 501(c)(3)	Public Inspection for Organizations Only
A X Check box if	Name of organization ( Check box if name changed an	d see instructions.)	(Employees' to	ntification number rust, see
address changed			instructions)	
B Exempt under section	Print COMMUNITY FOUNDATION OF TAN			001853
X 501(c)(3 ) 408(e) 220(e)	Type   Number, street, and room or suite no. If a P.O. box, see instr 4300 W CYPRESS ST, NO. 700	uctions.	(See instruction	
408(e) 220(e) 408A 530(a)	City or town, state or province, country, and ZIP or foreign p	octal code		
529(a)	TAMPA, FL 33607	osiai code	900099	900099
C Book value of all assets	F Group exemption number (See instructions.)	<del></del>		
224033958.	G Check organization type ► X 501(c) corporation	501(c) trust 401(a) trus	stOt/	her trust
H Describe the organization	n's primary unrelated business activity. > PARTNERSHIP	INVESTMENTS		
	the corporation a subsidiary in an affiliated group or a parent-subsidia	ry controlled group?	Yes L	X No
	and identifying number of the parent corporation.		7040	00 1000
	► KORY BURKLEY	Telephone number		82-1975
	d Trade or Business Income	(A) Income (B) Expens		(C) Net
1a Gross receipts or sa				
<ul><li>b Less returns and alle</li><li>2 Cost of goods sold (</li></ul>			<u> </u>	* * *
3 Gross profit, Subtra		***	<u> </u>	
4a Capital gain net inco	<del></del>			<del></del>
	4797, Part II, line 17) (attach Form 4797) 4b		A.	
c Capital loss deduction		<u> </u>		<del></del> -
•	artnerships and S corporations (attach statement) 5	-2,740. STMT	1 :	-2,740.
6 Rent income (Sched	lle C) 6			
7 Unrelated debt-finar	ed income (Schedule E)			
	yalties, and rents from controlled organizations (Sch. F)  8			
	f a section 501(c)(7), (9), or (17) organization (Schedule G)			
•	vity income (Schedule I)			
11 Advertising income			<del></del>	
	structions; attach schedule) 12 13	-2.740.	<u></u>	-2,740.
	Ins Not Taken Elsewhere (See instructions for limitation			-2,740.
	contributions, deductions must be directly connected with the			
			14	
15 Salaries and wages			15	
16 Repairs and mainte	nance SEVEV	(c)	16	
17 Bad debts	SECEL	/&/	17	
18 Interest (attach sch	edule)	\ <i>i</i> j\	18	
19 Taxes and licenses	CER OF CO.		19	
20 Charitable contribu	ions (See instructions for limitation rules)	T -	20	
21 Depreciation (attac	Form 4562)	21		
<ul><li>22 Less depreciation of</li><li>23 Depletion</li></ul>	aimed on Schedule A and eisewhere onveturn	[22a]	22b   23	
24 Contributions to de	erred compensation plans		24	
25 Employee benefit p	norams		25	
26 Excess exempt exp	incers, directors, and trustees (Schedule K)  plance  adule)  poss (See instructions for limitation rules)  FEB 0 6 2018  FEB 0		26	<del></del>
27 Excess readership	osts (Schedule J)		27	<del></del>
28 Other deductions (	ttach schedule)		28	
	dd lines 14 through 28		29	0.
	taxable income before net operating loss deduction. Subtract line 29 fi	rom line 13	30	-2,740.
	eduction (limited to the amount on line 30)		31	
	taxable income before specific deduction. Subtract line 31 from line 30	)	32	-2,740.
33 Specific deduction	Generally \$1,000, but see line 33 instructions for exceptions)		33	1,000.

623701 01-18-17 LHA For Paperwork Reduction Act Notice, see instructions.

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-2,74<u>0.</u>

Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or

Form 990-T	Conditional Local Control Print Print Print	:. <u> </u>	59-30	01853	Page 2
Part II	Tax Computation				
35	Organizations Taxable as Corporations. See instructions for tax computation.			1,11,0	
(	Controlled group members (sections 1561 and 1563) check here 🕨 🔲 See instructions an	d:			
ai	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that orde	r):			
-	(1) \$ (3) \$			ye <sup>69</sup>	
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)			, ,	
1	(2) Additional 3% tax (not more than \$100,000)			Ĺ.	
C	ncome tax on the amount on line 34			35c	0.
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount	on line 3	34 from:	ا الما	
Į	Tax rate schedule or Schedule D (Form 1041)		<b>•</b>	36	
37	Proxy tax. See instructions		. ▶	37	
38	Alternative minimum tax			38	
39	Tax on Non-Compliant Facility Income. See instructions			39	
	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies			40	0.
Part,IV	Tax and Payments				
41a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a		*'	
b (	Other credits (see instructions)	41b		_ /	
C	General business credit. Attach Form 3800	41c			
ď	Credit for prior year minimum tax (attach Form 8801 or 8827)	410		_	
е	Total credits. Add lines 41a through 41d			41e	
42	Subtract line 41e from line 40		_	42	0.
43	Other taxes. Check if from; L	66	Other (attach schedule	43	
44	Total tax. Add lines 42 and 43			44	0.
45 a	Payments: A 2015 overpayment credited to 2016	45a		_] 🖫 📗	
b :	2016 estimated tax payments	45b	1,320	<u>.</u>	
C	Tax deposited with Form 8868	45c			
d I	Foreign organizations: Tax paid or withheld at source (see instructions)	45d		_]	
e	Backup withholding (see instructions)	45e	_ <del></del>		
f i	Credit for small employer health insurance premiums (Attach Form 8941)	45f			
9	Other credits and payments: Form 2439			3	
l	Form 4136 Other Total ▶	45g			
	Total payments. Add lines 45a through 45g			46	1,320.
	Estimated tax penalty (see instructions). Check if Form 2220 is attached			47	
	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed		•	48	
	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid			49	1,320.
	Enter the amount of line 49 you want: Credited to 2017 estimated tax		Refunded	50	1,320.
Part V	Statements Regarding Certain Activities and Other Informati				
	At any time during the 2016 calendar year, did the organization have an interest in or a signature		•		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization	-			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the	foreign (	country		W. 1. 2 1 1 2 1
	here >	<del></del>	<del></del>		_ <u>X</u>
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tr	anstero	r to, a foreign trust?		X
	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   \$ Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and	statamoni	to and to the best of my k	naviladas and hal	
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer	rer has an	y knowledge	nowledge and bei	ner, it is true,
Here	D/// 12/2/18 A CRO				uss this return with
	Signature of officer Date Title			instructions)?	
			Chart		X Yes No
	Print/Type preparer's name Preparer's signature Da	ne i i	Check	f PTIN	
Paid	JAMES K. O'CONNOR	laili	self- employe		245014
Prepar	PTVERO CORDINER COMPANY P 3	12, 11	Firm's EIN		345914 3040705
Use O	P. O. BOX 172359		FIIII S EIN		30 - 0 / 0 3
	Firm's address TAMPA, FL 33672		Phone no.	(813)	875-7774
	1				rm <b>990-T</b> (2016)
				ro	(2016)

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory v	aluation N/A					
1 Inventory at beginning of year	1		6	Inventory at end of year	r		6	T	
2 Purchases	2		7 Cost of goods sold. Subtract line 6			ine 6	3.8	T	
3 Cost of labor	3		1	from line 5. Enter here	and in F	Part I,			
4a Additional section 263A costs			7	line 2			7	1	
(attach schedule)	4a		8	Do the rules of section	263A (	with respect to		Yes	No
b Other costs (attach schedule)	4b		1	property produced or a	cquirec	for resale) apply to		l ii	3 32
5 Total. Add lines 1 through 4b	5		7	the organization?					1
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Per	sonal Property	Leas	ed With Real Pro	per	ty)	
1. Description of property									
(1)				÷.	-				
(2)				-					
(3)									
(4)				<u> </u>					
	2. Rent receiv	ed or accrued							
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	of rent for p	personal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	age	3(a)Deductions directl columns 2(a) a	y conn ind 2(b)	ected with the income (attach schedule)	ın
(1)									
(2)									
(3)					_				
(4)					_		-		
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)			0.
Schedule E - Unrelated Del		Income (see	ınstru	ctions)		1	<u></u>		
			2	- Gross income from		3. Deductions directly conto debt-finant			
1. Description of debt-fi	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	
(1)			$\dagger$		<b> </b>	<del></del>	$\neg$	<del></del>	
(2)									
(3)									
(4)									
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	of or a debt-fina	adjusted basis illocable to nced property i schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduct (column 6 x total of co 3(a) and 3(b))	
(1)				%		<del></del>	_		
(2)			1	%			十		
(3)				%			1		
(4)			$\top$	%			$\neg$		
	<del>*</del>	<del></del>		<u></u>		nter here and on page 1, Part I, line 7, column (A)	十	Enter here and on pag	
Tatala					\			. 20 C 1, 1010 1, COLUTTIN	_
Totals		. 0		•	Щ_		•		0.
Total dividends-received deductions in	rciuded in columi	<u> </u>	-				<u>▶</u>		U•

1. Name of councided apparations   2. Emptions   2. Empt	Sch	edule F - Interest, A	Annuitie	es, Royaltic	es, and Ren	ts From C	ontrolle	ed Organiz	zatio	<b>1S</b> (see ins	struction	ns)
(1)				!	Exempt	Controlled C	rganizatio	ons			-	<del></del>
Account of income   State		1. Name of controlled organizat	ion	identification	er 3. Net un	nrelated income	4. Tota	al of specified	includ	ed in the cont	rolling	connected with income
Account of income   State	(1)	<del></del>					<del> </del>		<del> </del>			<del></del>
Sample   S						<del></del>	-	·	<del> </del>		-+	<del></del>
Section   Sect							<del> </del>		<del> </del>		-+	<del></del>
Nonexempt Controlled Organizations   St. International Process   St. International P					<del></del>		<del> </del>		$\vdash$			<del></del>
1. Description of norme   2. Amount of norme   3. Description of norme   2. Amount of norme   2. Amount of norme   2. Amount of norme   2. Amount of norme   3. Description of norme   3. Description of norme   2. Amount of norme   2. Amount of norme   3. Description of norme   4. Sent norme and on page 1. Part 1, line 8, column (b)   4. Sent norm and on page 1. Part 1, line 8, column (b)   4. Sent norm and on page 1. Part 1, line 8, column (b)   4. Sent norm and on page 1. Part 1, line 8, column (b)   4. Sent norm and on page 1. Part 1, line 8, column (b)   4. Sent norm and on page 1. Part 1, line 8, column (b)   5. Description of norm and normal		xempt Controlled Organi	zations									
(1) (2) (3) (4)  Add columns 5 and 10 Enter here and on page 1, Part 1, Inne 6, column 6) (see instructions)  1. Description of income  2. Amount of notine  2. Amount of notine  2. Amount of notine  3. Description (see instructions)  3. Description (see instructions)  4. Set sauches (see instructions)  5. Total descriptions of solumn (a) (ord 3 plus of 9) (ord 3 plus of 9) (ord 3 plus of 9) (see instructions)  7. Totals  7. Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income  (see instructions)  1. Description of exploration of notine (see instructions)  2. Gross order from and on page 1, Part 1, Inne 6, column (a) (ord 3 plus of 9) (ord 3 plus	110/10			nrelated income (I	oss) 9 Tota	al of specified nav	ments T	10 Part of colu	mn 9 tha	t is included	11 n	industrians directly connected
Column   C		7. (2200 1100 110			3. 10.2		illerita	in the controll	ıng orgar	nization's	wit	th income in column 10
Column   C	(1)	·					t	<del>,</del>				
(d)  Add columns 5 and 10 Enter free and on page 1, Part 1, Interest bear and on page 1, Part 1, Interest page 1, Part 1,												
Add columns 5 and 10 Enter three and on page 1. Part 1, line 6, column (A)  Totals  Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)  1. Description of income  2. Amount of moone  2. Amount of moone  3. Deficitions (see instructions)  4. Set-assistes (lattach schedule) (1)  (2) (3) (4)  Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  4. Net income loos 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1. Description of exploited Exempt Activity Income, Other Income (see instructions)  1. Description of exploited Exempt Activity Income, Other Income (see instructions)  2. Gross (see instructions)  3. Description of exploited Exempt Activity Income, Other Income (see instructions)  5. Crustino Advertising Income (see instructions)  7. Excess readership (cother inc				- "								<del></del>
Add columns 6 and 10 Enter few set on page 1, Part I, bert on page 1, Part I, bert on page 1, Part I, line 8, column (8)  1. Description of encome  2. Amount of encome  2. Amount of encome  3. Description (see instructions)  1. Description of encome  2. Amount of encome  2. Amount of encome  3. Description of encome (effects achievable)  (2) (3) (4)  Enter here and on page 1, Part I, line 9, column (8)  Totals  Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income  (see instructions)  1. Description of explored activity and explosive activity and explosive activity and explosited surveillance of column (8)  1. Description of explored activity and explored activity and explosited activity and ex		<u> </u>								-		
Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization  1. Description of income  2. Amount of income 3. Description of income (attach schedule)  (i)  (2)  (3)  (4)  Enter here and on page 1. Part I, line 9, column (8). The schedule of the part I, line 9, column (8). The schedule of the part I, line 9, column (8). The part								Enter here and	on page	1, Part I,		here and on page 1, Part I, line 8, column (B)
(see instructions)  1. Description of moome 2. Amount of moome description of moome and set-basides (eitach schedule) (e							▶			0.		0.
1. Description of income  2. Amount of income  2. Amount of income directly connected (attach schedule)  (3)  (4)  Cittle here and on page 1. Part 1, line 9, column (5) if a gent undested business norms from grade to directly connected with the following schedules of the fire of the following schedules of the fire of the following schedules of the fire	Sch	edule G - Investme	nt Inco	me of a Se	ction 501(c)	(7), (9), or	(17) Or	ganization	1			
1. Description of income 2. Amount of income drawly canceled (attain schedule) (1) (2) (3) (4)  Enter here and on page 1, Part 1, line 9, column (A)  Enter here and on page 1, Part 1, line 9, column (A)  Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1. Description of exploited activity incomes income from trade of business income from page 1, Part 1, line 10, cell (B)  (4)  Enter here and on page 1, Part 1, line 10, cell (B)  (5)  (6)  (7)  Excess eventpt from unrelated trade or from trade of business income from unrelated trade or from		(see instr	uctions)									
(2) (3) (4)  Fortier here and on page 1, Part I, line 9, column (4)  Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income  (see instructions)  2. Gross unrelated business income from trade or business income some trade or business income some trade or business income to the first here and on page 1, Part I, line 9, column (6)  1. Description of exploited activity incomes surround to the first here and on page 1, Part I, line 9, column (7)  1. Description of trade or business income surround to the first here and on page 1, Part I, line 9, column (8)  2. Gross unrelated business income (boss) from unrelated trade or minus column (8) If a gain, compute oats 5 through 7  (1)  (2)  (3)  (4)  Enter here and on page 1, Part I, line 9, column (6)  Enter here and on page 1, Part I, line 9, column (6)  Totals Schedule J - Advertising Income (see instructions)  Part I Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical advertising Income (see instructions)  Part I Inne (5)  O . O . O . O . O . O . O . O . O . O		1. Desc	ription of inco	me		2. Amount o	income	directly conne	ected			and set-asides
Column (a)   Enter here and on page 1, Part I, line 9, column (b)												
Company   Comp												
Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)   1. Description of exploited activity invalvated business income from tracker of business income from tracker of business income in the first line 10, col (8)   1. Description of exploited activity in tracker of business income in tracker of business in tracker of business income in tracker of business in tracker of business in tracker of business in tracker of business income in tracker of business in	(3)		_									
Totals  Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1. Description of exploited activity income from trade or business income from tr	(4)											
Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1. Description of exploited activity urrelated business income from trade or business income for which the production of urrelated business income for which the production of urrelated business income for which the production of urrelated business income for activity that is not urrelated business income for urrelated business income for activity that is not urrelated business income for urrelated business income for urrelated business income for activity that is not urrelated business income for activity that is not urrelated business income for urrelated business income for activity that is not urrelated business income for urrelated business income for activity that is not urrelated business for activity that is not urrelated business for activity that is not urr	Totals	1					olumn (A)					Part I, line 9, column (B)
(see instructions)  2. Gross urrelated business income from urrelated trade or business income from urrelated related trade or business income from urrelated trade or business income from urrelated related trade or business income from urrelated			Exempt	Activity In	ncome. Othe	er Than Ac		na income	• • • • • • • • • • • • • • • • • • • •	* * * .	- M-4 - 1	
1. Description of exploited activity limited business income from trade or business (column 2 minus column 3) if a gain, compute cols 5 through 7  (1)  (2)  (3)  (4)  Enter here and on page 1, Part 1, line 10, col (P), col (P), and the 10 line 10, col (S) through 1 line 10, col (S) through 2 line 10, col (S) through 3. Direct advertising income (see instructions)  Part 1 Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2. Gross activity that is not urrelated business income from urrelated business income from trade of business income from trade of business income from urrelated business income from urrelated business income from trade of business income from urrelated business income from trade of business income from trade of business income from urrelated business income from trade of business income	••••				, •		2001 (101		•			
(2) (3) (4)  Enter here and on page 1, Part I, line 10, col (A)  Totals  Part I Income From Periodical Reported on a Consolidated Basis  1. Name of periodical Advertising income  2. Gross advertising costs advertising costs advertising costs (advertising costs (advertising costs (advertising tools 5 through 7)  (1) (2) (3) (4)  Totals (carry to Part II, line (5))  Enter here and on page 1, Part I, line 10, col (B)  D. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7  F. Excess readership costs (column 6 minus column 5, but not more than column 4)  Totals (carry to Part II, line (5))  O. O.			unrelated incom	business e from	directly connected with production of unrelated	from unrelate business (c minus colun gain, compu	d trade or olumn 2 in 3) If a ie cols 5	from activity to is not unrelated	that ted	attribut	able to	expenses (column 6 minus column 5, but not more than
(2) (3) (4)  Enter here and on page 1, Part I, line 10, col (A)  Totals  Part I Income From Periodical Reported on a Consolidated Basis  1. Name of periodical 2. Gross advertising income advertising costs advertising costs and service advertising costs (a) 3) If a gain, compute cols 5 through 7  (1) (2) (3) (4)  Totals (carry to Part II, line (5))  Description of page 1, Part I, line 26  O .  Enter here and on page 1, Part I, line 10, col (B)  O .  O .  Totals (carry to Part II, line (5))  D .  O .  Enter here and on page 1, Part I, line (5))  A . Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7  F. Excess readership costs (column 6 minus column 4)  Totals (carry to Part II, line (5))  O .  O .	(1)				<del>-</del>	<del> </del>	1					
Totals  Interfere and on page 1, Part I, line 10, col (A)  Schedule J - Advertising Income (see instructions)  Part I Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2. Gross advertising ead or (loss) (col 2 minus or (loss) (col 2 minus eds) income  1. Name of periodical  3. Direct advertising gain or (loss) (col 2 minus eds) income  4. Advertising gain or (loss) (col 2 minus eds) income  5. Circulation income  6. Readership costs (column 6 minus column 4)  (1)  (2)  (3)  (4)  Totals (carry to Part II, line (5))  0.  0.				<del></del>		<del> </del>						<del></del>
Totals  Interfere and on page 1, Part I, line 10, col (A)  Schedule J - Advertising Income (see instructions)  Part I Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2. Gross advertising ead or (loss) (col 2 minus or (loss) (col 2 minus eds) income  1. Name of periodical  3. Direct advertising gain or (loss) (col 2 minus eds) income  4. Advertising gain or (loss) (col 2 minus eds) income  5. Circulation income  6. Readership costs (column 6 minus column 4)  (1)  (2)  (3)  (4)  Totals (carry to Part II, line (5))  0.  0.	(3)	<del></del>			<del></del>	<del> </del>	+					
Enter here and on page 1, Part I, line 10, col (A)  Totals  O.  Schedule J - Advertising Income (see instructions)  Part I Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2. Gross advertising income  2. Gross advertising costs advertising costs of strough 7  1. Name of periodical  1. Name of periodical  2. Gross advertising costs advertising costs advertising costs (a) 3) If a gain, compute cols 5 through 7  Totals (carry to Part II, line (5))  O.  O.  Totals (carry to Part II, line (5))  Interere and on page 1, Part I, line Part II, line 26  O.  O.  Totals (carry to Part II, line (5))  O.  O.  O.  Totals (carry to Part II, line (5))  O.  O.  O.	(0)	<del>-</del>		<del></del>		<del>-</del>					_	
Part   Income From Periodicals Reported on a Consolidated Basis    1. Name of periodical   2. Gross advertising income   3. Direct advertising costs   0.   3. Direct advertising costs   0.   3. Direct advertising costs   0.   5. Circulation income   0.   6. Readership costs   0.   0.   0.   0.			page 1	, Part I, col (A)	page 1, Part I, line 10, col (B)						*,,	on page 1, Part II, line 26
Part   Income From Periodicals Reported on a Consolidated Basis   1. Name of periodical   2. Gross advertising income   3. Direct advertising costs   4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7   5. Circulation income   6. Readership costs (column 6 minus column 4)   (1)   (2)   (3)   (4)   (4)   (4)   (5)   (5)   (6)   (7)			na Inaci			· '> '\$\;	€,88 <sub>8</sub> ; ;	41 1.3	· ¥*,	· '4#*	991, 9	0.
1. Name of periodical  2. Gross advertising mincome  3. Direct advertising costs  3. Direct advertising costs  3. Direct advertising costs  3. Direct advertising gain or (loss) (col 2 minus cols 5 through 7  5. Circulation income  6. Readership costs (column 6 minus column 5, but not more than column 4)  (1)  (2)  (3)  (4)  Totals (carry to Part II, line (5))  0.  0.												
1. Name of periodical advertising advertising costs advertising costs (advertising costs advertising costs)  (1)  (2)  (3)  (4)  Totals (carry to Part II, line (5))  Advertising advertising costs (column 6. Readership costs costs (column 5, but not more than column 4)  Totals (carry to Part II, line (5))  O .  O .  O .	Par	ti Income From I	Periodic	als Repor	ted on a Co	nsolidated	l Basis					
1. Name of periodical advertising advertising costs advertising costs (advertising costs advertising costs)  (1)  (2)  (3)  (4)  Totals (carry to Part II, line (5))  Advertising advertising costs (column 6. Readership costs costs (column 5, but not more than column 4)  Totals (carry to Part II, line (5))  O .  O .  O .		·			Τ	1 4						7 -
(2) (3) (4)  Totals (carry to Part II, line (5))   0.  0.		1. Name of periodical		advertising		or (loss) (o s col 3) If a g	ol 2 minus ain, comput	5. Circula: e income				costs (column 6 minus column 5, but not more
(2) (3) (4)  Totals (carry to Part II, line (5))   0.  0.	(1)							<del>                                     </del>				2.
(3) (4)  Totals (carry to Part II, line (5))   0.  0.	(2)											1 .
(4)  Totals (carry to Part II, line (5)) ▶ 0. 0. 0.	(3)			-	1							1 `
Totals (carry to Part II, line (5)) ► 0. 0.					<u> </u>							1
								†				
	Totals	(carry to Part II, line (5))	<b>▶</b>	0.		<u>o. </u>					<del></del>	

Form 990-T (2016) COMMUNITY FOUNDATION OF TAMPA BAY, INC. 59-30018

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis )

1. Name of penodical		2. Gross advertising income	3. Direct advertising costs	Advertising gain or (loss) (col 2 minus col 3). If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4)							
Totals from Part I	<b></b>	0.	0.	.s * * * * * * * * * * *		<b>*</b> 20 to 0	0
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶	0.	0.				_ 0

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		<u> </u>	0.

Form 990-T (2016)

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS AND S CORPORATIONS	STATEMENT
•		
DESCRIPTION		TRUOMA
BURTON DEW		-2,917
BURTON RCW BURTON MNW		-2,605 -2,354
COMMONFUND GP	E 2014	5,136
TOTAL TO FORM	990-T, PAGE 1, LINE 5	-2,740

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