

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
▶ Do not enter social security numbers on this form as it may be made public  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
**2016**  
**Open to Public Inspection**

**A For the 2016 calendar year, or tax year beginning 07-01-2016, and ending 06-30-2017**

- B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final  
 Return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
COMMUNITY FOUNDATION OF TAMPA BAY INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite  
4300 W CYPRESS ST NO 700

City or town, state or province, country, and ZIP or foreign postal code  
TAMPA, FL 33607

**D** Employer identification number  
59-3001853

**E** Telephone number  
(813) 282-1975

**G** Gross receipts \$ 103,234,832

**F** Name and address of principal officer  
MARLENE M SPALTEN  
4300 W CYPRESS ST NO 700  
TAMPA, FL 33607

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list (see instructions)  
**H(c)** Group exemption number ▶

**I** Tax-exempt status  501(c)(3)  501(c) ( ) ◀ (insert no )  4947(a)(1) or  527

**J** Website: ▶ WWW.CFTAMPABAY.ORG

**K** Form of organization  Corporation  Trust  Association  Other ▶

**L** Year of formation 1989

**M** State of legal domicile FL

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities  
TO BE THE CONNECTING RESOURCE FOR CHARITABLE GIVING FOR BOTH DONORS AND NONPROFIT ORGANIZATIONS IN THE TAMPA BAY AREA

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets

|  |        |
|--|--------|
| <b>3</b> Number of voting members of the governing body (Part VI, line 1a)             | 23     |
| <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) | 23     |
| <b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)  | 22     |
| <b>6</b> Total number of volunteers (estimate if necessary)                            | 75     |
| <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12         | -2,740 |
| <b>7b</b> Net unrelated business taxable income from Form 990-T, line 34               | -2,740 |

|   | Prior Year | Current Year |
|---|------------|--------------|
| <b>8</b> Contributions and grants (Part VIII, line 1h)                                      | 14,460,764 | 33,169,930   |
| <b>9</b> Program service revenue (Part VIII, line 2g)                                       | 40,903     | 57,105       |
| <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d )                    | 6,603,411  | 8,150,653    |
| <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)          | -147,601   | 512,537      |
| <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 20,957,477 | 41,890,225   |
| <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3 )                 | 12,684,614 | 10,326,164   |
| <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)                     | 0          | 0            |
| <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 1,352,206  | 1,699,703    |
| <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)                    | 0          | 0            |
| <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶583,336                 |            |              |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                      | 1,559,135  | 1,473,342    |
| <b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)          | 15,595,955 | 13,499,209   |
| <b>19</b> Revenue less expenses Subtract line 18 from line 12                               | 5,361,522  | 28,391,016   |

|   | Beginning of Current Year | End of Year |
|---|---------------------------|-------------|
| <b>20</b> Total assets (Part X, line 16)                            | 181,273,921               | 224,033,958 |
| <b>21</b> Total liabilities (Part X, line 26)                       | 31,753,731                | 37,601,350  |
| <b>22</b> Net assets or fund balances Subtract line 21 from line 20 | 149,520,190               | 186,432,608 |

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**  
Signature of officer: \*\*\*\*\*  
Date: 2017-11-20  
KORY BURKLEY CFO  
Type or print name and title

**Paid Preparer Use Only**

|  |  |      |   |                   |
|--|--|------|---|-------------------|
| Print/Type preparer's name<br>JAMES K O'CONNOR     | Preparer's signature<br>JAMES K O'CONNOR | Date | Check <input type="checkbox"/> if self-employed | PTIN<br>P01345914 |
| Firm's name ▶ RIVERO GORDIMER & COMPANY PA         |  |      | Firm's EIN ▶ 59-3040705                         |                   |
| Firm's address ▶ P O BOX 172359<br>TAMPA, FL 33672 |  |      | Phone no (813) 875-7774                         |                   |

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission  
 TO BUILD A BETTER COMMUNITY THROUGH CREATIVE PHILANTHROPY, VISION AND LEADERSHIP IN PARTNERSHIP AND COLLABORATION WITH DONORS, NONPROFITS, COMMUNITY AND BUSINESS LEADERS, PROFESSIONAL ADVISORS, VOLUNTEERS AND THE RESIDENTS OF OUR FIVE-COUNTY REGION

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
 If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
 If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ 114,058 including grants of \$ 66,400 ) (Revenue \$ 16,580 )  
 See Additional Data

**4b** (Code ) (Expenses \$ 86,029 including grants of \$ ) (Revenue \$ 31,000 )  
 See Additional Data

**4c** (Code ) (Expenses \$ 94,665 including grants of \$ ) (Revenue \$ )  
 See Additional Data

(Code ) (Expenses \$ 10,968,536 including grants of \$ 10,259,764 ) (Revenue \$ 9,525 )  
 THE COMPOSITION OF 4D IS AS FOLLOWS - \$10,968,536 OF EXPENSES INCLUDING GRANTS OF \$10,259,764 WHICH ARE EXPLAINED BELOW UNALLOCATED PROGRAM SERVICE AND GRANTS ADMINISTRATIVE EXPENSES- \$708,772 OF EXPENSESSCHOLARSHIPS - \$359,925 OF EXPENSES INCLUDING GRANTS OF \$359,925GRANTS TO CHARTIABLE ORGANIZATIONS - \$9,899,839 OF EXPENSES INCLUDING GRANTS OF \$9,899,839

**4d** Other program services (Describe in Schedule O )  
 (Expenses \$ 10,968,536 including grants of \$ 10,259,764 ) (Revenue \$ 9,525 )

**4e Total program service expenses** ▶ 11,263,288

**Part IV Checklist of Required Schedules**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> . . . . .   | Yes |    |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .   | Yes |    |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> . . . . .  |     | No |
| <b>4 Section 501(c)(3) organizations.</b><br>Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> . . . . .   |     | No |
| <b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> . . . . .   |     | No |
| <b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> . . . . .  | Yes |    |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> . . . . .  |     | No |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> . . . . .   |     | No |
| <b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> . . . . .             |     | No |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> . . . . .   | Yes |    |
| <b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable  |     |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> . . . . .   | Yes |    |
| <b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> . . . . .   | Yes |    |
| <b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> . . . . .   |     | No |
| <b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> . . . . .  | Yes |    |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> . . . . .   | Yes |    |
| <b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> . . . . .  | Yes |    |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> . . . . .  | Yes |    |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> . . . . .   |     | No |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .  |     | No |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .  |     | No |
| <b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> . . . . . |     | No |
| <b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> . . . . .   |     | No |
| <b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> . . . . .   |     | No |
| <b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) . . . . .  |     | No |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . .   |     | No |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .   |     | No |

**Part IV Checklist of Required Schedules** (continued)

|  | Yes | No |
|--|-----|----|
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>  |     | No |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  |     |    |
| <b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>   | Yes |    |
| <b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>   | Yes |    |
| <b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>  | Yes |    |
| <b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>                           |     | No |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .   |     |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .  |     |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .   |     |    |
| <b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b><br>Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>  |     | No |
| <b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>  |     | No |
| <b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II . . . . .</i>                                 |     | No |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i> |     | No |
| <b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)   |     |    |
| <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>  |     | No |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>   |     | No |
| <b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>   |     | No |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>  | Yes |    |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>  |     | No |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>  |     | No |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>  |     | No |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>  | Yes |    |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>  | Yes |    |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?   |     | No |
| <b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>  |     |    |
| <b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>  |     | No |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>   |     | No |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .  | Yes |    |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and nonprofit health insurance issuers.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

Check if Schedule O contains a response or note to any line in this Part VI . . . . . [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (23); 1b Enter the number of voting members included in line 1a, above, who are independent (23); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No)

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (Yes); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? (Yes); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (Yes); b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (FL); 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [ ] Own website, [ ] Another's website, [X] Upon request, [ ] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records (KORY BURKLEY 4300 W CYPRESS ST SUITE 700 TAMPA, FL 33607 (813) 282-1975)



**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

| (A)<br>Name and Title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |         | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|---------|--|---|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former  |  |   |   |
| See Additional Data Table                                      |  |   |                       |         |              |                              |         |  |   |   |
|  |  |   |                       |         |              |                              |         |  |   |   |
|  |  |   |                       |         |              |                              |         |  |   |   |
|  |  |   |                       |         |              |                              |         |  |   |   |
|  |  |   |                       |         |              |                              |         |  |   |   |
|  |  |   |                       |         |              |                              |         |  |   |   |
|  |  |   |                       |         |              |                              |         |  |   |   |
|  |  |   |                       |         |              |                              |         |  |   |   |
|  |  |   |                       |         |              |                              |         |  |   |   |
| <b>1b Sub-Total</b>  |  |   |                       |         |              |                              |         |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |         |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              | 616,741 | 0  | 47,616  |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ **4**

|  | Yes | No |
|--|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>  |     | No |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | Yes |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       |     | No |

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

| (A)<br>Name and business address                                      | (B)<br>Description of services | (C)<br>Compensation |
|---|--------------------------------|---------------------|
| AGW CAPITAL ADVISORS<br>511 W BAY STREET SUITE 310<br>TAMPA, FL 33606 | INVESTMENT MANAGEMENT          | 156,933             |
|   |                                |                     |
|   |                                |                     |
|   |                                |                     |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ **1**



**Part VIII Statement of Revenue**

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

|  |   |  | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under sections<br>512-514 |  |
|--|---|--|----------------------|--|---|--|--|
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b>                | <b>1a</b> Federated campaigns . . .   | <b>1a</b>  |                      |  |   |  |  |
|  | <b>b</b> Membership dues . . .  | <b>1b</b>  |                      |  |   |  |  |
|  | <b>c</b> Fundraising events . . .   | <b>1c</b>  |                      |  |   |  |  |
|  | <b>d</b> Related organizations  | <b>1d</b>  |                      |  |   |  |  |
|  | <b>e</b> Government grants (contributions)  | <b>1e</b>  |                      |  |   |  |  |
|  | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above   | <b>1f</b>  | 33,169,930           |  |   |  |  |
|  | <b>g</b> Noncash contributions included in lines 1a-1f \$ _____   |  | 5,020,841            |  |   |  |  |
|  | <b>h Total.</b> Add lines 1a-1f . . . . .   |  | 33,169,930           |  |   |  |  |
| <b>Program Service Revenue</b>   |   | Business Code  |                      |  |   |  |  |
|  | <b>2a</b> PROGRAM REGISTRATION FEES   | 611710   | 57,105               | 57,105   |   |  |  |
|  | <b>b</b> _____  |  |                      |  |   |  |  |
|  | <b>c</b> _____  |  |                      |  |   |  |  |
|  | <b>d</b> _____  |  |                      |  |   |  |  |
|  | <b>e</b> _____  |  |                      |  |   |  |  |
|  | <b>f</b> All other program service revenue  |  |                      |  |   |  |  |
| <b>g Total.</b> Add lines 2a-2f . . . . .                                    |   | 57,105   |                      |  |   |  |  |
| <b>Other Revenue</b>   | <b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .   |  | 4,321,608            |  |   | 4,321,608  |  |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds   |  |                      |  |   |  |  |
|  | <b>5</b> Royalties . . . . .  |  | 2,701                |  |   | 2,701  |  |
|  | <b>6a</b> Gross rents   | (i) Real   | (ii) Personal        |  |   |  |  |
|  |   | <b>b</b> Less rental expenses                        |                      |  |   |  |  |
|  |   | <b>c</b> Rental income or (loss)                     |                      |  |   |  |  |
|  |   | <b>d</b> Net rental income or (loss) . . . . .       |                      |  |   |  |  |
|  | <b>7a</b> Gross amount from sales of assets other than inventory  | (i) Securities                                       | (ii) Other           |  |   |  |  |
|  |   | 65,173,652   |                      |  |   |  |  |
|  |   | <b>b</b> Less cost or other basis and sales expenses |                      | 61,344,607   |   |  |  |
|  |   | <b>c</b> Gain or (loss)                              |                      | 3,829,045  |   |  |  |
|  | <b>d</b> Net gain or (loss) . . . . .   |  | 3,829,045            |  |   | 3,829,045  |  |
|  | <b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . | <b>a</b>   |                      |  |   |  |  |
|  | <b>b</b> Less direct expenses . . . . .   | <b>b</b>   |                      |  |   |  |  |
|  | <b>c</b> Net income or (loss) from fundraising events . . . . .   |  |                      |  |   |  |  |
| <b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . . | <b>a</b>  |  |                      |  |   |  |  |
| <b>b</b> Less direct expenses . . . . .                                      | <b>b</b>  |  |                      |  |   |  |  |
| <b>c</b> Net income or (loss) from gaming activities . . . . .               |   |  |                      |  |   |  |  |
| <b>10a</b> Gross sales of inventory, less returns and allowances . . . . .   | <b>a</b>  |  |                      |  |   |  |  |
| <b>b</b> Less cost of goods sold . . . . .                                   | <b>b</b>  |  |                      |  |   |  |  |
| <b>c</b> Net income or (loss) from sales of inventory . . . . .              |   |  |                      |  |   |  |  |
| Miscellaneous Revenue  | Business Code   |  |                      |  |   |  |  |
| <b>11a</b> CHANGE IN VALUE- SPLIT INTEREST A                                 | 900099  | 388,999  |                      |  | 388,999                                 |  |  |
| <b>b</b> TRUSTEE FEES- CRTS  | 900099  | 56,874   | 56,874               |  |   |  |  |
| <b>c</b> CHANGE IN VALUE- PARTNERSHIPS                                       | 900099  | 34,561   |                      | -2,740   | 37,301                                  |  |  |
| <b>d</b> All other revenue . . . . .   |   | 29,402   | 29,402               |  |   |  |  |
| <b>e Total.</b> Add lines 11a-11d . . . . .                                  |   | 509,836  |                      |  |   |  |  |
| <b>12 Total revenue.</b> See Instructions . . . . .                          |   | 41,890,225   | 143,381              | -2,740   | 8,579,654                               |  |  |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

|   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>   |                       |                                 |  |                             |
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.  | 9,966,239             | 9,966,239                       |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.   | 359,925               | 359,925                         |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.   |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members.   |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees.  | 649,878               | 139,230                         | 302,378                                | 208,270                     |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).   |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages.  | 895,420               | 322,267                         | 344,880                                | 228,273                     |
| <b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).   | 26,626                | 11,879                          | 9,115                                  | 5,632                       |
| <b>9</b> Other employee benefits.   | 72,276                | 26,229                          | 27,158                                 | 18,889                      |
| <b>10</b> Payroll taxes.  | 55,503                | 20,675                          | 20,996                                 | 13,832                      |
| <b>11</b> Fees for services (non-employees):  |                       |                                 |  |                             |
| <b>a</b> Management.  | 4,400                 |                                 |  | 4,400                       |
| <b>b</b> Legal.   | 6,221                 |                                 | 6,221                                  |                             |
| <b>c</b> Accounting.  | 22,375                |                                 | 22,375                                 |                             |
| <b>d</b> Lobbying.  |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17.   |                       |                                 |  |                             |
| <b>f</b> Investment management fees.  | 587,260               |                                 | 587,260                                |                             |
| <b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).  | 150,113               | 129,197                         | 18,108                                 | 2,808                       |
| <b>12</b> Advertising and promotion.  | 149,040               | 57,575                          | 88,967                                 | 2,498                       |
| <b>13</b> Office expenses.  | 48,843                | 21,024                          | 16,046                                 | 11,773                      |
| <b>14</b> Information technology.   | 82,859                | 32,522                          | 36,160                                 | 14,177                      |
| <b>15</b> Royalties.  |                       |                                 |  |                             |
| <b>16</b> Occupancy.  | 118,879               | 43,236                          | 46,078                                 | 29,565                      |
| <b>17</b> Travel.   | 13,554                | 4,008                           | 4,324                                  | 5,222                       |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.   |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings.   | 132,108               | 88,178                          | 28,800                                 | 15,130                      |
| <b>20</b> Interest.   |                       |                                 |  |                             |
| <b>21</b> Payments to affiliates.   |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization.  | 58,900                | 21,422                          | 22,830                                 | 14,648                      |
| <b>23</b> Insurance.  | 19,346                | 1,195                           | 17,060                                 | 1,091                       |
| <b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):                                       |                       |                                 |  |                             |
| <b>a</b> MISCELLANEOUS  | 43,793                | 6,818                           | 30,157                                 | 6,818                       |
| <b>b</b> TRADE ASSN DUES  | 35,651                | 11,669                          | 23,672                                 | 310                         |
| <b>c</b>  |                       |                                 |  |                             |
| <b>d</b>  |                       |                                 |  |                             |
| <b>e</b> All other expenses   |                       |                                 |  |                             |
| <b>25</b> Total functional expenses. Add lines 1 through 24e.   | 13,499,209            | 11,263,288                      | 1,652,585                              | 583,336                     |
| <b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                       |                                 |  |                             |

**Part X Balance Sheet**

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

|   |   | (A)<br>Beginning of year |             | (B)<br>End of year |
|---|---|--------------------------|-------------|--------------------|
| <b>Assets</b>   | <b>1</b> Cash—non-interest-bearing . . . . .  | 156                      | <b>1</b>    | 141                |
|   | <b>2</b> Savings and temporary cash investments . . . . .   | 1,398,776                | <b>2</b>    | 1,373,776          |
|   | <b>3</b> Pledges and grants receivable, net . . . . .   |                          | <b>3</b>    |                    |
|   | <b>4</b> Accounts receivable, net . . . . .   | 11,302                   | <b>4</b>    | 0                  |
|   | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L   |                          | <b>5</b>    |                    |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L |                          | <b>6</b>    |                    |
|   | <b>7</b> Notes and loans receivable, net . . . . .  |                          | <b>7</b>    |                    |
|   | <b>8</b> Inventories for sale or use . . . . .  |                          | <b>8</b>    |                    |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .  | 52,696                   | <b>9</b>    | 60,214             |
|   | <b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  | 351,390                  |             |                    |
|   | <b>b</b> Less accumulated depreciation  | 181,707                  |             |                    |
|   |   | 204,655                  | <b>10c</b>  | 169,683            |
|   | <b>11</b> Investments—publicly traded securities . . . . .  | 149,826,070              | <b>11</b>   | 181,811,016        |
|   | <b>12</b> Investments—other securities See Part IV, line 11 . . . . .   | 20,580,020               | <b>12</b>   | 27,225,074         |
|   | <b>13</b> Investments—program-related See Part IV, line 11 . . . . .  |                          | <b>13</b>   |                    |
|   | <b>14</b> Intangible assets . . . . .   |                          | <b>14</b>   |                    |
| <b>15</b> Other assets See Part IV, line 11 . . . . .                         | 9,200,246   | <b>15</b>                | 13,394,054  |                    |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 181,273,921   | <b>16</b>                | 224,033,958 |                    |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .   | 198,314                  | <b>17</b>   | 255,616            |
|   | <b>18</b> Grants payable . . . . .  | 688,278                  | <b>18</b>   | 787,831            |
|   | <b>19</b> Deferred revenue . . . . .  |                          | <b>19</b>   |                    |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .   |                          | <b>20</b>   |                    |
|   | <b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D  |                          | <b>21</b>   |                    |
|   | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .   |                          | <b>22</b>   |                    |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .  |                          | <b>23</b>   |                    |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .  |                          | <b>24</b>   |                    |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D  | 30,867,139               | <b>25</b>   | 36,557,903         |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .  | 31,753,731               | <b>26</b>   | 37,601,350         |
| <b>Net Assets or Fund Balances</b>  | <b>27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b><br>Unrestricted net assets  | 143,444,987              | <b>27</b>   | 175,716,468        |
|   | <b>28</b> Temporarily restricted net assets . . . . .   | 6,075,203                | <b>28</b>   | 10,716,140         |
|   | <b>29</b> Permanently restricted net assets   |                          | <b>29</b>   |                    |
|   | <b>30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b><br>Capital stock or trust principal, or current funds . . . . .  |                          | <b>30</b>   |                    |
|   | <b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .   |                          | <b>31</b>   |                    |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds  |                          | <b>32</b>   |                    |
|   | <b>33 Total net assets or fund balances . . . . .</b>   | 149,520,190              | <b>33</b>   | 186,432,608        |
|   | <b>34 Total liabilities and net assets/fund balances . . . . .</b>  | 181,273,921              | <b>34</b>   | 224,033,958        |

**Part XI Reconciliation of Net Assets**

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

|           |   |           |             |
|-----------|---|-----------|-------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12) . . . . .   | <b>1</b>  | 41,890,225  |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25) . . . . .  | <b>2</b>  | 13,499,209  |
| <b>3</b>  | Revenue less expenses Subtract line 2 from line 1 . . . . .   | <b>3</b>  | 28,391,016  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .           | <b>4</b>  | 149,520,190 |
| <b>5</b>  | Net unrealized gains (losses) on investments . . . . .  | <b>5</b>  | 14,414,535  |
| <b>6</b>  | Donated services and use of facilities . . . . .  | <b>6</b>  |             |
| <b>7</b>  | Investment expenses . . . . .   | <b>7</b>  |             |
| <b>8</b>  | Prior period adjustments . . . . .  | <b>8</b>  |             |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O) . . . . .                                | <b>9</b>  | -5,893,133  |
| <b>10</b> | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 186,432,608 |

**Part XII Financial Statements and Reporting**

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

|   | Yes       | No  |
|---|-----------|-----|
| <p><b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br/>                     If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>   |           |     |
| <p><b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?<br/>                     If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both<br/> <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p> | <b>2a</b> | No  |
| <p><b>b</b> Were the organization's financial statements audited by an independent accountant?<br/>                     If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both<br/> <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>                 | <b>2b</b> | Yes |
| <p><b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br/>                     If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>   | <b>2c</b> | Yes |
| <p><b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p>   | <b>3a</b> | No  |
| <p><b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</p>  | <b>3b</b> |     |

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 59-3001853

**Name:** COMMUNITY FOUNDATION OF TAMPA BAY INC

Form 990 (2016)

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**Form 990, Part III, Line 4a:**

GIVE DAY TAMPA BAY - THE EVENT HELD MAY 2, 2017 WAS PART OF A NATIONAL DAY OF GIVING MOVEMENT TO RAISE THE PROFILE OF CHARITABLE GIVING IN THE TAMPA BAY REGION THE EVENT ESPECIALLY TARGETS FIRST-TIME DONORS AND MILLENNIAL DONORS THE ONE-DAY EVENT DEPENDS LAREGLY ON SOCIAL MEDIA TO SPREAD THE WORD SECURE DONATIONS ARE COLLECTED ONLINE IN ITS FOURTH YEAR, GIVE DAY TAMPA BAY GENERATED \$1.75 MILLION FOR 525 REGISTERED NONPROFITS CONTRIBUTIONS CAME FROM 10,400 INDIVIDUAL DONORS

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**Form 990, Part III, Line 4b:**

LEADERSHIP DEVELOPMENT - THE COMMUNITY FOUNDATION OF TAMPA BAY IS DEDICATED TO BUILDING NONPROFIT CAPACITY THROUGH LEADERSHIP DEVELOPMENT FOR CEOS AND TRUSTEES CFTB'S CEO LEADERSHIP PROGRAM, IN ITS SIXTH YEAR, ANNUALLY PROVIDES 21 NONPROFIT EXECUTIVES WITH AN INTENSIVE, YEAR-LONG PROGRAM TO BETTER UNDERSTAND THEIR LEADERSHIP STYLES, STRENGTHS AND AREAS FOR DEVELOPMENT THE PROGRAM BRINGS TOGETHER THE CEOS FOR PEER GROUP SESSIONS ONE DAY A MONTH WITH AN ADDITIONAL MONTHLY ONE-ON-ONE COACHING SESSION THAT FOCUSES ON SPECIFIC ISSUES RELATED TO LEADING A NONPROFIT ORGANIZATION THE SESSIONS ARE DESIGNED TO CREATE A CONFIDENTIAL, SUPPORTIVE AND SAFE ENVIRONMENT TO DISCUSS CHALLENGE SUCH AS ISOLATION, FUNDRAISING, AND BOARD DEVELOPMENT PRACTICAL SOLUTIONS OFTEN ARISE THAT CAN BE APPLIED BACK AT THE OFFICE PARTICIPANTS ALSO ATTEND A TWO-DAY LEADERSHIP SEMINAR AT ECKERD COLLEGE'S LEADERSHIP DEVELOPMENT INSTITUTE, WHICH INCLUDES ELEMENTS SUCH AS A 360 DEGREE ASSESSMENT OF LEADERSHIP STYLE AND BEHAVIOR, THE VIDEOTAPING OF EACH CEO ENGAGING IN A FUNDRAISING CONVERSATION, AND PEER FEEDBACK GIVING INSIGHT INTO HOW THE LEADERS ARE PERCEIVED BY ONE ANOTHER IN ADDITION TO THE CEO LEADERSHIP PROGRAM, CFTB CONDUCTS A NONPROFIT GOVERNANCE INITIATIVE, WHICH SENT NINE LOCAL NONPROFIT TRUSTEES TO HARVARD BUSINESS SCHOOL'S "GOVERNING FOR NONPROFIT EXCELLENCE" PROGRAM AS AN EXPANSION OF ITS NONPROFIT LEADERSHIP TRAINING THE BOARD MEMBERS PARTICIPATING IN THE HARVARD PROGRAM ALL CAME FROM NONPROFITS WHO'S CEOS ARE GRADUATES OF THE NONPROFIT CEO LEADERSHIP PROGRAM WHEN THEY RETURNED FROM HARVARD, THEY SHARED WHAT THEY LEARNED WITH OTHER NONPROFIT BOARD MEMBERS IN A SERIES OF COLLABORATIVE SESSIONS

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**Form 990, Part III, Line 4c:**

LEAP, HILLSBOROUGH COLLEGE ACCESS NETWORK - THE COMMUNITY FOUNDATION OF TAMPA BAY JOINED NUMEROUS PUBLIC AND PRIVATE COMMUNITY STAKEHOLDERS TO LAUNCH LEAP, HILLSBOROUGH'S COLLEGE ACCESS NETWORK THE GOAL OF LEAP IS TO ENSURE THAT 60% OF HILLSBOROUGH'S WORKING-AGED ADULTS SECURE A POSTSECONDARY DEGREE OR CREDENTIAL BY THE YEAR 2025 LEAP IS THE NINTH LOCAL COLLEGE ACCESS NETWORK, OPERATING UNDER THE GUIDANCE OF THE FLORIDA COLLEGE ACCESS NETWORK CFTB ACTS AS THE BACKBONE AGENCY OF THE COLLABORATIVE THE CREATION OF LEAP, HILLSBOROUGH'S COLLEGE ACCESS NETWORK, RALLIES CIVIC AND BUSINESS LEADERS ALONGSIDE EDUCATORS TO REACH THE COMMUNITY GOAL OF INCREASING THE NUMBER OF WORKING-AGED ADULTS WHO HAVE A HIGH-QUALITY POSTSECONDARY DEGREE TO 60 PERCENT BY THE YEAR 2025

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| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors |  |   |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| (A)<br>Name and Title   | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        |   |  |   |
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| DONNA L LONGHOUSE<br>CHAIR  | 10 00  | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| BETTY CASTOR<br>CHAIR ELECT   | 2 00   | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| ROBERT H MOHR<br>TREASURER  | 1 00   | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| SUSANNA GRADY<br>SECRETARY  | 1 00   | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| PATRICIA L DOUGLAS<br>PAST CHAIR  | 1 00   | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| ANESTA P BOICE<br>TRUSTEE   | 1 00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| MILES S CAPRON<br>TRUSTEE   | 1 00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| PHILLIP E CASEY<br>TRUSTEE  | 1 00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| BILL FRIES<br>TRUSTEE   | 1 00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| LINDA C HANNA<br>TRUSTEE  | 1 00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |



**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

| (A)<br>Name and Title                 | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---------------------------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|                                       |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| LINDA D HARTLEY<br>.....<br>TRUSTEE   | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| LYDA T LINDELL<br>.....<br>TRUSTEE    | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| MARY ANNE REILLY<br>.....<br>TRUSTEE  | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| RICHARD J RIOS<br>.....<br>TRUSTEE    | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| LINDA SUAL-SENNA<br>.....<br>TRUSTEE  | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| LANSING C SCRIVEN<br>.....<br>TRUSTEE | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| JOEL H SHANE<br>.....<br>TRUSTEE      | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| JAMES R STANGER<br>.....<br>TRUSTEE   | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| MIKE STARKEY<br>.....<br>TRUSTEE      | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| SARAH O WATKINS<br>.....<br>TRUSTEE   | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

| (A)<br>Name and Title                          | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| JILL WILKINSON<br>.....<br>TRUSTEE             | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| JENNIFER WILLIAMS<br>.....<br>TRUSTEE          | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| SUE S WILLIAMS<br>.....<br>TRUSTEE             | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| MARLENE M SPALTEN<br>.....<br>PRESIDENT/CEO    | 60 00<br>.....   |   |                       | X       |              |                              |        | 266,288   | 0  | 21,461  |
| GEORGE E W HARDY<br>.....<br>VP/CFO            | 55 00<br>.....   |   |                       | X       |              |                              |        | 131,228   | 0  | 16,688  |
| BEVERLEY J MCLAIN<br>.....<br>VP- PHILANTHROPY | 50 00<br>.....   |   |                       |         |              | X                            |        | 104,008   | 0  | 7,770   |
| MOLLY K JAMES<br>.....<br>VP - PHILANTHROPY    | 50 00<br>.....   |   |                       |         |              | X                            |        | 115,217   | 0  | 1,697   |

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

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.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
COMMUNITY FOUNDATION OF TAMPA BAY INC

Employer identification number

59-3001853

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box )

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10  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 exempt 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)**. (Complete Part III )
- 11  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
  - f Enter the number of supported organizations \_\_\_\_\_
  - g Provide the following information about the supported organization(s) \_\_\_\_\_

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|--|---|----|---|---|
|                                    |          |  | Yes   | No |   |   |
|                                    |          |  |   |    |   |   |
| <b>Total</b>                       |          |  |   |    |   |   |

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, 8, or 9 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)2012   | (b)2013    | (c)2014    | (d)2015    | (e)2016    | (f)Total   |
|--|-----------|------------|------------|------------|------------|------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")  | 8,613,620 | 13,514,120 | 14,612,462 | 14,460,764 | 33,199,680 | 84,400,646 |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |           |            |            |            |            |            |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge   |           |            |            |            |            |            |
| <b>4 Total.</b> Add lines 1 through 3  | 8,613,620 | 13,514,120 | 14,612,462 | 14,460,764 | 33,199,680 | 84,400,646 |
| <b>5</b> 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) |           |            |            |            |            | 10,967,414 |
| <b>6 Public support.</b> Subtract line 5 from line 4   |           |            |            |            |            | 73,433,232 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a)2012   | (b)2013    | (c)2014    | (d)2015    | (e)2016    | (f)Total    |
|---|-----------|------------|------------|------------|------------|-------------|
| <b>7</b> Amounts from line 4  | 8,613,620 | 13,514,120 | 14,612,462 | 14,460,764 | 33,199,680 | 84,400,646  |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources   | 3,766,861 | 5,033,142  | 7,219,152  | 8,508,752  | 4,320,306  | 28,848,213  |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on   |           |            |            |            |            |             |
| <b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  |           |            | 157,322    | 100,539    | 59,257     | 317,118     |
| <b>11 Total support.</b> Add lines 7 through 10   |           |            |            |            |            | 113,565,977 |
| <b>12</b> Gross receipts from related activities, etc (see instructions)  |           |            |            |            |            | <b>12</b>   |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/> |           |            |            |            |            |             |

**Section C. Computation of Public Support Percentage**

|  |           |          |
|--|-----------|----------|
| <b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))   | <b>14</b> | 64.660 % |
| <b>15</b> Public support percentage for 2015 Schedule A, Part II, line 14  | <b>15</b> | 64.630 % |
| <b>16a 33 1/3% support test—2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>   |           |          |
| <b>b 33 1/3% support test—2015.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>   |           |          |
| <b>17a 10%-facts-and-circumstances test—2016.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>    |           |          |
| <b>b 10%-facts-and-circumstances test—2015.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/> |           |          |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>  |           |          |

**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.)

**Section A. Public Support**

| Calendar year<br>(or fiscal year beginning in) ► |  | (a)2012 | (b)2013 | (c)2014 | (d)2015 | (e)2016 | (f)Total |
|--|--|---------|---------|---------|---------|---------|----------|
| <b>1</b>   | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")  |         |         |         |         |         |          |
| <b>2</b>   | 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 |         |         |         |         |         |          |
| <b>3</b>   | Gross receipts from activities that are not an unrelated trade or business under section 513   |         |         |         |         |         |          |
| <b>4</b>   | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |         |         |         |         |         |          |
| <b>5</b>   | The value of services or facilities furnished by a governmental unit to the organization without charge  |         |         |         |         |         |          |
| <b>6</b>   | <b>Total.</b> Add lines 1 through 5  |         |         |         |         |         |          |
| <b>7a</b>  | Amounts included on lines 1, 2, and 3 received from disqualified persons   |         |         |         |         |         |          |
| <b>b</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           |         |         |         |         |         |          |
| <b>c</b>   | Add lines 7a and 7b  |         |         |         |         |         |          |
| <b>8</b>   | <b>Public support.</b> (Subtract line 7c from line 6.)   |         |         |         |         |         |          |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ► |   | (a)2012 | (b)2013 | (c)2014 | (d)2015 | (e)2016 | (f)Total |
|--|---|---------|---------|---------|---------|---------|----------|
| <b>9</b>   | Amounts from line 6   |         |         |         |         |         |          |
| <b>10a</b>                                       | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  |         |         |         |         |         |          |
| <b>b</b>   | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975   |         |         |         |         |         |          |
| <b>c</b>   | Add lines 10a and 10b   |         |         |         |         |         |          |
| <b>11</b>  | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on   |         |         |         |         |         |          |
| <b>12</b>  | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)   |         |         |         |         |         |          |
| <b>13</b>  | <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)   |         |         |         |         |         |          |
| <b>14</b>  | <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <span style="float: right;">► <input type="checkbox"/></span> |         |         |         |         |         |          |

**Section C. Computation of Public Support Percentage**

|           |  |           |  |
|-----------|--|-----------|--|
| <b>15</b> | Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) | <b>15</b> |  |
| <b>16</b> | Public support percentage from 2015 Schedule A, Part III, line 15                      | <b>16</b> |  |

**Section D. Computation of Investment Income Percentage**

|            |  |           |  |
|------------|--|-----------|--|
| <b>17</b>  | Investment income percentage for <b>2016</b> (line 10c, column (f) divided by line 13, column (f))   | <b>17</b> |  |
| <b>18</b>  | Investment income percentage from <b>2015</b> Schedule A, Part III, line 17  | <b>18</b> |  |
| <b>19a</b> | <b>33 1/3% support tests—2016.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float: right;">► <input type="checkbox"/></span>          |           |  |
| <b>b</b>   | <b>33 1/3% support tests—2015.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float: right;">► <input type="checkbox"/></span> |           |  |
| <b>20</b>  | <b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <span style="float: right;">► <input type="checkbox"/></span>  |           |  |

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

|            |   | Yes | No |
|------------|---|-----|----|
| <b>1</b>   | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.  |     |    |
|            | <b>1</b>  |     |    |
| <b>2</b>   | 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).   |     |    |
|            | <b>2</b>  |     |    |
| <b>3a</b>  | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.   |     |    |
|            | <b>3a</b>   |     |    |
| <b>b</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 <b>Part VI</b> when and how the organization made the determination.   |     |    |
|            | <b>3b</b>   |     |    |
| <b>c</b>   | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.  |     |    |
|            | <b>3c</b>   |     |    |
| <b>4a</b>  | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.   |     |    |
|            | <b>4a</b>   |     |    |
| <b>b</b>   | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.  |     |    |
|            | <b>4b</b>   |     |    |
| <b>c</b>   | 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 <b>Part VI</b> 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.   |     |    |
|            | <b>4c</b>   |     |    |
| <b>5a</b>  | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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). |     |    |
|            | <b>5a</b>   |     |    |
| <b>b</b>   | <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?  |     |    |
|            | <b>5b</b>   |     |    |
| <b>c</b>   | <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?   |     |    |
|            | <b>5c</b>   |     |    |
| <b>6</b>   | 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? If "Yes," provide detail in <b>Part VI</b> .   |     |    |
|            | <b>6</b>  |     |    |
| <b>7</b>   | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ).  |     |    |
|            | <b>7</b>  |     |    |
| <b>8</b>   | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).   |     |    |
|            | <b>8</b>  |     |    |
| <b>9a</b>  | 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 <b>Part VI</b> .  |     |    |
|            | <b>9a</b>   |     |    |
| <b>b</b>   | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .   |     |    |
|            | <b>9b</b>   |     |    |
| <b>c</b>   | Did a disqualified person (as defined in 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 <b>Part VI</b> .  |     |    |
|            | <b>9c</b>   |     |    |
| <b>10a</b> | 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.   |     |    |
|            | <b>10a</b>  |     |    |
| <b>b</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.)  |     |    |
|            | <b>10b</b>  |     |    |

**Part IV Supporting Organizations** (continued)

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>11</b> | Has the organization accepted a gift or contribution from any of the following persons?   |     |    |
| <b>a</b>  | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? |     |    |
| <b>b</b>  | A family member of a person described in (a) above?   |     |    |
| <b>c</b>  | A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>   |     |    |

**Section B. Type I Supporting Organizations**

|          |  | Yes | No |
|----------|--|-----|----|
| <b>1</b> | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> |     |    |
| <b>2</b> | 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? <i>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.</i>  |     |    |

**Section C. Type II Supporting Organizations**

|          |   | Yes | No |
|----------|---|-----|----|
| <b>1</b> | 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)? <i>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).</i> |     |    |

**Section D. All Type III Supporting Organizations**

|          |  | Yes | No |
|----------|--|-----|----|
| <b>1</b> | 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? |     |    |
| <b>2</b> | 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>  |     |    |
| <b>3</b> | By reason of the relationship described in (2), 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>  |     |    |

**Section E. Type III Functionally-Integrated Supporting Organizations**

|          |  |  |  |
|----------|--|--|--|
| <b>1</b> | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)   |  |  |
| <b>a</b> | <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.   |  |  |
| <b>b</b> | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.  |  |  |
| <b>c</b> | <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).  |  |  |
| <b>2</b> | Activities Test <b>Answer (a) and (b) below.</b>   |  |  |
| <b>a</b> | 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? <i>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.</i> |  |  |
| <b>b</b> | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>  |  |  |
| <b>3</b> | Parent of Supported Organizations <b>Answer (a) and (b) below.</b>   |  |  |
| <b>a</b> | 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? <i>Provide details in Part VI.</i>  |  |  |
| <b>b</b> | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>  |  |  |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

**Section A - Adjusted Net Income**

|   | (A) Prior Year | (B) Current Year<br>(optional) |
|---|----------------|--------------------------------|
| <b>1</b> Net short-term capital gain  | <b>1</b>       |                                |
| <b>2</b> Recoveries of prior-year distributions   | <b>2</b>       |                                |
| <b>3</b> Other gross income (see instructions)  | <b>3</b>       |                                |
| <b>4</b> Add lines 1 through 3  | <b>4</b>       |                                |
| <b>5</b> Depreciation and depletion   | <b>5</b>       |                                |
| <b>6</b> 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) | <b>6</b>       |                                |
| <b>7</b> Other expenses (see instructions)  | <b>7</b>       |                                |
| <b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)  | <b>8</b>       |                                |

**Section B - Minimum Asset Amount**

|   | (A) Prior Year | (B) Current Year<br>(optional) |
|---|----------------|--------------------------------|
| <b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | <b>1</b>       |                                |
| <b>a</b> Average monthly value of securities  | <b>1a</b>      |                                |
| <b>b</b> Average monthly cash balances  | <b>1b</b>      |                                |
| <b>c</b> Fair market value of other non-exempt-use assets   | <b>1c</b>      |                                |
| <b>d Total</b> (add lines 1a, 1b, and 1c)   | <b>1d</b>      |                                |
| <b>e Discount</b> claimed for blockage or other factors (explain in detail in Part VI)  |                |                                |
| <b>2</b> Acquisition indebtedness applicable to non-exempt use assets   | <b>2</b>       |                                |
| <b>3</b> Subtract line 2 from line 1d   | <b>3</b>       |                                |
| <b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)                                 | <b>4</b>       |                                |
| <b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)   | <b>5</b>       |                                |
| <b>6</b> Multiply line 5 by .035  | <b>6</b>       |                                |
| <b>7</b> Recoveries of prior-year distributions   | <b>7</b>       |                                |
| <b>8 Minimum Asset Amount</b> (add line 7 to line 6)  | <b>8</b>       |                                |

**Section C - Distributable Amount**

|  |          | Current Year |
|--|----------|--------------|
| <b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)   | <b>1</b> |              |
| <b>2</b> Enter 85% of line 1   | <b>2</b> |              |
| <b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)  | <b>3</b> |              |
| <b>4</b> Enter greater of line 2 or line 3   | <b>4</b> |              |
| <b>5</b> Income tax imposed in prior year  | <b>5</b> |              |
| <b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)   | <b>6</b> |              |
| <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) |          |              |



**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

| <b>Section D - Distributions</b>  | <b>Current Year</b> |
|---|---------------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes  |                     |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity    |                     |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations  |                     |
| <b>4</b> Amounts paid to acquire exempt-use assets  |                     |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required)  |                     |
| <b>6</b> Other distributions (describe in Part VI) See instructions   |                     |
| <b>7 Total annual distributions.</b> Add lines 1 through 6  |                     |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions |                     |
| <b>9</b> Distributable amount for 2016 from Section C, line 6   |                     |
| <b>10</b> Line 8 amount divided by Line 9 amount  |                     |

| <b>Section E - Distribution Allocations (see instructions)</b>   | <b>(i)<br/>Excess Distributions</b> | <b>(ii)<br/>Underdistributions<br/>Pre-2016</b> | <b>(iii)<br/>Distributable<br/>Amount for 2016</b> |
|--|-------------------------------------|---|--|
| <b>1</b> Distributable amount for 2016 from Section C, line 6  |                                     |   |  |
| <b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)   |                                     |   |  |
| <b>3</b> Excess distributions carryover, if any, to 2016   |                                     |   |  |
| <b>a</b>   |                                     |   |  |
| <b>b</b>   |                                     |   |  |
| <b>c</b> From 2013. . . . .  |                                     |   |  |
| <b>d</b> From 2014. . . . .  |                                     |   |  |
| <b>e</b> From 2015. . . . .  |                                     |   |  |
| <b>f Total</b> of lines 3a through e   |                                     |   |  |
| <b>g</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>h</b> Applied to 2016 distributable amount  |                                     |   |  |
| <b>i</b> Carryover from 2011 not applied (see instructions)  |                                     |   |  |
| <b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f   |                                     |   |  |
| <b>4</b> Distributions for 2016 from Section D, line 7 \$  |                                     |   |  |
| <b>a</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>b</b> Applied to 2016 distributable amount  |                                     |   |  |
| <b>c</b> Remainder Subtract lines 4a and 4b from 4   |                                     |   |  |
| <b>5</b> Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) |                                     |   |  |
| <b>6</b> Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)                        |                                     |   |  |
| <b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c   |                                     |   |  |
| <b>8</b> Breakdown of line 7   |                                     |   |  |
| <b>a</b>   |                                     |   |  |
| <b>b</b> Excess from 2013. . . . .   |                                     |   |  |
| <b>c</b> Excess from 2014. . . . .   |                                     |   |  |
| <b>d</b> Excess from 2015. . . . .   |                                     |   |  |
| <b>e</b> Excess from 2016. . . . .   |                                     |   |  |

**Part VI Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part 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).

**Facts And Circumstances Test**

**SCHEDULE D**  
(Form 990)

**Supplemental Financial Statements**

OMB No 1545-0047  
**2016**  
**Open to Public Inspection**

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
COMMUNITY FOUNDATION OF TAMPA BAY INC

**Employer identification number**  
59-3001853

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

|   | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|------------------------------|
| 1 Total number at end of year                       | 325                     |                              |
| 2 Aggregate value of contributions to (during year) | 19,979,281              |                              |
| 3 Aggregate value of grants from (during year)      | 6,306,084               |                              |
| 4 Aggregate value at end of year                    | 89,825,712              |                              |

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply)
- Preservation of land for public use (e.g., recreation or education)
  - Preservation of an historically important land area
  - Protection of natural habitat
  - Preservation of a certified historic structure
  - Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

|  | Held at the End of the Year |
|--|-----------------------------|
| a Total number of conservation easements   | 2a                          |
| b Total acreage restricted by conservation easements   | 2b                          |
| c Number of conservation easements on a certified historic structure included in (a)   | 2c                          |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d                          |

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- 4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
- (i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_
- (ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- a Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_
- b Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- |  | Amount |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> Ending balance                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

|   | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance . . . . .                     | 100,079,687      | 107,657,675    | 111,090,252        | 96,505,307           | 84,341,732          |
| <b>b</b> Contributions . . . . .                                  | 5,371,634        | 2,723,199      | 2,705,679          | 4,188,921            | 6,598,408           |
| <b>c</b> Net investment earnings, gains, and losses               | 12,566,287       | -2,131,138     | -687,570           | 15,509,650           | 10,426,234          |
| <b>d</b> Grants or scholarships . . . . .                         | 4,020,956        | 4,158,168      | 4,487,610          | 4,192,331            | 4,052,699           |
| <b>e</b> Other expenditures for facilities and programs . . . . . |                  | 3,084,481      |                    |                      |                     |
| <b>f</b> Administrative expenses . . . . .                        | 998,405          | 927,400        | 963,076            | 921,295              | 808,368             |
| <b>g</b> End of year balance . . . . .                            | 112,998,247      | 100,079,687    | 107,657,675        | 111,090,252          | 96,505,307          |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 100 000 %
  - b** Permanent endowment ▶
  - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  | No |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> | No |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land . . . . .   | 5,000                                |                                 |                              | 5,000          |
| <b>b</b> Buildings   |                                      |                                 |                              |                |
| <b>c</b> Leasehold improvements  |                                      | 22,259                          | 20,664                       | 1,595          |
| <b>d</b> Equipment . . . . .   |                                      | 135,305                         | 74,724                       | 60,581         |
| <b>e</b> Other . . . . .   |                                      | 188,826                         | 86,319                       | 102,507        |
| <b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶ |                                      |                                 |                              | 169,683        |

**Part VII Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security)  | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|--|----------------|---|
| (1) Financial derivatives . . . . .                                      |                |   |
| (2) Closely-held equity interests . . . . .                              |                |   |
| (3) Other _____  |                |   |
| (A) COMMONFUND GLOBAL PRIVATE EQUITY FUNDS                               | 3,525,266      | F   |
| (B) THE BURTON PARTNERSHIP (QP)  | 1,380,900      | F   |
| (C) UNDEVELOPED LAND - SUNSET ISLE, LTD                                  | 29,606         | C   |
| (D) GREAT BAY PARTNERSHIP  | 140,600        | C   |
| (E) LIGHTHOUSE DIVERSIFIED FUND LIMITED                                  | 6,985,533      | F   |
| (F) ABS OFFSHORE SPC GLOBAL PORTFOLIO                                    | 7,693,334      | F   |
| (G) INFINITY PREMIER (QP) CAYMAN LP - HEDGE FUND                         | 7,469,835      | F   |
| (H)  |                |   |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 ) | 27,225,074     |   |

**Part VIII Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment  | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|--|----------------|---|
| (1)  |                |   |
| (2)  |                |   |
| (3)  |                |   |
| (4)  |                |   |
| (5)  |                |   |
| (6)  |                |   |
| (7)  |                |   |
| (8)  |                |   |
| (9)  |                |   |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13 ) |                |   |

**Part IX Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

| (a) Description  | (b) Book value |
|--|----------------|
| (1) ESTATES IN PROCESS   | 6,715,853      |
| (2) INVESTMENTS HELD FOR CHARITABLE REMAINDER TRUSTS                     | 4,634,457      |
| (3) RESIDUAL INTEREST IN SURVIVOR TRUSTS                                 | 1,923,411      |
| (4) CSV LIFE INSURANCE   | 12,990         |
| (5) ACCRUED INTEREST RECEIVABLE  | 44,343         |
| (6) MINERAL RIGHTS   | 63,000         |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 ) | 13,394,054     |

**Part X Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| (a) Description of liability   | (b) Book value |
|--|----------------|
| (1) Federal income taxes   |                |
| LIABILITY FOR CHARITABLE GIFT ANNUITIES                                  | 1,777,102      |
| LIABILITY UNDER CHARITABLE REMAINDER TRUSTS                              | 2,557,581      |
| LIABILITY FOR AGENCY FUNDS   | 32,009,019     |
| TRANSFERS IN PROCESS   | 214,201        |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 ) | 36,557,903     |

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

|          |  |           |            |
|----------|--|-----------|------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                     | <b>1</b>  | 48,895,666 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12                                     |           |            |
| <b>a</b> | Net unrealized gains (losses) on investments . . . . .   | <b>2a</b> | 14,414,535 |
| <b>b</b> | Donated services and use of facilities . . . . .   | <b>2b</b> |            |
| <b>c</b> | Recoveries of prior year grants . . . . .  | <b>2c</b> |            |
| <b>d</b> | Other (Describe in Part XIII) . . . . .  | <b>2d</b> |            |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .  | <b>2e</b> | 14,414,535 |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .   | <b>3</b>  | 34,481,131 |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>                             |           |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                             | <b>4a</b> | 587,260    |
| <b>b</b> | Other (Describe in Part XIII) . . . . .  | <b>4b</b> | 6,821,834  |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .  | <b>4c</b> | 7,409,094  |
| <b>5</b> | Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12) . . . . . | <b>5</b>  | 41,890,225 |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

|          |   |           |            |
|----------|---|-----------|------------|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                                    | <b>1</b>  | 11,983,248 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25  |           |            |
| <b>a</b> | Donated services and use of facilities . . . . .  | <b>2a</b> |            |
| <b>b</b> | Prior year adjustments . . . . .  | <b>2b</b> |            |
| <b>c</b> | Other losses . . . . .  | <b>2c</b> |            |
| <b>d</b> | Other (Describe in Part XIII) . . . . .   | <b>2d</b> |            |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .   | <b>2e</b> | 0          |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .  | <b>3</b>  | 11,983,248 |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :                              |           |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                              | <b>4a</b> | 587,260    |
| <b>b</b> | Other (Describe in Part XIII) . . . . .   | <b>4b</b> | 928,701    |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .   | <b>4c</b> | 1,515,961  |
| <b>5</b> | Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18) . . . . . | <b>5</b>  | 13,499,209 |

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

| Return Reference          | Explanation |
|---------------------------|-------------|
| See Additional Data Table |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |

**Part XIII** Supplemental Information *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
|                  |             |
|                  |             |
|                  |             |
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|                  |             |
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|                  |             |

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 59-3001853

**Name:** COMMUNITY FOUNDATION OF TAMPA BAY INC

## Supplemental Information

| Return Reference | Explanation   |
|------------------|---|
| PART V, LINE 4   | AGENCY FUNDS PAY GRANTS TO AGENCIES THAT ESTABLISHED THE FUND DESIGNATED FUNDS PAY GRANTS TO SPECIFIC CHARITABLE AGENCIES DESIGNATED BY THE DONOR(S) TO THE FUNDS THESE FUNDS CAN ONLY BE UTILIZED FOR THE PURPOSE(S) DESIGNATED IN THE FUND AGREEMENT SCHOLARSHIP FUNDS ARE SET UP TO BENEFIT STUDENTS IN SPECIFIC FIELDS OR STUDENTS FROM SPECIFIC HIGH SCHOOLS OTHER ENDOWED FUNDS INCLUDE FIELD-OF-INTEREST FUNDS WHICH ARE ADMINISTERED BY THE FOUNDATION'S GRANTS COMMITTEE TO PROVIDED GRANTS TO GENERAL FIELDS OF A DONOR'S INTEREST, SUCH AS PERFORMING ARTS, FEEDING THE HUNGRY, ANIMAL CARE, ETC |



## Supplemental Information

| Return Reference | Explanation  |
|------------------|--|
| PART X, LINE 2   | THE FOUNDATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE THE FOUNDATION IS A NOT-FOR-PROFIT FLORIDA CORPORATION AND THEREFORE IS NOT SUBJECT TO STATE INCOME TAXES MANAGEMENT IS NOT AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE THE FOUNDATION'S TAX EXEMPT STATUS THE FOUNDATION IS NOT AWARE OF ANY TAX POSITIONS IT HAS TAKEN THAT ARE SUBJECT TO A SIGNIFICANT DEGREE OF UNCERTAINTY TAX YEARS AFTER JUNE 30, 2013 REMAIN SUBJECT TO EXAMINATION BY TAXING AUTHORITIES |

# Supplemental Information

| Return Reference                        | Explanation  |
|---|--|
| PART XI, LINE 4B - OTHER<br>ADJUSTMENTS | INVESTMENT INCOME OF AGENCY FUNDS 3,442,776 CONTRIBUTIONS TO AGENCY FUNDS 3,557,910<br>ADMINISTRATIVE FEES - AGENCY FUNDS -178,852 |

# Supplemental Information

| Return Reference                         | Explanation                           |
|--|---------------------------------------|
| PART XII, LINE 4B - OTHER<br>ADJUSTMENTS | GRANTS PAID FROM AGENCY FUNDS 928,701 |

**Schedule I  
(Form 990)**

Department of the  
Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States**

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2016**

**Open to Public  
Inspection**

Name of the organization  
COMMUNITY FOUNDATION OF TAMPA BAY INC

Employer identification number  
59-3001853

**Part I**

**General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II**

**Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
|--|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|

See Additional Data Table

|      |  |  |  |  |  |  |  |
|------|--|--|--|--|--|--|--|
| (1)  |  |  |  |  |  |  |  |
| (2)  |  |  |  |  |  |  |  |
| (3)  |  |  |  |  |  |  |  |
| (4)  |  |  |  |  |  |  |  |
| (5)  |  |  |  |  |  |  |  |
| (6)  |  |  |  |  |  |  |  |
| (7)  |  |  |  |  |  |  |  |
| (8)  |  |  |  |  |  |  |  |
| (9)  |  |  |  |  |  |  |  |
| (10) |  |  |  |  |  |  |  |
| (11) |  |  |  |  |  |  |  |
| (12) |  |  |  |  |  |  |  |

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ \_\_\_\_\_
- 3** Enter total number of other organizations listed in the line 1 table . . . . . ▶ \_\_\_\_\_

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| (1) SCHOLARSHIPS                | 154                      | 359,925                  |                                   |   |  |
| (1)                             |                          |                          |                                   |   |  |
| (2)                             |                          |                          |                                   |   |  |
| (3)                             |                          |                          |                                   |   |  |
| (4)                             |                          |                          |                                   |   |  |
| (5)                             |                          |                          |                                   |   |  |
| (6)                             |                          |                          |                                   |   |  |
| (7)                             |                          |                          |                                   |   |  |

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

| Return Reference | Explanation  |
|------------------|--|
| PART I, LINE 2   | SCHEDULE I, PART I, LINE 2 THE FOUNDATION REVIEWS THE NONPROFIT'S 501(C)(3) STATUS BEFORE DISBURSING THE GRANT FOR GRANTS INVOLVING SELECTION BY THE GRANT'S COMMITTEE, THE FOUNDATION ADDS THE REQUIREMENT THAT THE ORGANIZATION COMPLETE A PROGRESS REPORT, INCLUDING AN ACCOUNTING FOR THE USE OF FUNDS, AND STAFF OR GRANT COMMITTEE MEMBERS MAKE A SITE VISIT TO A SAMPLE OF THE ORGANIZATIONS FOR GRANTS FROM DONOR ADVISED FUNDS, EACH GRANT RECOMMENDATION IS REVIEWED AND APPROVED BY FOUNDATION STAFF PRIOR TO PAYMENT BEING MADE THE BOARD OF TRUSTEES REVIEWS ALL GRANTS THAT WERE COMPLETED |

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 59-3001853  
**Name:** COMMUNITY FOUNDATION OF TAMPA BAY INC

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government             | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ABE BROWN MINISTRIES<br>2921 29TH STREET<br>TAMPA, FL 33605           | 59-2410601     | 501(C)(3)                            | 21,457                          |  |  |   | SUPPORT OF MISSION                        |
| ACADEMY PREP CENTER OF TAMPA<br>1407 E COLUMBUS DR<br>TAMPA, FL 33605 | 59-3622978     | 501(C)(3)                            | 254,212                         |  |  |   | SUPPORT OF MISSION                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government            | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ALPHA HOUSE OF TAMPA<br>201 S TAMPANIA<br>TAMPA, FL 33609            | 59-2655523     | 501(C)(3)                            | 67,270                          |  |  |   | SUPPORT OF MISSION                        |
| AMERICAN HEART ASSOCIATION<br>PO BOX 4002900<br>DES MOINES, IA 50340 | 13-5613797     | 501(C)(3)                            | 134,000                         |  |  |   | SUPPORT OF MISSION                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                           | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ADMIRAL FARRAGUT ACADEMY FOUNDATION<br>501 PARK STREET N<br>ST PETERSBURG, FL 33710 | 31-1506065     | 501(C)(3)                            | 5,300                           |  |  |   | SUPPORT OF MISSION                        |
| AMERICAN STAGE INC<br>PO BOX 1560<br>ST PETERSBURG, FL 33731                        | 59-1777189     | 501(C)(3)                            | 7,993                           |  |  |   | SUPPORT OF MISSION                        |



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                      | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| BAY AREA LEGAL SERVICES<br>829 W MARTIN LUTHER KING<br>BLVD<br>TAMPA, FL 33603 | 59-1171886     | 501(C)(3)                            | 18,594                          |  |  |   | SUPPORT OF MISSION                        |
| BERKELEY PREPARATORY<br>SCHOOL<br>4811 KELLY RD<br>TAMPA, FL 33615             | 59-1292802     | 501(C)(3)                            | 40,631                          |  |  |   | SUPPORT OF MISSION                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                      | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| BIG CAT RESCUE<br>7106 RIVERWOOD BLVD<br>TAMPA, FL 33615                       | 59-3330495     | 501(C)(3)                            | 39,665                          |  |  |   | SUPPORT OF MISSION                        |
| BOYS & GIRLS CLUB OF TAMPA<br>BAY INC<br>1307 N MACDILL AVE<br>TAMPA, FL 33607 | 59-0624368     | 501(C)(3)                            | 36,500                          |  |  |   | SUPPORT OF MISSION                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government       | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CITY OF CLEARWATER<br>PO BOX 4748<br>CLEARWATER, FL 33758       | 59-6000289     | CITY OF CLEARWATER                   | 197,550                         |  |  |   | PROJECT SUPPORT                           |
| CYPRESS INITIATIVE INC<br>5509 W GARY ST 100<br>TAMPA, FL 33609 | 20-8378337     | 501(C)(3)                            | 191,000                         |  |  |   | GENERAL OPERATING SUPPORT                 |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                        | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| DALLAS THEOLOGICAL SEMINARY<br>3909 SWISS AVE<br>DALLAS, TX 75204                | 75-0827421     | 501(C)(3)                            | 25,000                          |  |  |   | SUPPORT OF MISSION                        |
| DAVID A STRAZ JR CENTER FOR THE PERFORMING ARTS<br>PO BOX 518<br>TAMPA, FL 33601 | 59-2037085     | 501(C)(3)                            | 185,792                         |  |  |   | SUPPORT OF MISSION                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government           | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| DIOCESE OF ST PETERSBURG<br>PO BOX 40200<br>ST PETERSBURG, FL 33743 | 59-1213195     | 501(C)(3)                            | 44,088                          |  |  |   | PROJECT SUPPORT                           |
| ECKERD COLLEGE<br>4200 54TH AVE S<br>ST PETERSBURG, FL 33711        | 59-0859121     | 501(C)(3)                            | 7,500                           |  |  |   | SUPPORT OF MISSION                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government               | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CHURCH OF THE ASCENSION<br>701 ORANGE AVE<br>CLEARWATER, FL 33756       | 59-0721414     | 501(C)(3)                            | 19,000                          |  |  |   | SUPPORT OF MISSION                        |
| FEEDING TAMPA BAY<br>4702 TRANSPORATION DR<br>BLDG 6<br>TAMPA, FL 33605 | 59-2116576     | 501(C)(3)                            | 52,500                          |  |  |   | SUPPORT OF MISSION                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                 | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FLORIDA HOLOCAUST MUSEUM<br>55 5TH ST S<br>ST PETERSBURG, FL 33701        | 59-2981494     | 501(C)(3)                            | 23,344                          |  |  |   | SUPPORT OF MISSION                        |
| FLORIDA SHERIFFS YOUTH RANCHES INC<br>PO BOX 2000<br>BOYS RANCH, FL 32064 | 23-7303117     | 501(C)(3)                            | 10,914                          |  |  |   | SUPPORT OF MISSION                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government   | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FREEDOM PLAZA<br>SCHOLARSHIP FUND<br>1010 AMERICAN EAGLE BLVD<br>BOX 752<br>SUN CITY CENTER, FL 33573 | 59-3214388     | 501(C)(3)                            | 13,731                          |  |  |   | SUPPORT OF MISSION                        |
| ALL SPORTS COMMUNITY<br>SERVICE INC<br>PO BOX 271506<br>TAMPA, FL 33688                               | 59-3184150     | 501(C)(3)                            | 8,000                           |  |  |   | SUPPORT OF MISSION                        |



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government   | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| GOOD SAMARITAN FUND OF GREATER SUN CITY INC<br>916 N PEBBLE BEACH BLVD<br>SUN CITY CENTER, FL 33573 | 59-2615679     | 501(C)(3)                            | 16,496                          |  |  |   | SUPPORT OF MISSION                        |
| GOOD SAMARITAN HEALTH CLINIC OF PASCO COUNTY<br>5334 ASPEN ST<br>NEW PORT RICHEY, FL 34652          | 59-3072334     | 501(C)(3)                            | 8,155                           |  |  |   | SUPPORT OF MISSION                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government  | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| JEWISH FEDERATION OF PINELLAS COUNTY AND PASCO COUNTY INC<br>13191 STARKEY RD STE 8<br>LARGO, FL 33773 | 59-0697685     | 501(C)(3)                            | 8,500                           |  |  |   | SUPPORT OF MISSION                        |
| JUDEO CHRISTIAN HEALTH CLINIC INC<br>4118 N MCDILL AVE<br>TAMPA, FL 33607                              | 59-1605647     | 501(C)(3)                            | 31,266                          |  |  |   | SUPPORT OF MISSION                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government             | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| LIONS CLUB OF CEDAR KEY<br>INC<br>PO BOX 68<br>CEDAR KEY, FL 32625    | 23-7047751     | 501(C)(4)                            | 34,864                          |  |  |   | SUPPORT OF CHARITABLE GRANTS OF THE CLUB  |
| MEALS ON WHEELS OF TAMPA<br>550 W HILLSBOROUGH AVE<br>TAMPA, FL 33603 | 59-1679915     | 501(C)(3)                            | 438,188                         |  |  |   | SUPPORT OF MISSION                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government              | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| METROPOLITAN MINISTRIES<br>2002 N FLORIDA AVE<br>TAMPA, FL 33602       | 59-1477007     | 501(C)(3)                            | 92,064                          |  |  |   | SUPPORT OF MISSION                        |
| MUSEUM OF SCIENCE AND INDUSTRY<br>4801 E FOWLER AVE<br>TAMPA, FL 33617 | 59-2657399     | 501(C)(3)                            | 28,198                          |  |  |   | SUPPORT OF MISSION                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government          | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| NORTHWESTERN UNIVERSITY<br>2020 RIDGE AVE<br>EVANSTON, IL 60208    | 36-2167817     | 501(C)(3)                            | 67,354                          |  |  |   | SCHOLARSHIP FUND                          |
| AMERICAN CANCER SOCIETY<br>3709 W JETTON AVENUE<br>TAMPA, FL 33629 | 13-1788491     | 501(C)(3)                            | 5,132                           |  |  |   | SUPPORT OF MISSION                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government          | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| PACT INC<br>1111 MCMULLEN BOOTH RD<br>CLEARWATER, FL 33759         | 59-1803628     | 501(C)(3)                            | 15,658                          |  |  |   | SUPPORT OF MISSION                        |
| PALMA CEIA PRESBYTERIAN CHURCH<br>3501 SAN JOSE<br>TAMPA, FL 33629 | 59-0767700     | 501(C)(3)                            | 43,946                          |  |  |   | SUPPORT OF MISSION                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                                      | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| AMERICAN CIVIL LIBERTIES UNION FOUNDATION<br>125 BROAD STREET 18TH FLOOR<br>NEW YORK, NY 10004 | 13-6213516     | 501(C)(3)                            | 25,500                          |  |  |   | SUPPORT OF MISSION                        |
| READY FOR LIFE<br>4000 GATEWAY CENTRE BLVD<br>PINELLAS PARK, FL 33782                          | 26-4032979     | 501(C)(3)                            | 27,000                          |  |  |   | SUPPORT OF MISSION                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                              | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| REDEEMER PRESBYTERIAN CHURCH<br>12404 BOYETTE RD<br>RIVERVIEW, FL 33569                | 59-3524523     | 501(C)(3)                            | 22,800                          |  |  |   | SUPPORT OF MISSION                        |
| REDLANDS CHRISTIAN MIGRANT ASSOCIATION INC<br>402 W MAIN STREET<br>IMMOKALEE, FL 34142 | 59-1221966     | 501(C)(3)                            | 22,674                          |  |  |   | SUPPORT OF MISSION                        |



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                                | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| RONALD MCDONALD HOUSE CHARITIES OF TAMPA BAY INC<br>35 COLUMBIA DRIVE<br>TAMPA, FL 33606 | 59-1835985     | 501(C)(3)                            | 6,278                           |  |  |   | SUPPORT OF MISSION                        |
| RUTH ECKERD HALL INC<br>1111 MCMULLEN BOOTH RD<br>CLEARWATER, FL 33759                   | 59-1803628     | 501(C)(3)                            | 77,874                          |  |  |   | SUPPORT OF MISSION                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government   | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| AMERICAN CIVIL LIBERTIES UNION FOUNDATION OF FLORIDA INC<br>4500 BISCAYNE BOULEVARD<br>SUITE 340<br>MIAMI, FL 33137 | 23-7137529     | 501(C)(3)                            | 6,000                           |  |  |   | SUPPORT OF MISSION                        |
| SHRINERS HOSPITAL FOR CRIPPLED CHILDREN<br>12502 USF PINE DRIVE<br>TAMPA, FL 33612                                  | 36-2193608     | 501(C)(3)                            | 57,802                          |  |  |   | SUPPORT OF MISSION                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government  | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SOUTHEASTERN GUIDE DOGS INC<br>4210 77TH ST EAST<br>PALMETTO, FL 34221                                   | 59-2252352     | 501(C)(3)                            | 67,550                          |  |  |   | SUPPORT OF MISSION                        |
| ST JOSEPH'S HOSPITAL OF TAMPA FOUNDATION<br>2700 W MARTIN LUTHER KING BLVD STE<br>300<br>TAMPA, FL 33607 | 59-1100828     | 501(C)(3)                            | 46,232                          |  |  |   | SUPPORT OF MISSION                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                          | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ST PETERSBURG FREE CLINIC INC<br>863 THIRD AVENUE NORTH<br>ST PETERSBURG, FL 33701 | 23-7208280     | 501(C)(3)                            | 157,242                         |  |  |   | SUPPORT OF MISSION                        |
| SUN CITY CENTER EMERGENCY SQUAD<br>101 RAY WATSON DR<br>SUN CITY CENTER, FL 33573  | 59-1147811     | 501(C)(3)                            | 25,815                          |  |  |   | SUPPORT OF MISSION                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                        | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SUN CITY CENTER LIBRARY<br>1011 N PEBBLE BEACH BLVD<br>SUN CITY CENTER, FL 33573 | 59-2746620     | 501(C)(3)                            | 12,858                          |  |  |   | SUPPORT OF MISSION                        |
| TAMPA BAY HISTORY CENTER<br>801 OLD WATER ST<br>TAMPA, FL 33602                  | 59-3058652     | 501(C)(3)                            | 203,724                         |  |  |   | SUPPORT OF MISSION                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                        | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| TAMPA BAY PERFORMING ARTS CENTER FOUNDATION INC<br>PO BOX 518<br>TAMPA, FL 33601 | 59-3524613     | 501(C)(3)                            | 185,858                         |  |  |   | SUPPORT OF MISSION                        |
| TAMPA GENERAL HOSPITAL FOUNDATION<br>PO BOX 1289 ROOM G-141<br>TAMPA, FL 33601   | 23-7354477     | 501(C)(3)                            | 26,862                          |  |  |   | SUPPORT OF MISSION                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| TAMPA JCC FEDERATION INC<br>13009 COMMUNITY CAMPUS DR<br>TAMPA, FL 33625 | 23-7182057     | 501(C)(3)                            | 20,750                          |  |  |   | SUPPORT OF MISSION                        |
| TAMPA METROPOLITAN AREA YMCA<br>110 E OAK AVE<br>TAMPA, FL 33602         | 59-1742909     | 501(C)(3)                            | 11,124                          |  |  |   | PROJECT SUPPORT                           |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                                   | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| TFTSP YOUTH GOLF COUNCIL<br>ST PETERSBURG FL INC<br>PO BOX 55913<br>ST PETERSBURG, FL 33732 | 27-0855397     | 501(C)(3)                            | 15,000                          |  |  |   | SUPPORT OF MISSION                        |
| THE CHILDREN'S HOME INC<br>PO BOX 262229<br>TAMPA, FL 33685                                 | 59-0696284     | 501(C)(3)                            | 20,545                          |  |  |   | SUPPORT OF MISSION                        |



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                           | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| THE FLORIDA ORCHESTRA INC<br>244 2ND AVE N STE 420<br>ST PETERSBURG, FL 33701       | 59-1223691     | 501(C)(3)                            | 210,633                         |  |  |   | SUPPORT OF MISSION                        |
| AMERICAN FRIENDS OF<br>MIGDAL TORAH INC<br>1191 E 18TH STREET<br>BROOKLYN, NY 11230 | 11-3036558     | 501(C)(3)                            | 5,300                           |  |  |   | SUPPORT OF MISSION                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SALVATION ARMY<br>1424 NE EXPRESSWAY<br>ATLANTA, GA 30329 | 58-0660607     | 501(C)(3)                            | 15,835                          |  |  |   | SUPPORT OF MISSION                        |
| THE SPRING OF TAMPA BAY<br>PO BOX 5147<br>TAMPA, FL 33675 | 59-1777135     | 501(C)(3)                            | 25,902                          |  |  |   | SUPPORT OF MISSION                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                   | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| TRINITY COLLEGE OF FLORIDA<br>2430 WELBILT BLVD<br>TRINITY, FL 34655        | 59-6155069     | 501(C)(3)                            | 145,600                         |  |  |   | PROJECT SUPPORT                           |
| UNITED WAY OF SUNCOAST<br>5201 W KENNEDY BLVD STE<br>600<br>TAMPA, FL 33609 | 59-3725701     | 501(C)(3)                            | 69,500                          |  |  |   | SUPPORT OF MISSION                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                    | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| UNIVERSITY OF FLORIDA<br>FOUNDATION<br>PO BOX 14425<br>GAINESVILLE, FL 32604 | 59-0974739     | 501(C)(3)                            | 20,914                          |  |  |   | PROJECT SUPPORT                           |
| UNIVERSITY OF TAMPA<br>401 W KENNEDY BLVD<br>TAMPA, FL 33606                 | 59-0624459     | 501(C)(3)                            | 149,610                         |  |  |   | SUPPORT OF MISSION                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                 | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ARCHDIOCESE OF MIAMI<br>9401 BISCAYNE BOULEVARD<br>MIAMI SHORES, FL 33138 | 65-0909504     | 501(C)(3)                            | 40,000                          |  |  |   | SUPPORT OF MISSION                        |
| WORD OF LIFE FELLOWSHIP<br>INC<br>PO BOX 600<br>SCHROON LAKE, NY 12870    | 13-5648615     | 501(C)(3)                            | 25,000                          |  |  |   | SUPPORT OF MISSION                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government            | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| WUSF PUBLIC MEDIA<br>4202 E FOWLER AVE<br>TAMPA, FL 33620            | 59-0879015     | 501(C)(3)                            | 33,738                          |  |  |   | SUPPORT OF MISSION                        |
| YBOR CITY ROTARY<br>FOUNDATION INC<br>PO BOX 5931<br>TAMPA, FL 33675 | 59-2998020     | 501(C)(3)                            | 6,330                           |  |  |   | SUPPORT OF MISSION                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                               | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| AT STILL UNIVERSITY OF HEALTH SCIENCES<br>800 WEST JEFFERSON ST<br>KIRKSVILLE, MO 63501 | 43-0356250     | 501(C)(3)                            | 10,000                          |  |  |   | SUPPORT OF MISSION                        |
| ACADEMY PREP CENTER OF ST PETERSBURG INC<br>PO BOX 530512<br>ST PETERSBURG, FL 33747    | 59-3623000     | 501(C)(3)                            | 33,719                          |  |  |   | SUPPORT OF MISSION                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                 | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| JESUIT HIGH SCHOOL<br>4701 NORTH HIMES AVE<br>TAMPA, FL 33614             | 59-0914207     | 501(C)(3)                            | 10,000                          |  |  |   | SUPPORT OF MISSION                        |
| CONGREGATION B'NAI ISRAEL<br>300 58TH STREET N<br>ST PETERSBURG, FL 33710 | 59-0747302     | 501(C)(3)                            | 76,300                          |  |  |   | SUPPORT OF MISSION                        |



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government   | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| AMIKIDS INC<br>5915 BENJAMIN CENTER DR<br>TAMPA, FL 33634   | 23-7440836     | 501(C)(3)                            | 5,000                           |  |  |   | SUPPORT OF MISSION                        |
| BEAT NB CANCER<br>FOUNDATION INC<br>13014 N DALE MABRY<br>HIGHWAY SUITE<br>256<br>TAMPA, FL 33618 | 27-2314549     | 501(C)(3)                            | 16,000                          |  |  |   | SUPPORT OF MISSION                        |

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| <b>(a)</b> Name and address of organization or government  | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| NONPROFIT LEADERSHIP CENTER OF TAMPA BAY INC<br>1111 NORTH WESTSHORE BLVD STE 215<br>TAMPA, FL 33607 | 59-3671047     | 501(C)(3)                            | 10,000                          |  |  |   | PROGRAM SUPPORT                           |
| FRIENDS OF THE FESTIVAL<br>PO BOX 75590<br>TAMPA, FL 33675   | 59-3617240     | 501(C)(3)                            | 8,229                           |  |  |   | SUPPORT OF MISSION                        |

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| <b>(a)</b> Name and address of organization or government            | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| MUSEUM OF FINE ARTS<br>255 BEACH DRIVE NE<br>ST PETERSBURG, FL 33701 | 59-0949278     | 501(C)(3)                            | 49,954                          |  |  |   | SUPPORT OF MISSION                        |
| BOLEY FOUNDATION INC<br>445 31ST NORTH<br>ST PETERSBURG, FL 33713    | 59-2230228     | 501(C)(3)                            | 10,193                          |  |  |   | SUPPORT OF MISSION                        |

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| <b>(a)</b> Name and address of organization or government  | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CHAMPIONS FOR CHILDREN<br>3108 W AZEELE ST<br>TAMPA, FL 33609                                      | 59-1807551     | 501(C)(3)                            | 19,496                          |  |  |   | SUPPORT OF MISSION                        |
| H LEE MOFFITT CANCER<br>CENTER FOUNDATION<br>12902 MAGNOLIA DRIVE UTC-<br>FOUND<br>TAMPA, FL 33612 | 59-3238636     | 501(C)(3)                            | 15,186                          |  |  |   | SUPPORT OF MISSION                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                                       | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| MORTON PLANT MEASE<br>HEALTH CARE FOUNDATION<br>INC<br>1200 DRUID RD S<br>CLEARWATER, FL 33756  | 59-1751535     | 501(C)(3)                            | 7,500                           |  |  |   | SUPPORT OF MISSION                        |
| UNITED COMMUNITY CHURCH<br>OF SUN CITY CENTER<br>1501 LA JOLLA AVE<br>SUN CITY CENTER, FL 33573 | 59-1161580     | 501(C)(3)                            | 117,907                         |  |  |   | PROJECT SUPPORT                           |

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| <b>(a)</b> Name and address of organization or government             | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| WHEELS OF SUCCESS<br>9309 N FLORIDA AVE SUITE 109<br>TAMPA, FL 33612  | 56-2372792     | 501(C)(3)                            | 10,125                          |  |  |   | SUPPORT OF MISSION                        |
| CONGREGATION SCHAARAI<br>ZEDEK<br>3303 W SWANN AVE<br>TAMPA, FL 33609 | 59-1394424     | 501(C)(3)                            | 13,451                          |  |  |   | SUPPORT OF MISSION                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                          | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| IDLEWILD BAPTIST CHURCH<br>PO BOX 44<br>LUTZ, FL 33548                             | 59-0774190     | 501(C)(3)                            | 20,500                          |  |  |   | SUPPORT OF MISSION                        |
| PALMA CEIA UNITED<br>METHODIST CHURCH<br>3723 W BAY TO BAY BLVD<br>TAMPA, FL 33629 | 59-0996450     | 501(C)(3)                            | 20,198                          |  |  |   | SUPPORT OF MISSION                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government             | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| BLINKNOW FOUNDATION<br>PO BOX 453<br>MENDHAM, NJ 07945                | 26-0819262     | 501(C)(3)                            | 60,000                          |  |  |   | PROJECT SUPPORT                           |
| FRAMEWORKS OF TAMPA BAY<br>INC<br>402 EAST OAK AVE<br>TAMPA, FL 33602 | 20-8776228     | 501(C)(3)                            | 21,000                          |  |  |   | SUPPORT OF MISSION                        |



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                         | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| HUMANE SOCIETY OF TAMPA BAY<br>3607 N ARMENIA AVE<br>TAMPA, FL 33607              | 59-0799907     | 501(C)(3)                            | 64,921                          |  |  |   | SUPPORT OF MISSION                        |
| LOWRY PARK ZOOLOGICAL SOCIETY OF TAMPA INC<br>1101 W SLIGH AVE<br>TAMPA, FL 33604 | 59-2328289     | 501(C)(3)                            | 7,800                           |  |  |   | SUPPORT OF MISSION                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                                   | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FLORIDA WEST COAST PUBLIC BROADCASTING INC<br>PO BOX 4033<br>TAMPA, FL 33677                | 59-0840626     | 501(C)(3)                            | 152,057                         |  |  |   | SUPPORT OF MISSION                        |
| MARY HELP OF CHRISTIAN SCHOOL FOUNDATION<br>6400 EAST CHELSEA STREET<br>TAMPA, FL 336015699 | 59-1910867     | 501(C)(3)                            | 5,598                           |  |  |   | SUPPORT OF MISSION                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                          | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| VIRGINIA ATHLETICS FOUNDATION<br>PO BOX 400833<br>CHARLOTTESVILLE, VA<br>229044833 | 54-0517188     | 501(C)(3)                            | 25,000                          |  |  |   | SUPPORT OF MISSION                        |
| CARES<br>12417 CLOCK TOWER PARKWAY<br>HUDSON, FL 346672411                         | 23-7348090     | 501(C)(3)                            | 5,738                           |  |  |   | SUPPORT OF MISSION                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government  | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| BOWLING GREEN STATE UNIVERSITY FOUNDATION INC<br>MILETI ALUMNI CENTER<br>BOWLING GREEN, OH 43403 | 34-6007199     | 501(C)(3)                            | 20,000                          |  |  |   | SUPPORT OF MISSION                        |
| MARY AND MARTHA HOUSE<br>PO BOX 1251<br>RUSKIN, FL 335701251                                     | 59-2788323     | 501(C)(3)                            | 35,086                          |  |  |   | SUPPORT OF MISSION                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                                   | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| R'CLUB CHILD CARE INC<br>4140 49TH STREET N<br>ST PETERSBURG, FL<br>337095736               | 59-1704870     | 501(C)(3)                            | 11,000                          |  |  |   | SUPPORT OF MISSION                        |
| GFWC SUN CITY CENTER<br>WOMEN'S CLUB INC<br>PO BOX 5434<br>SUN CITY CENTER, FL<br>335715434 | 59-6159390     | 501(C)(3)                            | 5,818                           |  |  |   | SUPPORT OF MISSION                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                  | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CAMPUS CRUSADE FOR CHRIST<br>100 LAKE HART DRIVE 2400<br>ORLANDO, FL 32832 | 95-6006173     | 501(C)(3)                            | 5,900                           |  |  |   | SUPPORT OF MISSION                        |
| BRYN MAWR COLLEGE<br>101 NORTH MERION AVENUE<br>BRYN MAWR, PA 19010        | 23-1352621     | 501(C)(3)                            | 5,500                           |  |  |   | PROJECT SUPPORT                           |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government             | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CARROLLWOOD PLAYERS INC<br>PO BOX 270116<br>TAMPA, FL 33688           | 59-2136203     | 501(C)(3)                            | 5,200                           |  |  |   | SUPPORT OF MISSION                        |
| LETS GO BOYS & GIRLS<br>3800 THOMAS POINT ROAD<br>ANNAPOLIS, MD 21403 | 61-1612453     | 501(C)(3)                            | 15,000                          |  |  |   | SUPPORT OF MISSION                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government   | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ROTARY'S CAMP FLORIDA INC<br>1915 CAMP FLORIDA ROAD<br>BRANDON, FL 33510                          | 59-3096120     | 501(C)(3)                            | 18,623                          |  |  |   | SUPPORT OF MISSION                        |
| SUN CITY CENTER ROTARY CLUB FOUNDATION INC<br>3920 UPPER CREEK DRIVE<br>SUN CITY CENTER, FL 33573 | 59-2737622     | 501(C)(3)                            | 7,500                           |  |  |   | PROJECT SUPPORT                           |



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                          | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| YOUTH AND FAMILY ALTERNATIVES INC<br>7524 PLATHE ROAD<br>NEW PORT RICHEY, FL 34653 | 59-1545990     | 501(C)(3)                            | 8,631                           |  |  |   | SUPPORT OF MISSION                        |
| CASA<br>PO BOX 414<br>ST PETERSBURG, FL 33731                                      | 59-2114359     | 501(C)(3)                            | 11,500                          |  |  |   | SUPPORT OF MISSION                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government          | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FIREHOUSE CULTURAL CENTER<br>101 1ST AVENUE NE<br>RUSKIN, FL 33570 | 45-4649764     | 501(C)(3)                            | 22,200                          |  |  |   | SUPPORT OF MISSION                        |
| TAMPA MUSEUM OF ART<br>120 W GASPARILLA PLAZA<br>TAMPA, FL 33602   | 59-1934721     | 501(C)(3)                            | 66,350                          |  |  |   | SUPPORT OF MISSION                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government   | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CATHOLIC FOUNDATION<br>DIOCESE OF ST PETERSBURG<br>PO BOX 40200<br>ST PETERSBURG, FL 33743              | 59-3519543     | 501(C)(3)                            | 14,588                          |  |  |   | SUPPORT OF MISSION                        |
| CENTER FOR CREATIVE<br>CHANGE<br>4115 WISCONSIN AVENUE NW<br>SUITE LL10<br>LL10<br>WASHINGTON, DC 20016 | 31-1801544     | 501(C)(3)                            | 20,000                          |  |  |   | SUPPORT OF MISSION                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                 | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| GASPARILLA MUSIC FOUNDATION INC<br>PO BOX 172986<br>TAMPA, FL 33672       | 45-2392256     | 501(C)(3)                            | 35,000                          |  |  |   | SUPPORT OF MISSION                        |
| LEGACY INSTITUTE FOR NATURE AND CULTURE<br>PO BOX 1802<br>TAMPA, FL 33601 | 20-1822793     | 501(C)(3)                            | 53,850                          |  |  |   | SUPPORT OF MISSION                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government          | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| STAGEWORKS INC<br>120 ADRIATIC AVE<br>TAMPA, FL 33606              | 59-2465234     | 501(C)(3)                            | 11,200                          |  |  |   | SUPPORT OF MISSION                        |
| CHABAD OF CLEARWATER<br>2280 BELLEAIR ROAD<br>CLEARWATER, FL 33764 | 45-3674404     | 501(C)(3)                            | 11,000                          |  |  |   | SUPPORT OF MISSION                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FLORIDA COUNCIL ON ECONOMIC EDUCATION<br>1211 N WESTSHORE BLVD<br>TAMPA, FL 33607                 | 59-1643458     | 501(C)(3)                            | 10,850                          |  |  |   | SUPPORT OF MISSION                        |
| JUNIOR ACHIEVEMENT OF TAMPA BAY INC<br>13805 58TH STREET NORTH<br>STE 140<br>CLEARWATER, FL 33760 | 84-1267604     | 501(C)(3)                            | 72,200                          |  |  |   | SUPPORT OF MISSION                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CHILDREN'S HOME NETWORK<br>10909 MEMORIAL HIGHWAY<br>TAMPA, FL 33615                             | 59-0696284     | 501(C)(3)                            | 9,163                           |  |  |   | SUPPORT OF MISSION                        |
| ST VINCENT DE PAUL<br>REGIONAL SEMINARY<br>10701 SOUTH MILITARY TRAIL<br>BOYNTON BEACH, FL 33436 | 59-1028326     | 501(C)(3)                            | 10,000                          |  |  |   | SUPPORT OF MISSION                        |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| TAMPA BAY WATCH<br>3000 PINELLAS BAYWAY<br>SOUTH<br>TIERRA VERDE, FL 337152516      | 59-3191962     | 501(C)(3)                            | 16,352                          |  |  |   | PROJECT SUPPORT                           |
| FISH AND WILDLIFE<br>FOUNDATION OF FLORIDA<br>PO BOX 11010<br>TALLAHASSEE, FL 32302 | 59-3277808     | 501(C)(3)                            | 85,000                          |  |  |   | PROJECT SUPPORT                           |



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| <b>(a)</b> Name and address of organization or government                                       | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CHRIST ANGLICAN CHURCH<br>PO BOX 2461<br>CASHIERS, NC 28717                                     | 65-1213861     | 501(C)(3)                            | 15,000                          |  |  |   | SUPPORT OF MISSION                        |
| UNIVERSITY COMMUNITY<br>HOSPITAL FOUNDATION<br>3100 EAST FLETCHER AVENUE<br>TAMPA, FL 336134688 | 59-2554889     | 501(C)(3)                            | 26,498                          |  |  |   | PROJECT SUPPORT                           |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| BIG BROTHERS & BIG SISTERS OF TAMPA BAY INC<br>711 S DALE MABRY HWY<br>SUITE 300<br>TAMPA, FL 33609 | 59-2173085     | 501(C)(3)                            | 29,986                          |  |  |   | SUPPORT OF MISSION                        |
| CHAPTERS HEALTH SYSTEM<br>12470 TELECOM PARKWAY<br>SUITE 300 W<br>TEMPLE TERRACE, FL 33637          | 59-2264957     | 501(C)(3)                            | 84,908                          |  |  |   | SUPPORT OF MISSION                        |

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| <b>(a)</b> Name and address of organization or government                          | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| DAYSTAR LIFE CENTER INC<br>226 6TH ST S<br>ST PETERSBURG, FL<br>337014116          | 65-0523539     | 501(C)(3)                            | 10,550                          |  |  |   | SUPPORT OF MISSION                        |
| CHRIST THE KING CATHOLIC CHURCH<br>821 SOUTH DALE MABRY HIGHWAY<br>TAMPA, FL 33609 | 59-0966385     | 501(C)(3)                            | 113,000                         |  |  |   | SUPPORT OF MISSION                        |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| COMMITTEE TO PROTECT JOURNALISTS<br>330 7TH AVENUE 11TH FLOOR<br>NEW YORK, NY 10001 | 13-3081500     | 501(C)(3)                            | 25,000                          |  |  |   | SUPPORT OF MISSION                        |
| HOPE INTERNATIONAL MINISTRIES<br>11415 HOPE INTERNATIONAL DR<br>TAMPA, FL 33625     | 62-0879012     | 501(C)(3)                            | 16,030                          |  |  |   | SUPPORT OF MISSION                        |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| QUANTUM LEAP FARM INC<br>10504 WOODSTOCK ROAD<br>ODESSA, FL 33556 | 59-3469464     | 501(C)(3)                            | 10,000                          |  |  |   | SUPPORT OF MISSION                        |
| STREATOR YMCA-YWCA<br>710 OAKLEY AVE<br>STREATOR, IL 61364        | 36-2205999     | 501(C)(3)                            | 5,413                           |  |  |   | SUPPORT OF MISSION                        |

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| <b>(a)</b> Name and address of organization or government                       | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| COMMUNITY STEPPING STONES INC<br>1101 EAST RIVER COVE STREET<br>TAMPA, FL 33604 | 59-3547077     | 501(C)(3)                            | 11,000                          |  |  |   | SUPPORT OF MISSION                        |
| AFP SUNCOAST CHAPTER<br>PO BOX 1134<br>ST PETERSBURG, FL 33731                  | 59-2943551     | 501(C)(3)                            | 7,500                           |  |  |   | SUPPORT OF MISSION                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                      | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SOCIAL VENTURE PARTNERS<br>1601 2ND AVENUE SUITE 615<br>SEATTLE, WA 981011539  | 91-1894424     | 501(C)(3)                            | 6,000                           |  |  |   | SUPPORT OF MISSION                        |
| UNITED WAY OF PASCO<br>COUNTY<br>17230 CAMELOT COURT<br>LAND O LAKES, FL 34638 | 59-2193178     | 501(C)(3)                            | 12,000                          |  |  |   | SUPPORT OF MISSION                        |

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| <b>(a)</b> Name and address of organization or government                              | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| DISABLED AMERICAN VETERANS<br>PO BOX 14301<br>CINCINNATI, OH 45231                     | 31-0263158     | 501(C)(3)                            | 6,220                           |  |  |   | SUPPORT OF MISSION                        |
| MILITARY FAMILY SUPPORT TRUST<br>1010 AMERICAN EAGLE BLVD<br>SUN CITY CENTER, FL 33573 | 59-3141377     | 501(C)(3)                            | 9,318                           |  |  |   | SUPPORT OF MISSION                        |



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government              | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| PARALYZED VETERANS OF AMERICA<br>7 MILL BROOK ROAD<br>WILTON, NH 03086 | 13-1946868     | 501(C)(3)                            | 6,220                           |  |  |   | SUPPORT OF MISSION                        |
| COPARTNERS OF CAMPESINAS<br>901 SECOND STREET<br>ALEXANDRIA, VA 22314  | 56-1973794     | 501(C)(3)                            | 15,000                          |  |  |   | SUPPORT OF MISSION                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                          | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| PASS-A-GRILLE BEACH<br>COMMUNITY CHURCH<br>107 16TH AVE<br>ST PETERSBURG, FL 33706 | 59-1000585     | 501(C)(3)                            | 6,000                           |  |  |   | SUPPORT OF MISSION                        |
| A KIDS PLACE OF TAMPA BAY<br>1715 LITHIA PINECREST ROAD<br>BRANDON, FL 33511       | 26-2757636     | 501(C)(3)                            | 19,575                          |  |  |   | SUPPORT OF MISSION                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government  | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ACADEMY OF THE HOLY NAMES FOUNDATION INC<br>3319 BAYSHORE BLVD<br>TAMPA, FL 33629                          | 59-0910354     | 501(C)(3)                            | 10,000                          |  |  |   | SUPPORT OF MISSION                        |
| CORPORATION TO DEVELOP COMMUNITIES OF TAMPA INC<br>1907 E HILLSBOROUGH AVENUE SUITE 100<br>TAMPA, FL 33610 | 59-3150608     | 501(C)(3)                            | 6,500                           |  |  |   | SUPPORT OF MISSION                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                             | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CREATIVE CLAY INC<br>1114 CENTRAL AVENUE<br>ST PETERSBURG, FL 33705                   | 59-3338595     | 501(C)(3)                            | 14,520                          |  |  |   | SUPPORT OF MISSION                        |
| BOYS & GIRLS CLUB OF TAMPA<br>BAY FOUNDATION<br>1307 N MACDILL AVE<br>TAMPA, FL 33607 | 59-3049838     | 501(C)(3)                            | 105,849                         |  |  |   | SUPPORT OF MISSION                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| BROOKWOOD FLORIDA INC<br>901 7TH AVENUE SOUTH<br>ST PETERSBURG, FL 33705 | 59-0624387     | 501(C)(3)                            | 17,178                          |  |  |   | SUPPORT OF MISSION                        |
| CREATIVE SERVICES INC<br>PO BOX 2193<br>OCALA, FL 34478                  | 59-1876422     | 501(C)(3)                            | 30,000                          |  |  |   | SUPPORT OF MISSION                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                                      | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CENTRAL PARK VILLAGE<br>YOUTH SERVICE INC<br>1320 EAST 9TH AVENUE<br>TAMPA, FL 33605           | 59-3478148     | 501(C)(3)                            | 35,500                          |  |  |   | SUPPORT OF MISSION                        |
| CHILD INC DBA BAY AREA<br>PREGNANCY CENTER<br>2380 DREW STREET SUITE 6<br>CLEARWATER, FL 33765 | 59-2606601     | 501(C)(3)                            | 8,000                           |  |  |   | SUPPORT OF MISSION                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government   | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CHILDREN'S ATHLETIC NETWORK AND DANCE OPPORTUNITIES<br>13621 N FLORIDA AVENUE<br>TAMPA, FL 33613                | 59-3193026     | 501(C)(3)                            | 5,559                           |  |  |   | SUPPORT OF MISSION                        |
| EARLY LEARNING COALITION OF PINELLAS COUNTY INC<br>2536 COUNTRYSIED BOULEVARD SUITE 500<br>CLEARWATER, FL 33763 | 59-3726679     | 501(C)(3)                            | 15,000                          |  |  |   | SUPPORT OF MISSION                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government   | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CHILDREN'S HOME SOCIETY OF FLORIDA<br>1485 S SEMORAN BLVD SUITE 1448<br>WINTER PARK, FL 327925508 | 59-0192430     | 501(C)(3)                            | 151,117                         |  |  |   | SUPPORT OF MISSION                        |
| CHILDREN'S MUSEUM OF TAMPA INC<br>110 W GASPARILLA PLAZA<br>TAMPA, FL 33602                       | 59-2637851     | 501(C)(3)                            | 6,500                           |  |  |   | SUPPORT OF MISSION                        |



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                                | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| COMMUNITY FOUNDATION OF TAMPA BAY INC<br>550 NORTH REO STREET STE 301<br>TAMPA, FL 33609 | 59-3001853     | 501(C)(3)                            | 80,716                          |  |  |   | SUPPORT OF MISSION                        |
| ELMIRA'S WILDLIFE SANCTUARY<br>PO BOX 63<br>WIMAUMA, FL 33598                            | 20-3338451     | 501(C)(3)                            | 17,544                          |  |  |   | SUPPORT OF MISSION                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                             | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ENTERPRISING LATINAS INC<br>18240 US HIGHWAY 301 S<br>WIMAUMA, FL 33598               | 27-1247381     | 501(C)(3)                            | 25,481                          |  |  |   | SUPPORT OF MISSION                        |
| FLORIDA STATE FAIR ANTIQUE<br>STEAM ENGINE DISPLAY<br>PO BOX 11766<br>TAMPA, FL 33680 | 59-0651848     | 501(C)(3)                            | 6,177                           |  |  |   | SUPPORT OF MISSION                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government  | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FIRST PRESBYTERIAN CHURCH<br>701 BEACH DRIVE NE<br>ST PETERSBURG, FL 33701                           | 59-0640061     | 501(C)(3)                            | 30,000                          |  |  |   | SUPPORT OF MISSION                        |
| FLORIDA A&M UNIVERSITY<br>FOUNDATION<br>625 E TENNESSEE STREET<br>SUITE 100<br>TALLAHASSEE, FL 32308 | 59-6175096     | 501(C)(3)                            | 7,858                           |  |  |   | SUPPORT OF MISSION                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                                   | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FLORIDA IMPACT INC<br>1331 EAST LAFAYETTE STREET<br>SUITE A<br>TALLAHASSEE, FL 32301        | 59-2859151     | 501(C)(3)                            | 15,000                          |  |  |   | SUPPORT OF MISSION                        |
| FLORIDA MUSEUM OF PHOTOGRAPHIC ART<br>400 NORTH ASHLEY DRIVE<br>CUBE 200<br>TAMPA, FL 33602 | 59-3737687     | 501(C)(3)                            | 30,000                          |  |  |   | SUPPORT OF MISSION                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                                   | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FRIENDS OF THE LIBRARY OF TAMPA HILLSBOROUGH COUNTY INC<br>PO BOX 172608<br>TAMPA, FL 33672 | 59-6174497     | 501(C)(3)                            | 21,299                          |  |  |   | SUPPORT OF MISSION                        |
| GLOBAL REFUGE COMMUNITY CHURCH<br>PO BOX 290263<br>TAMPA, FL 33687                          | 46-2902122     | 501(C)(3)                            | 9,000                           |  |  |   | SUPPORT OF MISSION                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                     | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| GREAT EXPLORATIONS INC<br>1925 4TH STREET NORTH<br>ST PETERSBURG, FL 33704    | 59-2763359     | 501(C)(3)                            | 5,500                           |  |  |   | SUPPORT OF MISSION                        |
| HYDE PARK UNITED<br>METHODIST CHURCH<br>500 W PLATT STREET<br>TAMPA, FL 33606 | 59-0714823     | 501(C)(3)                            | 8,300                           |  |  |   | SUPPORT OF MISSION                        |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| IOWA STATE UNIVERSITY<br>OFFICE OF STUDENT<br>FINANCIAL AID<br>0210 BEARDSHEAR HALL<br>AMES, IA 500112028 | 42-6004224     | 501(C)(3)                            | 42,076                          |  |  |   | SUPPORT OF MISSION                        |
| MOODY BIBLE INSTITUTE<br>820 NORTH LASALLE BLVD<br>CHICAGO, IL 60610                                      | 36-2167792     | 501(C)(3)                            | 10,741                          |  |  |   | SUPPORT OF MISSION                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                 | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| NCCC FOUNDATION INC<br>3111 SAUNDERS SETTLEMENT ROAD<br>SANBORN, NY 14132 | 16-1315885     | 501(C)(3)                            | 40,000                          |  |  |   | SUPPORT OF MISSION                        |
| NEW LIFE SOLUTIONS<br>1910 EAST BAY DRIVE<br>LARGO, FL 33771              | 59-2588366     | 501(C)(3)                            | 9,774                           |  |  |   | SUPPORT OF MISSION                        |



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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FLORIDA PHILANTHROPIC NETWORK<br>1211 N WESTSHORE SUITE<br>314<br>TAMPA, FL 33607 | 20-1328734     | 501(C)(3)                            | 5,500                           |  |  |   | SUPPORT OF MISSION                        |
| FOUNDATION FOR THE CAROLINAS<br>220 N TRYON STREET<br>CHARLOTTE, NC 28202         | 56-6047886     | 501(C)(3)                            | 50,000                          |  |  |   | SUPPORT OF MISSION                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                  | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FREEFALL THEATRE COMPANY<br>6099 CENTRAL AVENUE<br>ST PETERSBURG, FL 33710 | 26-4251761     | 501(C)(3)                            | 27,750                          |  |  |   | SUPPORT OF MISSION                        |
| FRIENDS OF ANIMAL SERVICES INC<br>PO BOX 215<br>ELFERS, FL 34680           | 26-1076656     | 501(C)(3)                            | 12,000                          |  |  |   | SUPPORT OF MISSION                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                    | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| THE FLORIDA AQUARIUM<br>701 CHANNELSIDE DRIVE<br>TAMPA, FL 33602             | 59-2807815     | 501(C)(3)                            | 12,800                          |  |  |   | SUPPORT OF MISSION                        |
| FRIENDS OF JOSHUA HOUSE<br>FOUNDATION INC<br>PO BOX 26333<br>TAMPA, FL 33623 | 20-0597719     | 501(C)(3)                            | 17,000                          |  |  |   | SUPPORT OF MISSION                        |

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| <b>(a)</b> Name and address of organization or government | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| TRINITY CAFE<br>PO BOX 320146<br>TAMPA, FL 33679          | 59-3733387     | 501(C)(3)                            | 23,000                          |  |  |   | SUPPORT OF MISSION                        |
| GERSON INSTITUTE<br>PO BOX 161358<br>SAN DIEGO, CA 92176  | 95-3284919     | 501(C)(3)                            | 6,500                           |  |  |   | SUPPORT OF MISSION                        |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| UNIVERSITY OF GEORGIA<br>FOUNDATION<br>OFFICE OF DEVELOPMENT<br>UNIVERSITY OF<br>GEORGIA<br>ATHENS, GA 306025582 | 58-6033837     | 501(C)(3)                            | 10,000                          |  |  |   | SUPPORT OF MISSION                        |
| UNIVERSITY OF SOUTH<br>FLORIDA FOUNDATION INC<br>4202 E FOWLER AVENUE ALC<br>100<br>TAMPA, FL 34620              | 59-0879015     | 501(C)(3)                            | 150,156                         |  |  |   | SUPPORT OF MISSION                        |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| GLOBAL GOOD FUND<br>2101 L STREET NW SUITE 800<br>WASHINGTON, DC 20037 | 46-1495972     | 501(C)(3)                            | 10,000                          |  |  |   | SUPPORT OF MISSION                        |
| GRACEPOINT FOUNDATION<br>5707 N 22ND STREET<br>TAMPA, FL 33610         | 59-1622729     | 501(C)(3)                            | 35,534                          |  |  |   | SUPPORT OF MISSION                        |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| GREATER ST PETERSBURG AREA ECONOMIC DEVELOPMENT CORPORATION<br>100 SECOND AVENUE NORTH<br>SUITE 130<br>ST PETERSBURG, FL 33701 | 81-2129283     | 501(C)(3)                            | 10,000                          |  |  |   | SUPPORT OF MISSION                        |
| GREATER TAMPA BAY AREA COUNCIL INC<br>11046 JOHNSON BOULEVARD<br>SEMINOLE, FL 33772  | 59-0637815     | 501(C)(3)                            | 5,312                           |  |  |   | SUPPORT OF MISSION                        |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| HANOVER COLLEGE<br>PO BOX 108<br>HANOVER, IN 47243                      | 35-0868096     | 501(C)(3)                            | 10,000                          |  |  |   | SUPPORT OF MISSION                        |
| HELPING HAITIAN ANGELS<br>15550 ALDERBROOK DRIVE<br>HAYMARKET, VA 20169 | 26-4545377     | 501(C)(3)                            | 6,000                           |  |  |   | SUPPORT OF MISSION                        |



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| <b>(a)</b> Name and address of organization or government                     | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| HUMANE SOCIETY OF PINELLAS INC<br>3040 STATE ROAD 590<br>CLEARWATER, FL 33759 | 59-0781650     | 501(C)(3)                            | 8,220                           |  |  |   | SUPPORT OF MISSION                        |
| HYDE PARK PRESBYTERIAN CHURCH<br>1309 W SWANN AVENUE<br>TAMPA, FL 33606       | 59-0711177     | 501(C)(3)                            | 16,060                          |  |  |   | SUPPORT OF MISSION                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government   | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| INITIATIVE FOR A COMPETITIVE INNER CITY INC (ICIC)<br>56 WARREN STREET 3RD FLOOR<br>ROXBURY, MA 02119 | 13-3772904     | 501(C)(3)                            | 10,000                          |  |  |   | SUPPORT OF MISSION                        |
| INTERNATIONAL COOPERATING MINISTRIES<br>1901 N ARMISTEAD AVENUE<br>HAMPTON, VA 23666                  | 54-6338714     | 501(C)(3)                            | 11,000                          |  |  |   | SUPPORT OF MISSION                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| JOBSITE THEATER INC<br>PO BOX 7975<br>TAMPA, FL 33673          | 59-3561564     | 501(C)(3)                            | 15,950                          |  |  |   | SUPPORT OF MISSION                        |
| JUNIOR LEAGUE OF TAMPA<br>87 COLUMBIA DRIVE<br>TAMPA, FL 33606 | 59-0693993     | 501(C)(3)                            | 7,000                           |  |  |   | SUPPORT OF MISSION                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| KITTY CITY FOUNDATION<br>5321 GUNN HIGHWAY<br>TAMPA, FL 33624  | 59-3745785     | 501(C)(3)                            | 10,000                          |  |  |   | SUPPORT OF MISSION                        |
| LIFECARE NETWORK INC<br>122 N MOON AVENUE<br>BRANDON, FL 33510 | 59-3229320     | 501(C)(3)                            | 14,000                          |  |  |   | SUPPORT OF MISSION                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CHAIRSCHOLARS FOUNDATION INC<br>16101 CARENIA LANE<br>ODESSA, FL 33556 | 65-0442193     | 501(C)(3)                            | 9,729                           |  |  |   | SUPPORT OF MISSION                        |
| CHURCH WORLD SERVICES INC<br>PO BOX 968<br>ELKHART, IN 46515           | 13-4080201     | 501(C)(3)                            | 5,288                           |  |  |   | SUPPORT OF MISSION                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| LOVE INC OF METRO TAMPA INC<br>6005 N 9TH STREET<br>TAMPA, FL 33604                               | 81-2456286     | 501(C)(3)                            | 12,000                          |  |  |   | SUPPORT OF MISSION                        |
| MARINE CORPS-LAW ENFORCEMENT FOUNDATION INC<br>273 COLUMBUS AVENUE SUITE 10<br>TUCKAHOE, NY 10707 | 22-3357410     | 501(C)(3)                            | 10,000                          |  |  |   | SUPPORT OF MISSION                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| MARY HELP OF CHRISTIANS<br>6400 EAST CHELSEA STREET<br>TAMPA, FL 33610 | 59-1201330     | 501(C)(3)                            | 12,500                          |  |  |   | SUPPORT OF MISSION                        |
| MARY LEE'S HOUSE<br>2806 NORTH ARMENIA AVENUE<br>TAMPA, FL 33607       | 65-1096929     | 501(C)(3)                            | 6,150                           |  |  |   | SUPPORT OF MISSION                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| MASONIC VILLAGES OF THE GRAND LODGE OF PENNSYLVANIA<br>1 MASONIC DRIVE<br>ELIZABETHTOWN, PA 17022 | 23-0846955     | 501(C)(3)                            | 5,508                           |  |  |   | SUPPORT OF MISSION                        |
| MILITARY ORDER OF THE WORLD WARS CHAPTER 226<br>PO BOX 6309<br>SUN CITY CENTER, FL 33571          | 53-0109990     | 501(C)(3)                            | 7,000                           |  |  |   | SUPPORT OF MISSION                        |



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                                | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| MODERN WIDOWS CLUB INC<br>2218 LAKESIDE DRIVE<br>ORLANDO, FL 32803                       | 46-1440059     | 501(C)(3)                            | 5,550                           |  |  |   | SUPPORT OF MISSION                        |
| COUNCIL FOR EDUCATIONAL CHANGE<br>3265 MERIDIAN PARKWAY<br>SUITE 130<br>WESTON, FL 33331 | 01-0638224     | 501(C)(3)                            | 105,000                         |  |  |   | SUPPORT OF MISSION                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CRISTO REY TAMPA HIGH SCHOOL AT MARY HELP OF CHRISTIANS INC<br>6400 EAST CHELSEA STREET<br>TAMPA, FL 33610 | 47-3494960     | 501(C)(3)                            | 21,000                          |  |  |   | SUPPORT OF MISSION                        |
| NAPLES CHILDREN & EDUCATION FOUNDATION<br>4305 EXCHANGE AVENUE<br>NAPLES, FL 34104                         | 65-1001650     | 501(C)(3)                            | 100,000                         |  |  |   | SUPPORT OF MISSION                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| DISABLED AMERICAN VETERANS CHARITABLE SERVICE TRUST<br>3725 ALEXANDRA PIKE<br>COLDSRING, KY 41076                        | 52-1521276     | 501(C)(3)                            | 20,000                          |  |  |   | SUPPORT OF MISSION                        |
| NATHAN B STUBBLEFIELD FOUNDATION INC - WMNF RADIO<br>1210 E MARTIN LUTHER KING BOULEVARD<br>BOULEVARD<br>TAMPA, FL 33603 | 59-1619213     | 501(C)(3)                            | 6,764                           |  |  |   | SUPPORT OF MISSION                        |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| NATIONAL MULTIPLE SCLEROSIS SOCIETY<br>VIRGINIA-WV CHAPTER<br>4200 INNSLAKE DRIVE SUITE 301<br>GLEN ALLEN, VA 23060 | 54-0633474     | 501(C)(3)                            | 10,000                          |  |  |   | SUPPORT OF MISSION                        |
| NATIONAL REVIEW INSTITUTE<br>215 LEXINGTON AVENUE 11TH FLOOR<br>NEW YORK, NY 10016                                  | 13-3649537     | 501(C)(3)                            | 6,000                           |  |  |   | SUPPORT OF MISSION                        |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| NEW DRAMATISTS<br>424 WEST 44TH STREET<br>NEW YORK, NY 10036  | 13-1601093     | 501(C)(3)                            | 10,000                          |  |  |   | SUPPORT OF MISSION                        |
| PARENTS & CHILDREN<br>ADVANCE TOGETHER<br>LITERACY MINISTRIES INC<br>913 NEWBERGER ROAD<br>LUTZ, FL 33549 | 27-2313001     | 501(C)(3)                            | 24,262                          |  |  |   | SUPPORT OF MISSION                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| PELICAN PLAYERS<br>1245 CORINTH GREENS DRIVE<br>SUN CITY CENTER, FL 33573               | 59-2170051     | 501(C)(3)                            | 20,000                          |  |  |   | SUPPORT OF MISSION                        |
| PEPIN ACADEMIES OF PASCO<br>COUNTY INC<br>9804 LITTLE ROAD<br>NEW PORT RICHEY, FL 34654 | 46-4199842     | 501(C)(3)                            | 6,000                           |  |  |   | SUPPORT OF MISSION                        |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| PINELLAS EX OFFENDER RE-ENTRY COALITION INC<br>6160 ULMERTON ROAD SUITE 10<br>CLEARWATER, FL 33760 | 59-3643636     | 501(C)(3)                            | 50,000                          |  |  |   | SUPPORT OF MISSION                        |
| FIRST UNITED METHODIST CHURCH<br>72 LAKE MORTON DRIVE<br>LAKELAND, FL 33801                        | 59-0657325     | 501(C)(3)                            | 7,000                           |  |  |   | SUPPORT OF MISSION                        |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| PLANT HIGH SCHOOL<br>ACADEMIC FOUNDATION<br>2415 S HIMES AVENUE<br>TAMPA, FL 33629 | 59-2348164     | 501(C)(3)                            | 32,700                          |  |  |   | SUPPORT OF MISSION                        |
| PROJECT HOPE OF MARION<br>COUNTY INC<br>PO BOX 5548<br>OCALA, FL 34478             | 20-8657795     | 501(C)(3)                            | 100,000                         |  |  |   | SUPPORT OF MISSION                        |



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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| PROJECT PROSPER INC<br>13575 58TH STREET NORTH<br>SUITE 107<br>CLEARWATER, FL 33760 | 20-8936475     | 501(C)(3)                            | 11,000                          |  |  |   | SUPPORT OF MISSION                        |
| REDDICK ELEMENTARY<br>SCHOOL<br>325 WEST LAKE DRIVE<br>WIMAUMA, FL 33598            | 59-6000660     | 501(C)(3)                            | 7,843                           |  |  |   | SUPPORT OF MISSION                        |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| RENAISSANCE CHARITABLE FOUNDATION INC<br>8910 PURDUE ROAD SUITE 555<br>INDIANAPOLIS, IN 46268 | 35-2129262     | 501(C)(3)                            | 23,820                          |  |  |   | SUPPORT OF MISSION                        |
| RESTORE AMERICA'S ESTUARIES<br>2300 CLARENDON BOULEVARD SUITE 603<br>ARLINGTON, VA 22201      | 54-1965304     | 501(C)(3)                            | 20,000                          |  |  |   | SUPPORT OF MISSION                        |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ROTARY DISTRICT 5170<br>FOUNDATION<br>2570 W EL CAMINO REAL<br>SUITE 150<br>MOUNTAIN VIEW, CA 94040 | 94-3016176     | 501(C)(3)                            | 15,000                          |  |  |   | SUPPORT OF MISSION                        |
| SALESIAN YOUTH CENTER OF<br>TAMPA BAY<br>315 W COLUMBUS DRIVE<br>TAMPA, FL 33602                    | 53-0196617     | 501(C)(3)                            | 15,000                          |  |  |   | SUPPORT OF MISSION                        |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SAMARITAN'S PURSE<br>PO BOX 3000<br>BOONE, NC 28607                           | 58-1437002     | 501(C)(3)                            | 5,500                           |  |  |   | SUPPORT OF MISSION                        |
| SENIORS IN SERVICE OF TAMPA BAY INC<br>1306 W SLIGH AVENUE<br>TAMPA, FL 33604 | 59-2422975     | 501(C)(3)                            | 17,691                          |  |  |   | SUPPORT OF MISSION                        |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| HILLSBOROUGH COMMUNITY COLLEGE FOUNDATION<br>39 COLOMBIA DRIVE<br>TAMPA, FL 33606   | 59-1810717     | 501(C)(3)                            | 24,200                          |  |  |   | SUPPORT OF MISSION                        |
| HILLSBOROUGH COUNTY SCHOOL DISTRICT<br>8602 NORTH ARMENIA AVENUE<br>TAMPA, FL 33604 | 59-6000660     | 501(C)(3)                            | 25,000                          |  |  |   | SUPPORT OF MISSION                        |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| HILLSBOROUGH EDUCATION FOUNDATION<br>2306 N HOWARD AVENUE<br>TAMPA, FL 33607     | 59-2883361     | 501(C)(3)                            | 7,320                           |  |  |   | SUPPORT OF MISSION                        |
| SHINING LIGHT BAPTIST CHURCH<br>4231 TRACKROCK GAP ROAD<br>BLAIRSVILLE, GA 30512 | 68-0611938     | 501(C)(3)                            | 6,500                           |  |  |   | SUPPORT OF MISSION                        |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SHORECREST PREPARATORY SCHOOL<br>5101 1ST ST NE<br>ST PETERSBURG, FL 33703 | 23-7412158     | 501(C)(3)                            | 6,000                           |  |  |   | SUPPORT OF MISSION                        |
| SOUTH SHORE ARTS COUNCIL INC<br>P O BOX 1613<br>SUN CITY CENTER, FL 33575  | 72-1582347     | 501(C)(3)                            | 18,725                          |  |  |   | SUPPORT OF MISSION                        |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SOUTHERN POVERTY LAW CENTER INC<br>400 WASHINGTON AVENUE<br>MONTGOMERY, AL 36104 | 63-0598743     | 501(C)(3)                            | 25,500                          |  |  |   | SUPPORT OF MISSION                        |
| SPCA TAMPA BAY<br>9099 - 130TH AVENUE NORTH<br>LARGO, FL 33773                   | 59-0715928     | 501(C)(3)                            | 6,065                           |  |  |   | SUPPORT OF MISSION                        |



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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ST ANDREW'S EPISCOPAL CHURCH<br>509 TWIGGS STREET EAST<br>TAMPA, FL 33602 | 59-0816461     | 501(C)(3)                            | 6,400                           |  |  |   | SUPPORT OF MISSION                        |
| JUDSON BAPTIST CHURCH<br>4900 FRANKLIN ROAD<br>NASHVILLE, TN 37220        | 62-0582664     | 501(C)(3)                            | 8,000                           |  |  |   | SUPPORT OF MISSION                        |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ST JOHN'S EPISCOPAL PARISH<br>DAY SCHOOL INC<br>906 S ORLEANS AVE<br>TAMPA, FL 33606  | 74-2986047     | 501(C)(3)                            | 10,250                          |  |  |   | SUPPORT OF MISSION                        |
| LIGHTHOUSE OF PINELLAS INC<br>6925 112TH CIRCLE NORTH<br>SUITE 103<br>LARGO, FL 33773 | 23-7042938     | 501(C)(3)                            | 12,500                          |  |  |   | SUPPORT OF MISSION                        |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| LINCOLN UNIVERSITY<br>300 KEOKUK ST<br>LINCOLN, IL 62656                          | 37-0661227     | 501(C)(3)                            | 62,500                          |  |  |   | SUPPORT OF MISSION                        |
| ST JUDE CHILDREN'S<br>RESEARCH HOSPITAL<br>501 ST JUDE PLACE<br>MEMPHIS, TN 38105 | 62-0646012     | 501(C)(3)                            | 9,054                           |  |  |   | SUPPORT OF MISSION                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government             | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ST LAWRENCE CATHOLIC CHURCH<br>5225 N HIMES AVENUE<br>TAMPA, FL 33614 | 59-6046493     | 501(C)(3)                            | 15,000                          |  |  |   | SUPPORT OF MISSION                        |
| ST PAUL'S SCHOOL INC<br>1600 ST PAULS DRIVE<br>CLEARWATER, FL 33764   | 59-1220745     | 501(C)(3)                            | 6,000                           |  |  |   | SUPPORT OF MISSION                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                           | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| MAYO CLINIC<br>200 FIRST STREET SW<br>ROCHESTER, MN 55905                           | 41-6011702     | 501(C)(3)                            | 69,526                          |  |  |   | SUPPORT OF MISSION                        |
| MINNEAPOLIS COMMUNITY<br>KOLLEL<br>2930 INGLEWOOD AVENUE<br>ST LOUIS PARK, MN 55416 | 41-1903600     | 501(C)(3)                            | 18,000                          |  |  |   | SUPPORT OF MISSION                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ST PETER CLAVER CATHOLIC SCHOOL<br>1401 NORTH GOVERNOR STREET<br>TAMPA, FL 33602 | 53-0196617     | 501(C)(3)                            | 5,748                           |  |  |   | SUPPORT OF MISSION                        |
| MORNING STAR TAMPA FOUNDATION INC<br>210 E LINEBAUGH AVE<br>TAMPA, FL 33612      | 59-3363777     | 501(C)(3)                            | 18,998                          |  |  |   | SUPPORT OF MISSION                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                       | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ST PETERSBURG COLLEGE FOUNDATION INC<br>PO BOX 13489<br>ST PETERSBURG, FL 33733 | 59-1954362     | 501(C)(3)                            | 60,250                          |  |  |   | SUPPORT OF MISSION                        |
| STREATOR UNLIMITED INC<br>305 N STERLING STREET<br>STREATOR, IL 61364           | 36-2558089     | 501(C)(3)                            | 16,029                          |  |  |   | SUPPORT OF MISSION                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                                   | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| NOMADSTUDIO INC<br>PO BOX 782<br>ST PETERSBURG, FL 33731                                    | 46-4322352     | 501(C)(3)                            | 75,731                          |  |  |   | SUPPORT OF MISSION                        |
| TAMPA BAY NETWORK TO END HUNGER<br>4532 W KENNEDY BOULEVARD<br>SUITE 252<br>TAMPA, FL 33706 | 36-4758155     | 501(C)(3)                            | 25,000                          |  |  |   | SUPPORT OF MISSION                        |



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government  | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| TAMPA BAY PARTNERSHIP FOR REGIONAL RESEARCH & EDUCATION FDN<br>4300 W CYPRESS STREET<br>SUITE 700<br>TAMPA, FL 33607 | 59-3414776     | 501(C)(3)                            | 20,000                          |  |  |   | SUPPORT OF MISSION                        |
| TAMPA BAY WAVE INC<br>500 E KENNEDY BOULEVARD<br>SUITE 300<br>TAMPA, FL 33602  | 27-4779851     | 501(C)(3)                            | 26,500                          |  |  |   | SUPPORT OF MISSION                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                      | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| TAMPA THEATRE INC<br>711 N FRANKLIN STREET<br>TAMPA, FL 33602                  | 59-3191311     | 501(C)(3)                            | 69,390                          |  |  |   | SUPPORT OF MISSION                        |
| TAMPABAY-JOB-LINKS<br>4100 W KENNEDY BOULEVARD<br>SUITE 206<br>TAMPA, FL 33609 | 27-4629468     | 501(C)(3)                            | 30,000                          |  |  |   | SUPPORT OF MISSION                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                            | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| PINELLAS COUNTY URBAN LEAGUE INC<br>333 31ST STREET NORTH<br>ST PETERSBURG, FL 33713 | 59-1665523     | 501(C)(3)                            | 24,580                          |  |  |   | SUPPORT OF MISSION                        |
| PINELLAS EDUCATION FOUNDATION<br>12090 STARKEY ROAD<br>LARGO, FL 33773               | 59-2688253     | 501(C)(3)                            | 16,497                          |  |  |   | SUPPORT OF MISSION                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| PINELLAS OPPORTUNITY COUNCIL INC<br>501 FIRST AVENUE NORTH<br>SUITE 517<br>ST PETERSBURG, FL 33701 | 59-1227051     | 501(C)(3)                            | 6,000                           |  |  |   | SUPPORT OF MISSION                        |
| TEMPLE BETH SHALOM<br>1109 NE 8TH AVENUE<br>OCALA, FL 34470  | 59-1019247     | 501(C)(3)                            | 35,000                          |  |  |   | SUPPORT OF MISSION                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government  | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| THE CENTRE FOR WOMEN INC<br>305 S HYDE PARK AVENUE<br>TAMPA, FL 33606                            | 59-1787902     | 501(C)(3)                            | 7,994                           |  |  |   | SUPPORT OF MISSION                        |
| ROTARY FOUNDATION OF ROTARY INTERNATIONAL<br>14280 COLLECTIONS CENTER DRIVE<br>CHICAGO, IL 60693 | 36-3245072     | 501(C)(3)                            | 6,000                           |  |  |   | SUPPORT OF MISSION                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                        | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| THE CRISIS CENTER OF TAMPA BAY INC<br>ONE CRISIS CENTER PLAZA<br>TAMPA, FL 33613 | 59-1785265     | 501(C)(3)                            | 12,500                          |  |  |   | SUPPORT OF MISSION                        |
| SALESIAN YOUTH CENTER<br>659 BELMONT AVENUE<br>NORTH HALEDON, NJ 07508           | 22-6043753     | 501(C)(3)                            | 33,043                          |  |  |   | SUPPORT OF MISSION                        |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SALVATION ARMY SARASOTA<br>COMMAND<br>PO BOX 2792<br>SARASOTA, FL 34230 | 58-0660607     | 501(C)(3)                            | 6,220                           |  |  |   | SUPPORT OF MISSION                        |
| THE FIRST TEE OF TAMPA BAY<br>7910 N 30TH STREET<br>TAMPA, FL 33610     | 59-1742909     | 501(C)(3)                            | 14,668                          |  |  |   | SUPPORT OF MISSION                        |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| THE SALVATION ARMY<br>5550 PRAIRIE STONE<br>PARKWAY<br>HOFFMAN ESTATES, IL 60192 | 36-2167910     | 501(C)(3)                            | 8,712                           |  |  |   | SUPPORT OF MISSION                        |
| THE STUDIO 620 INC<br>620 1ST AVENUE SOUTH<br>ST PETERSBURG, FL 33701            | 52-2398308     | 501(C)(3)                            | 9,584                           |  |  |   | SUPPORT OF MISSION                        |



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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SPECIAL OPERATIONS<br>WARRIOR FOUNDATION<br>PO BOX 89367<br>TAMPA, FL 33689 | 52-1183585     | 501(C)(3)                            | 8,500                           |  |  |   | SUPPORT OF MISSION                        |
| ST PAUL CATHOLIC CHURCH<br>12708 NORTH DALE MABRY<br>HWY<br>TAMPA, FL 33618 | 59-1213195     | 501(C)(3)                            | 16,498                          |  |  |   | SUPPORT OF MISSION                        |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ST PAUL UNITED METHODIST CHURCH<br>1199 S HIGHLAND AVENUE<br>LARGO, FL 33770       | 59-1031675     | 501(C)(3)                            | 13,000                          |  |  |   | SUPPORT OF MISSION                        |
| THE UNIVERSITY OF ALABAMA<br>101 DOSTER HALL BOX<br>870158<br>TUSCALOOSA, AL 35487 | 63-6001138     | 501(C)(3)                            | 10,000                          |  |  |   | SUPPORT OF MISSION                        |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ST PETERSBURG WAREHOUSE ARTS DISTRICT INC<br>515 22ND STREET SOUTH<br>ST PETERSBURG, FL 33712 | 46-0826859     | 501(C)(3)                            | 29,584                          |  |  |   | SUPPORT OF MISSION                        |
| UNITARIAN UNIVERSALIST CHURCH OF TAMPA<br>11400 MORRIS BRIDGE ROAD<br>TAMPA, FL 33637         | 59-2928193     | 501(C)(3)                            | 5,958                           |  |  |   | SUPPORT OF MISSION                        |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SUN CITY CENTER SECURITY PATROL INC<br>1005 N PEBBLE BEACH BLVD<br>SUN CITY CENTER, FL 33573 | 59-2169618     | 501(C)(3)                            | 12,858                          |  |  |   | SUPPORT OF MISSION                        |
| UNITARIAN UNIVERSALISTS OF CLEARWATER<br>2470 NURSEY ROAD<br>CLEARWATER, FL 33764            | 59-0995436     | 501(C)(3)                            | 10,000                          |  |  |   | SUPPORT OF MISSION                        |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| TEMPLE BETH-EL OF ST PETERSBURG INC<br>400 PASADENA AVENUE S<br>ST PETERSBURG, FL 33707 | 59-0711184     | 501(C)(3)                            | 7,900                           |  |  |   | SUPPORT OF MISSION                        |
| TEMPLE TERRACE FIRST BAPTIST CHURCH<br>10002 N 56TH ST<br>TEMPLE TERRACE, FL 33617      | 59-6045682     | 501(C)(3)                            | 7,000                           |  |  |   | SUPPORT OF MISSION                        |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| UNITED STATES ARMY<br>RANGER ASSOCIATION INC<br>PO BOX 52126<br>FORT BENNING, GA 31995 | 58-2002582     | 501(C)(3)                            | 30,000                          |  |  |   | SUPPORT OF MISSION                        |
| UNIVERSITY OF SOUTH<br>FLORIDA<br>PO BOX 864568<br>ORLANDO, FL 32886                   | 59-3102112     | 501(C)(3)                            | 17,693                          |  |  |   | SUPPORT OF MISSION                        |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| UNIVERSITY OF WEST GEORGIA<br>115 AYCOCK HALL<br>CARROLLTON, GA 30118  | 58-6002055     | 501(C)(3)                            | 6,000                           |  |  |   | SUPPORT OF MISSION                        |
| US IAS MEMBER'S TRUST<br>4751 FOUNTAIN AVENUE<br>LOS ANGELES, CA 90029 | 52-1840679     | 501(C)(3)                            | 20,000                          |  |  |   | SUPPORT OF MISSION                        |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| VALOR SERVICE DOGS<br>5347 BAYWAYER DRIVE<br>TAMPA, FL 33615                     | 47-5374265     | 501(C)(3)                            | 10,000                          |  |  |   | SUPPORT OF MISSION                        |
| VETERINARY CARE<br>FOUNDATION INC<br>16550 NW 46TH STREET<br>MORRISTON, FL 32668 | 26-1074767     | 501(C)(3)                            | 8,000                           |  |  |   | SUPPORT OF MISSION                        |



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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| VOICES FOR CHILDREN OF TAMPA BAY INC<br>PO BOX 2694<br>TAMPA, FL 33601 | 59-2737702     | 501(C)(3)                            | 8,353                           |  |  |   | SUPPORT OF MISSION                        |
| WAKE FOREST UNIVERSITY<br>P O BOX 7227<br>WINSTONSALEM, NC 27109       | 56-0532138     | 501(C)(3)                            | 55,000                          |  |  |   | SUPPORT OF MISSION                        |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| WASHINGTON & LEE UNIVERSITY<br>OFFICE OF UNIVERSITY DEVELOPMENT -<br>DEVELOPMENT BUILDING<br>LEXINGTON, VA 24450 | 54-0505977     | 501(C)(3)                            | 7,786                           |  |  |   | SUPPORT OF MISSION                        |
| WELLESLEY COLLEGE<br>106 CENTRAL STREET<br>WELLESLEY, MA 02481   | 04-2103637     | 501(C)(3)                            | 100,000                         |  |  |   | SUPPORT OF MISSION                        |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| WESTMINSTER COLLEGE<br>319 SOUTH MARKET STREET<br>OLD MAIN -<br>ROOM 106<br>NEW WILMINGTON, PA 16172 | 25-0981156     | 501(C)(3)                            | 11,016                          |  |  |   | SUPPORT OF MISSION                        |
| WESTMINSTER RETIREMENT<br>COMMUNITIES FOUNDATION<br>125 56TH AVENUE SOUTH<br>ST PETERSBURG, FL 33705 | 23-7414048     | 501(C)(3)                            | 6,000                           |  |  |   | SUPPORT OF MISSION                        |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| UNIVERSITY OF SOUTH FLORIDA RESEARCH FOUNDATION<br>3802 SPECTRUM BOULEVARD<br>SUITE 100<br>TAMPA, FL 33612 | 59-2959590     | 501(C)(3)                            | 49,447                          |  |  |   | SUPPORT OF MISSION                        |
| WIMAUMA ELEMENTARY SCHOOL<br>5709 HICKMAN STREET<br>WIMAUMA, FL 33598                                      | 59-6000660     | 501(C)(3)                            | 7,843                           |  |  |   | SUPPORT OF MISSION                        |

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| <b>(a)</b> Name and address of organization or government                  | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| YOUNG LIFE AFRICA<br>420 N CASCADE AVENUE<br>COLORADO SPRINGS, CO<br>80903 | 84-0385934     | 501(C)(3)                            | 10,000                          |  |  |   | SUPPORT OF MISSION                        |
| YOUNG LIFE TAMPA URBAN<br>2121 131ST AVENUE E<br>TAMPA, FL 33612           | 84-0385934     | 501(C)(3)                            | 10,750                          |  |  |   | SUPPORT OF MISSION                        |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                                       | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| YMCA OF GREATER ST PETERSBURG<br>600 FIRST AVENUE NORTH<br>SUITE 201<br>ST PETERSBURG, FL 33701 | 59-0624468     | 501(C)(3)                            | 7,000                           |  |  |   | SUPPORT OF MISSION                        |
| YMCA OF THE SUNCOAST<br>2469 ENTERPRISE ROAD<br>CLEARWATER, FL 33763                            | 59-0810731     | 501(C)(3)                            | 15,000                          |  |  |   | SUPPORT OF MISSION                        |

**Schedule J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

OMB No 1545-0047

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**  
**▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
**▶ Attach to Form 990.**

**2015**  
**Open to Public Inspection**

**▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

|   |  |
|---|--|
| Name of the organization<br>COMMUNITY FOUNDATION OF TAMPA BAY INC | Employer identification number<br>59-3001853 |
|---|--|

**Part I Questions Regarding Compensation**

|  | Yes  | No   |  |  |   |  |   |  |  |  |
|--|--|--|--|--|---|--|---|--|--|--|
| <p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table> | <input type="checkbox"/> First-class or charter travel                   | <input type="checkbox"/> Housing allowance or residence for personal use | <input type="checkbox"/> Travel for companions               | <input type="checkbox"/> Payments for business use of personal residence | <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   | <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |  |  |
| <input type="checkbox"/> First-class or charter travel   | <input type="checkbox"/> Housing allowance or residence for personal use |  |  |  |   |  |   |  |  |  |
| <input type="checkbox"/> Travel for companions   | <input type="checkbox"/> Payments for business use of personal residence |  |  |  |   |  |   |  |  |  |
| <input type="checkbox"/> Tax idemnification and gross-up payments  | <input type="checkbox"/> Health or social club dues or initiation fees   |  |  |  |   |  |   |  |  |  |
| <input type="checkbox"/> Discretionary spending account  | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |  |  |  |   |  |   |  |  |  |
| <p><b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>  | <b>1b</b>  | No   |  |  |   |  |   |  |  |  |
| <p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>   | <b>2</b>   | Yes  |  |  |   |  |   |  |  |  |
| <p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>   | <input type="checkbox"/> Compensation committee                          | <input type="checkbox"/> Written employment contract                     | <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    | <input type="checkbox"/> Form 990 of other organizations          | <input type="checkbox"/> Approval by the board or compensation committee |   |  |  |  |
| <input type="checkbox"/> Compensation committee  | <input type="checkbox"/> Written employment contract                     |  |  |  |   |  |   |  |  |  |
| <input type="checkbox"/> Independent compensation consultant   | <input type="checkbox"/> Compensation survey or study                    |  |  |  |   |  |   |  |  |  |
| <input type="checkbox"/> Form 990 of other organizations   | <input type="checkbox"/> Approval by the board or compensation committee |  |  |  |   |  |   |  |  |  |
| <p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</p>  |  |  |  |  |   |  |   |  |  |  |
| <p><b>a</b> Receive a severance payment or change-of-control payment?</p>  | <b>4a</b>  | No   |  |  |   |  |   |  |  |  |
| <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>  | <b>4b</b>  | No   |  |  |   |  |   |  |  |  |
| <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?<br/>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>   | <b>4c</b>  | No   |  |  |   |  |   |  |  |  |
| <p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>   |  |  |  |  |   |  |   |  |  |  |
| <p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>   |  |  |  |  |   |  |   |  |  |  |
| <p><b>a</b> The organization?</p>  | <b>5a</b>  | No   |  |  |   |  |   |  |  |  |
| <p><b>b</b> Any related organization?<br/>If "Yes," on line 5a or 5b, describe in Part III.</p>  | <b>5b</b>  | No   |  |  |   |  |   |  |  |  |
| <p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>   |  |  |  |  |   |  |   |  |  |  |
| <p><b>a</b> The organization?</p>  | <b>6a</b>  | No   |  |  |   |  |   |  |  |  |
| <p><b>b</b> Any related organization?<br/>If "Yes," on line 6a or 6b, describe in Part III.</p>  | <b>6b</b>  | No   |  |  |   |  |   |  |  |  |
| <p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>  | <b>7</b>   | No   |  |  |   |  |   |  |  |  |
| <p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>   | <b>8</b>   | No   |  |  |   |  |   |  |  |  |
| <p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>   | <b>9</b>   |  |  |  |   |  |   |  |  |  |

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title                   |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--------------------------------------|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|                                      |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| 1 MARLENE M SPALTEN<br>PRESIDENT/CEO | (i)  | 235,620<br>-----                                   | 25,000<br>-----                     | 5,668<br>-----                      | 21,200<br>-----                                | 261<br>-----            | 287,749<br>-----                | 0<br>-----  |
|                                      | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |



**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

| Return Reference                           | Explanation  |
|--|--|
| PART I, LINE 1A - BENEFITS PROVIDED TO CEO | THE FOUNDATION BOARD APPROVED PAYING THE DUES AT THE CITY CLUB (SOCIAL CLUB) FOR USE BY THE CEO FOR BUSINESS MEETINGS AND FOUNDATION EVENTS. THE CLUB HAS BEEN USED ONLY FOR BUSINESS PURPOSES. SHOULD PERSONAL USE OF THE CLUB ARISE, THE CEO WILL REIMBURSE THE FOUNDATION FOR SUCH CHARGES. |

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No 1545-0047

**2016**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
 ▶ **Attach to Form 990.**  
 ▶ **Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
COMMUNITY FOUNDATION OF TAMPA BAY INC

Employer identification number  
59-3001853

**Part I Types of Property**

|  | (a)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art—Works of art . . . . .   |                            |   |  |   |
| 2 Art—Historical treasures . . . . .                                 |                            |   |  |   |
| 3 Art—Fractional interests . . . . .                                 |                            |   |  |   |
| 4 Books and publications . . . . .                                   |                            |   |  |   |
| 5 Clothing and household goods . . . . .                             |                            |   |  |   |
| 6 Cars and other vehicles . . . . .                                  |                            |   |  |   |
| 7 Boats and planes . . . . .   |                            |   |  |   |
| 8 Intellectual property . . . . .                                    |                            |   |  |   |
| 9 Securities—Publicly traded . . . . .                               | X                          | 50  | 5,020,841  | ACTIVE MARKET QUOTES                                      |
| 10 Securities—Closely held stock . . . . .                           |                            |   |  |   |
| 11 Securities—Partnership, LLC, or trust interests . . . . .         |                            |   |  |   |
| 12 Securities—Miscellaneous . . . . .                                |                            |   |  |   |
| 13 Qualified conservation contribution—Historic structures . . . . . |                            |   |  |   |
| 14 Qualified conservation contribution—Other . . . . .               |                            |   |  |   |
| 15 Real estate—Residential . . . . .                                 |                            |   |  |   |
| 16 Real estate—Commercial . . . . .                                  |                            |   |  |   |
| 17 Real estate—Other . . . . .                                       |                            |   |  |   |
| 18 Collectibles . . . . .  |                            |   |  |   |
| 19 Food inventory . . . . .  |                            |   |  |   |
| 20 Drugs and medical supplies . . . . .                              |                            |   |  |   |
| 21 Taxidermy . . . . .   |                            |   |  |   |
| 22 Historical artifacts . . . . .                                    |                            |   |  |   |
| 23 Scientific specimens . . . . .                                    |                            |   |  |   |
| 24 Archeological artifacts . . . . .                                 |                            |   |  |   |
| 25 Other ▶ ( _____ )   |                            |   |  |   |
| 26 Other ▶ ( _____ )   |                            |   |  |   |
| 27 Other ▶ ( _____ )   |                            |   |  |   |
| 28 Other ▶ ( _____ )   |                            |   |  |   |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

|    |  |
|----|--|
| 29 |  |
|----|--|

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

|     | Yes | No |
|-----|-----|----|
| 30a |     | No |
| 31  | Yes |    |
| 32a |     | No |
| 33  |     |    |

**Part II Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

| Return Reference | Explanation  |
|------------------|--|
| PART I, LINE 30B | THE COUNT REPORTED IN PART 1, LINE 10, COLUMN (B) IS THE NUMBER OF CONTRIBUTIONS RECEIVED A SINGLE CONTRIBUTION MAY HAVE CONSISTED OF MORE THAN ONE PUBLICLY TRADED SECURITY |

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue ServiceName of the organization  
COMMUNITY FOUNDATION OF TAMPA BAY INC**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2016****Open to Public Inspection**

Employer identification number

59-3001853

**990 Schedule O, Supplemental Information**

| Return Reference                       | Explanation  |
|--|--|
| FORM 990, PART VI, SECTION B, LINE 11B | ALL MEMBERS OF THE BOARD OF TRUSTEES WERE PROVIDED ACCESS TO A COMPLETE COPY OF FORM 990 VIA THE FOUNDATION'S INTRANET AND A BOARD LOG-IN PORTAL PRIOR TO FILING THE FORM THE FOUNDATION'S VICE PRESIDENT AND CHIEF FINANCIAL OFFICER PRESENTED THE FORM 990 TO A MEETING OF THE FINANCE COMMITTEE PRIOR TO FILING THE RETURN AND RESPONDED TO THE TRUSTEES' QUESTIONS THE COMMITTEE APPROVED THE RETURN AS PREPARED AND PRESENTED, AND MOVED THAT THE RETURN BE FILED |

# 990 Schedule O, Supplemental Information

| Return Reference                       | Explanation   |
|--|---|
| FORM 990, PART VI, SECTION B, LINE 12C | EVERY MEMBER OF THE BOARD OF TRUSTEES, AS WELL AS EVERY STAFF MEMBER, IS REQUIRED TO COMPLETE AND SIGN A CONFLICT OF INTEREST POLICY IT IS ALSO ON THE AGENDA FOR EACH BOARD OF TRUSTEE'S MEETING AND ANYONE WHO MIGHT HAVE A CONFLICT IS EXPECTED TO DISCLOSE THE POTENTIAL CONFLICT AND RECUSE THEMSELVES FROM VOTING |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>               | <b>Explanation</b>  |
|---------------------------------------|---|
| FORM 990, PART VI, SECTION B, LINE 15 | COMPENSATION OF THE PRESIDENT AND CEO IS DETERMINED BY THE FOUNDATION'S EXECUTIVE COMMITTEE (AN INDEPENDENT BODY) ACTING AS THE COMPENSATION COMMITTEE THIS COMMITTEE USES COMPARABILITY DATA WHICH IS OBTAINED FROM THE FLORIDA PHILANTHROPIC NETWORK, THE COUNCIL ON FOUNDATIONS, AND FROM REVIEW OF FORM 990'S FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS SUPPORTING DOCUMENTATION IS RETAINED AND DELIBERATIONS AND DECISIONS OF THE EXECUTIVE COMMITTEE ARE DOCUMENTED IN ITS MINUTES THE PROCESS WAS LAST UNDERTAKEN DURING AUGUST 2016 COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES IS DETERMINED BY THE PRESIDENT AND CEO BASED ON USE OF COMPARABILITY DATA OBTAINED FROM FLORIDA PHILANTHROPIC NETWORK, THE COUNCIL ON FOUNDATIONS, AND FROM REVIEW OF THE FORM 990'S FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS SUPPORTING DOCUMENTATION IS RETAINED THE PROCESS WAS LAST UNDERTAKEN DURING THE YEAR ENDED JUNE 30, 2017 |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                        | <b>Explanation</b>  |
|--|---|
| FORM 990,<br>PART VI,<br>SECTION C,<br>LINE 19 | THE ORGANIZATION MAINTAINS ITS MOST RECENT IRS FORM 990 AND AUDITED FINANCIAL STATEMENTS ON ITS WEB SITE THESE DOCUMENTS AND A LISTING OF INVESTMENT FUND MANAGERS, FOUNDATION FEE SCHEDULE, INVESTMENT COMMITTEE MEMBERS, AND INVESTMENT PERFORMANCE MAY BE REQUESTED BY CONTACTING THE ORGANIZATION'S CFO THE COMMUNITY FOUNDATION NOTES IT IS NOT REQUIRED TO MAKE ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>         | <b>Explanation</b>  |
|---------------------------------|---|
| FORM 990,<br>PART XI,<br>LINE 9 | INVESTMENT LOSS OF AGENCY FUNDS -3,442,776 ADMINISTRATIVE FEES OF AGENCY FUNDS 178,852 AGENCY FUNDS EXCESS GIFTS OVER GRANTS -2,629,209 |



**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2016**

**Open to Public Inspection**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization  
COMMUNITY FOUNDATION OF TAMPA BAY INC

Employer identification number

59-3001853

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity  |
|---|-------------------------|--|---------------------|---------------------------|-----------------------------------|
| (1) CFTB REALTY LLC<br>550 N REO ST SUITE 301<br>TAMPA, FL 33609    | HOLDING REAL ESTATE     | FL   |                     |                           | COMMUNITY FOUNDATION OF TAMPA BAY |
|   |                         |  |                     |                           |                                   |
|   |                         |  |                     |                           |                                   |
|   |                         |  |                     |                           |                                   |
|   |                         |  |                     |                           |                                   |
|   |                         |  |                     |                           |                                   |

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
|   |                         |  |                            |   |                                  | Yes  | No |
|   |                         |  |                            |   |                                  |  |    |
|   |                         |  |                            |   |                                  |  |    |
|   |                         |  |                            |   |                                  |  |    |
|   |                         |  |                            |   |                                  |  |    |
|   |                         |  |                            |   |                                  |  |    |
|   |                         |  |                            |   |                                  |  |    |

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|----------------------------------|---|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |                                  |   |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
|   |                         |  |                                  |   |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |                                  |   |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |                                  |   |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |                                  |   |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |                                  |   |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |                                  |   |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |                                  |   |                              |                                    |                                      |    |  |                                     |    |                             |

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity  | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership | (i)<br>Section 512(b)(13) controlled entity? |    |
|---|-------------------------|--|-----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
|   |                         |  |                                   |  |                              |                                    |                             | Yes  | No |
| <b>(1)</b> CHARITABLE REMAINDER TRUSTS (6)            | TRUST ADMINISTRATION    | FL   | COMMUNITY FOUNDATION OF TAMPA BAY | T  |                              |                                    |                             |  | No |
| <b>(2)</b> CHARITABLE LEAD TRUSTS (1)                 | TRUST ADMINISTRATION    | FL   | COMMUNITY FOUNDATION OF TAMPA BAY | T  |                              |                                    |                             |  | No |
|   |                         |  |                                   |  |                              |                                    |                             |  |    |
|   |                         |  |                                   |  |                              |                                    |                             |  |    |
|   |                         |  |                                   |  |                              |                                    |                             |  |    |
|   |                         |  |                                   |  |                              |                                    |                             |  |    |
|   |                         |  |                                   |  |                              |                                    |                             |  |    |
|   |                         |  |                                   |  |                              |                                    |                             |  |    |

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

|  | Yes       | No  |
|--|-----------|-----|
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |           |     |
| <b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .               | <b>1a</b> | No  |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   | <b>1b</b> | No  |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   | <b>1c</b> | No  |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  | <b>1d</b> | No  |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   | <b>1e</b> | No  |
| <b>f</b> Dividends from related organization(s) . . . . .  | <b>1f</b> | No  |
| <b>g</b> Sale of assets to related organization(s) . . . . .   | <b>1g</b> | No  |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   | <b>1h</b> | No  |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   | <b>1i</b> | No  |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  | <b>1j</b> | No  |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  | <b>1k</b> | No  |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  | <b>1l</b> | Yes |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   | <b>1m</b> | No  |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   | <b>1n</b> | No  |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  | <b>1o</b> | No  |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  | <b>1p</b> | No  |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  | <b>1q</b> | Yes |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   | <b>1r</b> | No  |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   | <b>1s</b> | No  |

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

| (a)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
|                                     |                               |                        |  |
|                                     |                               |                        |  |
|                                     |                               |                        |  |
|                                     |                               |                        |  |
|                                     |                               |                        |  |



**Part VII** **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)