

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

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018

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

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?
H(b) Are all subordinates included?
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

Table with 2 columns: Description, Amount. Rows include: 2 Check this box, 3 Number of voting members, 4 Number of independent voting members, 5 Total number of individuals employed, 6 Total number of volunteers, 7a Total unrelated business revenue, 7b Net unrelated business taxable income.

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants, 9 Program service revenue, 10 Investment income, 11 Other revenue, 12 Total revenue.

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 13 Grants and similar amounts paid, 14 Benefits paid to or for members, 15 Salaries, other compensation, 16a Professional fundraising fees, 17 Other expenses, 18 Total expenses, 19 Revenue less expenses.

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets, 21 Total liabilities, 22 Net assets or fund balances.

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: KORY BURKLEY CFO
Date: 2019-01-23

Paid Preparer Use Only
Print/Type preparer's name: SAM A LAZZARA
Preparer's signature: SAM A LAZZARA
Date:
Check if self-employed:
PTIN: P01342929
Firm's name: RIVERO GORDIMER & COMPANY PA
Firm's EIN: 59-3040705
Firm's address: P O BOX 172359 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 \$ 102,542 including grants of \$ 74,500) (Revenue \$ 15,100)
 See Additional Data

4b (Code) (Expenses \$ 99,885 including grants of \$) (Revenue \$ 35,900)
 See Additional Data

4c (Code) (Expenses \$ 111,180 including grants of \$ 5,000) (Revenue \$ 0)
 See Additional Data

(Code) (Expenses \$ 15,486,361 including grants of \$ 14,682,950) (Revenue \$ 40,114)
 THE COMPOSITION OF 4D IS AS FOLLOWS - \$14,052,844 OF EXPENSES INCLUDING GRANTS OF \$13,328,933 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 \$ 15,486,361 including grants of \$ 14,682,950) (Revenue \$ 40,114)

4e Total program service expenses ▶ 15,799,968

Part IV Checklist of Required Schedules

	Yes	No
1 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	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3 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
4 Section 501(c)(3) organizations. 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
5 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
6 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	
7 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
8 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
9 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
10 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	
11 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		
a 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 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	
c 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
d 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>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
f 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	
12a 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 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
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
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
15 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
16 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
17 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
18 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
19 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
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 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	
22 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	
23 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	
24a 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 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. 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 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
26 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
27 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
28 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)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
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
c 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
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30 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
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 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
33 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	
34 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	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
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>		
36 Section 501(c)(3) organizations. 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
37 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
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. 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 ID, question text, sub-questions (1a-1b, 2a-2b, etc.), and Yes/No columns. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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 (22); 1b Enter the number of voting members included in line 1a, above, who are independent (22); 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 Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) 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										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) 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										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							639,813	0	0	

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
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
4 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	
5 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) Name and business address	(B) Description of services	(C) Compensation
AGW CAPITAL ADVISORS 511 W BAY STREET SUITE 310 TAMPA, FL 33606	INVESTMENT MANAGEMENT	190,040

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) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	26,439,967			
	g Noncash contributions included in lines 1a-1f \$ _____		10,719,109			
	h Total. Add lines 1a-1f		26,439,967			
Program Service Revenue			Business Code			
	2a PROGRAM REGISTRATION FEES		611710	91,114	91,114	
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
g Total. Add lines 2a-2f		91,114				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,849,570		3,849,570	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	8,007,579			
		(ii) Other				
		b Less cost or other basis and sales expenses	0			
		c Gain or (loss)	8,007,579			
	d Net gain or (loss)		8,007,579		8,007,579	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code					
11a OTHER INCOME	900099	4,727,535		4,727,535		
b CHANGE IN VALUE- PARTNERSHIPS	900099	7,653		7,653		
c CHANGE IN VALUE- SPLIT INTEREST A	900099	-206,571		-206,571		
d All other revenue						
e Total. Add lines 11a-11d		4,528,617				
12 Total revenue. See Instructions		42,916,847	91,114	0	16,385,766	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	14,330,026	14,330,026		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	432,424	432,424		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	639,812	198,342	262,323	179,147
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	724,554	219,290	303,207	202,057
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9 Other employee benefits.	205,487	62,900	85,174	57,413
10 Payroll taxes.	96,884	29,656	40,159	27,069
11 Fees for services (non-employees):				
a Management.	3,150			3,150
b Legal.	1,375		1,375	
c Accounting.	27,650		27,650	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	529,601		529,601	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	220,311	183,175	32,977	4,159
12 Advertising and promotion.	143,161	53,357	88,827	977
13 Office expenses.	65,581	24,059	24,364	17,158
14 Information technology.	112,655	44,217	49,163	19,275
15 Royalties.				
16 Occupancy.	155,835	56,677	60,402	38,756
17 Travel.	11,036	3,263	3,521	4,252
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	165,706	113,204	38,573	13,929
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	86,155	31,335	33,393	21,427
23 Insurance.	22,922	1,176	20,673	1,073
24 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):				
a TRADE ASSN DUES	42,155	13,797	27,991	367
b MISCELLANEOUS	19,243	3,070	13,103	3,070
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	18,035,723	15,799,968	1,642,476	593,279
26 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) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	141	1	141
	2 Savings and temporary cash investments	1,373,776	2	2,640,854
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	0	4	4,708,830
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 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		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	60,214	9	83,485
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	353,610		
	b Less accumulated depreciation	185,715		
		169,683	10c	167,895
	11 Investments—publicly traded securities	181,811,016	11	206,278,044
	12 Investments—other securities See Part IV, line 11	27,225,074	12	30,807,116
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets See Part IV, line 11	13,394,054	15	8,330,817	
16 Total assets. Add lines 1 through 15 (must equal line 34)	224,033,958	16	253,017,182	
Liabilities	17 Accounts payable and accrued expenses	255,616	17	291,101
	18 Grants payable	787,831	18	950,709
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 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	36,557,903	25	39,212,741
	26 Total liabilities. Add lines 17 through 25	37,601,350	26	40,454,551
Net Assets or Fund Balances	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. Unrestricted net assets	175,716,468	27	206,894,979
	28 Temporarily restricted net assets	10,716,140	28	5,667,652
	29 Permanently restricted net assets		29	
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	186,432,608	33	212,562,631
	34 Total liabilities and net assets/fund balances	224,033,958	34	253,017,182

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	42,916,847
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,035,723
3	Revenue less expenses Subtract line 2 from line 1	3	24,881,124
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	186,432,608
5	Net unrealized gains (losses) on investments	5	3,580,127
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-2,331,228
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	212,562,631

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>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>			
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a		No
<p>b Were the organization's financial statements audited by an independent accountant?</p> <p>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</p> <p><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes	
<p>c 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?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	2c	Yes	
<p>3a 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>	3a		No
<p>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>	3b		

Additional Data

Software ID:

Software Version:

EIN: 59-3001853

Name: COMMUNITY FOUNDATION OF TAMPA BAY INC

Form 990 (2017)

Form 990, Part III, Line 4a:

GIVE DAY TAMPA BAY - THE EVENT HELD MAY 1, 2018 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 LARGELY ON SOCIAL MEDIA TO SPREAD THE WORD SECURE DONATIONS ARE COLLECTED ONLINE IN ITS FIFTH YEAR, GIVE DAY TAMPA BAY GENERATED \$1.76 MILLION FOR 505 REGISTERED NONPROFITS CONTRIBUTIONS CAME FROM 8,250 INDIVIDUAL DONORS

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Insttutchnal Trustee	Officer	Key employee	Highest compensated employee	Former			
DONNA L LONGHOUSE CHAIR	10 00	X		X				0	0	0
BETTY CASTOR CHAIR ELECT	2 00	X		X				0	0	0
ROBERT H MOHR TREASURER	1 00	X		X				0	0	0
SUSANNA FENHAGEN SECRETARY	1 00	X		X				0	0	0
PATRICIA L DOUGLAS PAST CHAIR	1 00	X		X				0	0	0
LAURENCE R FASAN TRUSTEE	1 00	X						0	0	0
MILES S CAPRON TRUSTEE	1 00	X						0	0	0
PHILLIP E CASEY TRUSTEE	1 00	X						0	0	0
BILL FRIES TRUSTEE	1 00	X						0	0	0
LINDA C HANNA 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) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) 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 TRUSTEE	1 00	X						0	0	0
LYDA T LINDELL TRUSTEE	1 00	X						0	0	0
MARY ANNE REILLY TRUSTEE	1 00	X						0	0	0
RICHARD J RIOS TRUSTEE	1 00	X						0	0	0
SETON T HENGESBACH TRUSTEE	1 00	X						0	0	0
LANSING C SCRIVEN TRUSTEE	1 00	X						0	0	0
JOEL H SHANE TRUSTEE	1 00	X						0	0	0
JAMES R STANGER TRUSTEE	1 00	X						0	0	0
MIKE STARKEY TRUSTEE	1 00	X						0	0	0
EDWARD F KOREN 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) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JENNIFER WILLIAMS TRUSTEE	1 00	X						0	0	0
SUE S WILLIAMS TRUSTEE	1 00	X						0	0	0
MARLENE M SPALTEN PRESIDENT/CEO	60 00			X				283,264	0	0
BEVERLEY J MCLAIN VP- PHILANTHROPY	50 00					X		115,875	0	0
MOLLY K JAMES VP - PHILANTHROPY	50 00					X		115,146	0	0
GEORGE E W HARDY FORMER VP/CFO	55 00						X	125,528	0	0

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.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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 **section 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 _____

(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		
Total						

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

(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	13,514,120	14,612,462	14,460,764	33,199,680	26,439,967	102,226,993
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	13,514,120	14,612,462	14,460,764	33,199,680	26,439,967	102,226,993
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						8,166,898
6 Public support. Subtract line 5 from line 4						94,060,095

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	13,514,120	14,612,462	14,460,764	33,199,680	26,439,967	102,226,993
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,033,142	7,219,152	8,508,752	4,320,306	3,849,570	28,930,922
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		157,322	100,539	59,257	4,727,535	5,044,653
11 Total support. Add lines 7 through 10						136,202,568

12 Gross receipts from related activities, etc (see instructions) **12**

13 First five years. 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 **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	69.060 %
15 Public support percentage for 2016 Schedule A, Part II, line 14	15	64.660 %

16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2016. 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 **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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 (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. 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 **stop here** ►

Section C. Computation of Public Support Percentage

15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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 **stop here.** The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests—2016. 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 **stop here.** The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

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
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	4c		
5a	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 Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	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).		
	7		
8	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).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	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 Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	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
1	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>		
2	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
1	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
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	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>		
3	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

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	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	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>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
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

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **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 (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<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)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:

Software Version:

EIN: 59-3001853

Name: COMMUNITY FOUNDATION OF TAMPA BAY INC

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)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
▶ 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.

OMB No 1545-0047
2017
Open to Public Inspection

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	345	
2 Aggregate value of contributions to (during year)	15,004,424	
3 Aggregate value of grants from (during year)	9,870,440	
4 Aggregate value at end of year	98,841,958	

- 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 |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f 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
1a Beginning of year balance	112,998,247	100,079,687	107,657,675	111,090,252	96,505,307
b Contributions	10,549,793	5,371,634	2,723,199	2,705,679	4,188,921
c Net investment earnings, gains, and losses	8,740,964	12,566,287	-2,131,138	-687,570	15,509,650
d Grants or scholarships	4,326,509	4,020,956	4,158,168	4,487,610	4,192,331
e Other expenditures for facilities and programs			3,084,481		
f Administrative expenses	1,202,068	998,405	927,400	963,076	921,295
g End of year balance	126,760,427	112,998,247	100,079,687	107,657,675	111,090,252

- 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 |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 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
1a Land				
b Buildings				
c Leasehold improvements		12,544	1,929	10,615
d Equipment		143,391	79,774	63,617
e Other		197,675	104,012	93,663
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				167,895

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 (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) THE BURTON PARTNERSHIP (QP)	30,807,116	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	30,807,116	

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 Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

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	2,349,672
LIABILITY UNDER CHARITABLE REMAINDER TRUSTS	2,519,665
LIABILITY FOR AGENCY FUNDS	34,343,404
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	39,212,741

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.

1	Total revenue, gains, and other support per audited financial statements	1	42,202,628
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	3,580,127
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	3,580,127
3	Subtract line 2e from line 1	3	38,622,501
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	529,601
b	Other (Describe in Part XIII)	4b	3,764,745
c	Add lines 4a and 4b	4c	4,294,346
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	42,916,847

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.

1	Total expenses and losses per audited financial statements	1	16,072,605
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	16,072,605
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	529,601
b	Other (Describe in Part XIII)	4b	1,433,517
c	Add lines 4a and 4b	4c	1,963,118
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	18,035,723

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

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, 2014 REMAIN SUBJECT TO EXAMINATION BY TAXING AUTHORITIES

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	CONTRIBUTIONS TO AGENCY FUNDS 1,734,778 ADMINISTRATIVE FEES - AGENCY FUNDS -245,310 INVESTMENT INCOME OF AGENCY FUNDS 2,275,277

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	GRANTS PAID FROM AGENCY FUNDS 1,433,517

Schedule I (Form 990)

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

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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...
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

Table with 8 columns: (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. Rows 1-12.

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS	218	432,424			
(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.

(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
ABE BROWN MINISTRIES 2921 29TH STREET TAMPA, FL 33605	59-2410601	501(C)(3)	19,329				SUPPORT OF MISSION
ACADEMY PREP CENTER OF TAMPA 1407 E COLUMBUS DR TAMPA, FL 33605	59-3622978	501(C)(3)	212,138				SUPPORT OF MISSION

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

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ALPHA HOUSE OF TAMPA 201 S TAMPANIA TAMPA, FL 33609	59-2655523	501(C)(3)	81,948				SUPPORT OF MISSION
AMERICAN STAGE INC PO BOX 1560 ST PETERSBURG, FL 33731	59-1777189	501(C)(3)	11,620				SUPPORT OF MISSION

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

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BAY AREA LEGAL SERVICES 1302 N 19TH ST STE 400 TAMPA, FL 33605	59-1171886	501(C)(3)	18,214				SUPPORT OF MISSION
BERKELEY PREPARATORY SCHOOL 4811 KELLY RD TAMPA, FL 33615	59-1292802	501(C)(3)	26,190				SUPPORT OF MISSION

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BIG CAT RESCUE 7106 RIVERWOOD BLVD TAMPA, FL 33615	59-3330495	501(C)(3)	39,390				SUPPORT OF MISSION
DALLAS THEOLOGICAL SEMINARY 3909 SWISS AVE DALLAS, TX 75204	75-0827421	501(C)(3)	25,000				SUPPORT OF MISSION

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

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DAVID A STRAZ JR CENTER FOR THE PERFORMING ARTS PO BOX 518 TAMPA, FL 33601	59-2037085	501(C)(3)	146,503				SUPPORT OF MISSION
DIOCESE OF ST PETERSBURG PO BOX 40200 ST PETERSBURG, FL 33743	59-1213195	501(C)(3)	308,128				PROJECT SUPPORT

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

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ECKERD COLLEGE 4200 54TH AVE S ST PETERSBURG, FL 33711	59-0859121	501(C)(3)	12,000				SUPPORT OF MISSION
CHURCH OF THE ASCENSION 701 ORANGE AVE CLEARWATER, FL 33756	59-0721414	501(C)(3)	5,856				SUPPORT OF MISSION

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

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FEEDING TAMPA BAY 4702 TRANSPORATION DR BLDG 6 TAMPA, FL 33605	59-2116576	501(C)(3)	141,548				SUPPORT OF MISSION
FLORIDA HOLOCAUST MUSEUM 55 5TH ST S ST PETERSBURG, FL 33701	59-2981494	501(C)(3)	13,425				SUPPORT OF MISSION

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

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FLORIDA SHERIFFS YOUTH RANCHES INC PO BOX 2000 BOYS RANCH, FL 32064	23-7303117	501(C)(3)	10,264				SUPPORT OF MISSION
FREEDOM PLAZA SCHOLARSHIP FUND 1010 AMERICAN EAGLE BLVD BOX 752 SUN CITY CENTER, FL 33573	59-3214388	501(C)(3)	14,003				SUPPORT OF MISSION

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

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ALL SPORTS COMMUNITY SERVICE INC PO BOX 271506 TAMPA, FL 33688	59-3184150	501(C)(3)	22,244				SUPPORT OF MISSION
GOOD SAMARITAN FUND OF GREATER SUN CITY INC 916 N PEBBLE BEACH BLVD SUN CITY CENTER, FL 33573	59-2615679	501(C)(3)	13,416				SUPPORT OF MISSION

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

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GOOD SAMARITAN HEALTH CLINIC OF PASCO COUNTY 5334 ASPEN ST NEW PORT RICHEY, FL 34652	59-3072334	501(C)(3)	10,175				SUPPORT OF MISSION
JEWISH FEDERATION OF PINELLAS COUNTY AND PASCO COUNTY INC 13191 STARKEY RD STE 8 LARGO, FL 33773	59-0697685	501(C)(3)	9,000				SUPPORT OF MISSION

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

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JUDEO CHRISTIAN HEALTH CLINIC INC 4118 N MCDILL AVE TAMPA, FL 33607	59-1605647	501(C)(3)	36,498				SUPPORT OF MISSION
CEDAR KEY LIONS CLUB PO BOX 68 CEDAR KEY, FL 32625	23-7047751	501(C)(4)	37,318				SUPPORT OF CHARITABLE GRANTS OF THE CLUB

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

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MEALS ON WHEELS OF TAMPA 550 W HILLSBOROUGH AVE TAMPA, FL 33603	59-1679915	501(C)(3)	41,005				SUPPORT OF MISSION
METROPOLITAN MINISTRIES 2002 N FLORIDA AVE TAMPA, FL 33602	59-1477007	501(C)(3)	85,181				SUPPORT OF MISSION

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

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MUSEUM OF SCIENCE AND INDUSTRY 4801 E FOWLER AVE TAMPA, FL 33617	59-2657399	501(C)(3)	9,335				SUPPORT OF MISSION
NORTHWESTERN UNIVERSITY 1201 DAVIS STREET EVANSTON, IL 60208	36-2167817	501(C)(3)	68,974				SCHOLARSHIP FUND

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

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AMERICAN CANCER SOCIETY 3709 W JETTON AVENUE TAMPA, FL 33629	13-1788491	501(C)(3)	5,630				SUPPORT OF MISSION
PACT INC 1111 MCMULLEN BOOTH RD CLEARWATER, FL 33759	59-1803628	501(C)(3)	19,502				SUPPORT OF MISSION

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

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PALMA CEIA PRESBYTERIAN CHURCH 3501 SAN JOSE TAMPA, FL 33629	59-0767700	501(C)(3)	58,724				SUPPORT OF MISSION
READY FOR LIFE 2300 TALL PINES DR STE 100 LARGO, FL 33771	26-4032979	501(C)(3)	59,600				SUPPORT OF MISSION

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

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REDEEMER PRESBYTERIAN CHURCH 12404 BOYETTE RD RIVERVIEW, FL 33569	59-3524523	501(C)(3)	18,000				SUPPORT OF MISSION
REDLANDS CHRISTIAN MIGRANT ASSOCIATION INC 402 W MAIN STREET IMMOKALEE, FL 34142	59-1221966	501(C)(3)	77,403				SUPPORT OF MISSION

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

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RONALD MCDONALD HOUSE CHARITIES OF TAMPA BAY INC 35 DAVIS BLVD TAMPA, FL 33606	59-1835985	501(C)(3)	5,607				SUPPORT OF MISSION
RUTH ECKERD HALL INC 1111 MCMULLEN BOOTH RD CLEARWATER, FL 33759	59-1803628	501(C)(3)	117,928				SUPPORT OF MISSION

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

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SHRINERS HOSPITAL FOR CRIPPLED CHILDREN 12502 USF PINE DRIVE TAMPA, FL 33612	36-2193608	501(C)(3)	81,904				SUPPORT OF MISSION
SOUTHEASTERN GUIDE DOGS INC 4210 77TH ST EAST PALMETTO, FL 34221	59-2252352	501(C)(3)	72,663				SUPPORT OF MISSION

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ST PETERSBURG FREE CLINIC INC 863 THIRD AVENUE NORTH ST PETERSBURG, FL 33701	23-7208280	501(C)(3)	192,713				SUPPORT OF MISSION
SUN CITY CENTER EMERGENCY SQUAD 101 RAY WATSON DR SUN CITY CENTER, FL 33573	59-1147811	501(C)(3)	32,163				SUPPORT OF MISSION

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SUN CITY CENTER LIBRARY 1009 N PEBBLE BEACH BOULEVARD SUN CITY CENTER, FL 33573	59-2746620	501(C)(3)	13,416				SUPPORT OF MISSION
TAMPA BAY HISTORY CENTER 801 OLD WATER ST TAMPA, FL 33602	59-3058652	501(C)(3)	218,494				SUPPORT OF MISSION

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TAMPA BAY PERFORMING ARTS CENTER FOUNDATION INC 1010 NORTH WC MACINNES PLACE TAMPA, FL 33602	59-3524613	501(C)(3)	271,578				SUPPORT OF MISSION
TAMPA GENERAL HOSPITAL FOUNDATION PO BOX 1289 ROOM G-141 TAMPA, FL 33601	23-7354477	501(C)(3)	42,144				SUPPORT OF MISSION

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TAMPA METROPOLITAN AREA YMCA 110 E OAK AVE TAMPA, FL 33602	59-1742909	501(C)(3)	15,138				PROJECT SUPPORT
TFTSP YOUTH GOLF COUNCIL ST PETERSBURG FL INC PO BOX 55913 ST PETERSBURG, FL 33732	27-0855397	501(C)(3)	9,912				SUPPORT OF MISSION

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THE FLORIDA ORCHESTRA INC 244 2ND AVE N STE 420 ST PETERSBURG, FL 33701	59-1223691	501(C)(3)	377,994				SUPPORT OF MISSION
SALVATION ARMY PO BOX 2839 TAMPA, FL 33601	58-0660607	501(C)(3)	20,927				SUPPORT OF MISSION

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THE SPRING OF TAMPA BAY PO BOX 5147 TAMPA, FL 33675	59-1777135	501(C)(3)	51,039				SUPPORT OF MISSION
TRINITY COLLEGE OF FLORIDA 2430 WELBILT BLVD TRINITY, FL 34655	59-6155069	501(C)(3)	145,000				PROJECT SUPPORT

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UNITED WAY OF SUNCOAST 5201 W KENNEDY BLVD STE 600 TAMPA, FL 33609	59-3725701	501(C)(3)	122,500				SUPPORT OF MISSION
UNIVERSITY OF FLORIDA FOUNDATION PO BOX 14425 GAINESVILLE, FL 32604	59-0974739	501(C)(3)	30,043				PROJECT SUPPORT

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UNIVERSITY OF TAMPA 401 W KENNEDY BLVD TAMPA, FL 33606	59-0624459	501(C)(3)	201,191				SUPPORT OF MISSION
ARCHDIOCESE OF MIAMI 9401 BISCAYNE BOULEVARD MIAMI SHORES, FL 33138	65-0909504	501(C)(3)	60,000				SUPPORT OF MISSION

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WORD OF LIFE FELLOWSHIP INC PO BOX 600 SCHROON LAKE, NY 12870	13-5648615	501(C)(3)	25,000				SUPPORT OF MISSION
WUSF PUBLIC MEDIA 4202 E FOWLER AVE TAMPA, FL 33620	59-0879015	501(C)(3)	14,714				SUPPORT OF MISSION

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YBOR CITY ROTARY FOUNDATION INC PO BOX 5931 TAMPA, FL 33675	59-2998020	501(C)(3)	51,942				SUPPORT OF MISSION
AT STILL UNIVERSITY OF HEALTH SCIENCES 800 WEST JEFFERSON ST KIRKSVILLE, MO 63501	43-0356250	501(C)(3)	10,000				SUPPORT OF MISSION

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ACADEMY PREP CENTER OF ST PETERSBURG INC PO BOX 530512 ST PETERSBURG, FL 33747	59-3623000	501(C)(3)	24,500				SUPPORT OF MISSION
CONGREGATION B'NAI ISRAEL 300 58TH STREET N ST PETERSBURG, FL 33710	59-0747302	501(C)(3)	19,050				SUPPORT OF MISSION

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AMIKIDS INC 5915 BENJAMIN CENTER DR TAMPA, FL 33634	23-7440836	501(C)(3)	16,000				SUPPORT OF MISSION
NONPROFIT LEADERSHIP CENTER OF TAMPA BAY INC 1408 N WESTSHORE BLVD STE 140 TAMPA, FL 33607	59-3671047	501(C)(3)	25,700				PROGRAM SUPPORT

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

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FRIENDS OF THE FESTIVAL PO BOX 17816 TAMPA, FL 33682	59-3617240	501(C)(3)	8,938				SUPPORT OF MISSION
MUSEUM OF FINE ARTS 255 BEACH DRIVE NE ST PETERSBURG, FL 33701	59-0949278	501(C)(3)	55,860				SUPPORT OF MISSION

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BOLEY FOUNDATION INC 445 31ST NORTH ST PETERSBURG, FL 33713	59-2230228	501(C)(3)	10,891				SUPPORT OF MISSION
CHAMPIONS FOR CHILDREN 3108 W AZEELE ST TAMPA, FL 33609	59-1807551	501(C)(3)	19,152				SUPPORT OF MISSION

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MORTON PLANT MEASE HEALTH CARE FOUNDATION INC 1200 DRUID RD S CLEARWATER, FL 33756	59-1751535	501(C)(3)	1,208,000				SUPPORT OF MISSION
UNITED COMMUNITY CHURCH OF SUN CITY CENTER 1501 LA JOLLA AVE SUN CITY CENTER, FL 33573	59-1161580	501(C)(3)	125,184				PROJECT SUPPORT

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WHEELS OF SUCCESS 4100 WEST KENNEDY BLD SUITE 130 TAMPA, FL 33609	56-2372792	501(C)(3)	53,560				SUPPORT OF MISSION
CONGREGATION SCHAARAI ZEDEK 3303 W SWANN AVE TAMPA, FL 33609	59-1394424	501(C)(3)	14,917				SUPPORT OF MISSION

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IDLEWILD BAPTIST CHURCH 18333 EXCITING IDLEWILD BLVD LUTZ, FL 33548	59-0774190	501(C)(3)	22,000				SUPPORT OF MISSION
PALMA CEIA UNITED METHODIST CHURCH 3723 W BAY TO BAY BLVD TAMPA, FL 33629	59-0996450	501(C)(3)	20,232				SUPPORT OF MISSION

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FRAMEWORKS OF TAMPA BAY INC 402 EAST OAK AVE TAMPA, FL 33602	20-8776228	501(C)(3)	24,800				SUPPORT OF MISSION
HUMANE SOCIETY OF TAMPA BAY 3607 N ARMENIA AVE TAMPA, FL 33607	59-0799907	501(C)(3)	305,746				SUPPORT OF MISSION

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LOWRY PARK ZOOLOGICAL SOCIETY OF TAMPA INC 1101 W SLIGH AVE TAMPA, FL 33604	59-2328289	501(C)(3)	35,900				SUPPORT OF MISSION
FLORIDA WEST COAST PUBLIC BROADCASTING INC 1300 N BLVD TAMPA, FL 33607	59-0840626	501(C)(3)	106,653				SUPPORT OF MISSION

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

(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
MARY HELP OF CHRISTIAN SCHOOL FOUNDATION 6400 EAST CHELSEA STREET TAMPA, FL 33601	59-1910867	501(C)(3)	5,790				SUPPORT OF MISSION
VIRGINIA ATHLETICS FOUNDATION PO BOX 400833 CHARLOTTESVILLE, VA 22904	54-0517188	501(C)(3)	25,000				SUPPORT OF MISSION

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

(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
CARES 12417 CLOCK TOWER PARKWAY HUDSON, FL 34667	23-7348090	501(C)(3)	6,627				SUPPORT OF MISSION
MARY AND MARTHA HOUSE PO BOX 1251 RUSKIN, FL 33570	59-2788323	501(C)(3)	38,751				SUPPORT OF MISSION

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

(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
R'CLUB CHILD CARE INC 4140 49TH STREET N ST PETERSBURG, FL 33709	59-1704870	501(C)(3)	15,000				SUPPORT OF MISSION
GFWC SUN CITY CENTER WOMEN'S CLUB INC PO BOX 5434 SUN CITY CENTER, FL 33571	59-6159390	501(C)(3)	6,216				SUPPORT OF MISSION

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

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CAMPUS CRUSADE FOR CHRIST P O BOX 628222 ORLANDO, FL 32862	95-6006173	501(C)(3)	6,000				SUPPORT OF MISSION
CARROLLWOOD PLAYERS INC PO BOX 270116 TAMPA, FL 33688	59-2136203	501(C)(3)	6,200				SUPPORT OF MISSION

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

(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
LETS GO BOYS & GIRLS 19 HARNESS CREEK VIEW CT ANNAPOLIS, MD 21403	61-1612453	501(C)(3)	23,500				SUPPORT OF MISSION
ROTARY'S CAMP FLORIDA INC PO BOX 1027 BRANDON, FL 33509	59-3096120	501(C)(3)	17,304				SUPPORT OF MISSION

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

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YOUTH AND FAMILY ALTERNATIVES INC 7524 PLATHE ROAD NEW PORT RICHEY, FL 34653	59-1545990	501(C)(3)	9,801				SUPPORT OF MISSION
CASA PO BOX 414 ST PETERSBURG, FL 33731	59-2114359	501(C)(3)	41,248				SUPPORT OF MISSION

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

(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
FIREHOUSE CULTURAL CENTER 101 1ST AVENUE NE RUSKIN, FL 33570	45-4649764	501(C)(3)	75,200				SUPPORT OF MISSION
TAMPA MUSEUM OF ART 120 W GASPARILLA PLAZA TAMPA, FL 33602	59-1934721	501(C)(3)	106,932				SUPPORT OF MISSION

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

(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
CATHOLIC FOUNDATION DIOCESE OF ST PETERSBURG PO BOX 40200 ST PETERSBURG, FL 33743	59-3519543	501(C)(3)	14,578				SUPPORT OF MISSION
GASPARILLA MUSIC FOUNDATION INC PO BOX 172986 TAMPA, FL 33672	45-2392256	501(C)(3)	35,000				SUPPORT OF MISSION

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

(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
STAGEWORKS INC 1120 EAST KENNEDY BOULEVARD WEST BUILDING 151 TAMPA, FL 33602	59-2465234	501(C)(3)	25,500				SUPPORT OF MISSION
FLORIDA COUNCIL ON ECONOMIC EDUCATION 501 S DAKOTA AVE STE 1 TAMPA, FL 33606	59-1643458	501(C)(3)	11,000				SUPPORT OF MISSION

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

(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
JUNIOR ACHIEVEMENT OF TAMPA BAY INC 13707 N 22ND STREET TAMPA, FL 33613	84-1267604	501(C)(3)	9,000				SUPPORT OF MISSION
CHILDREN'S HOME NETWORK 10909 MEMORIAL HIGHWAY TAMPA, FL 33615	59-0696284	501(C)(3)	27,229				SUPPORT OF MISSION

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

(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
ST VINCENT DE PAUL REGIONAL SEMINARY 10701 SOUTH MILITARY TRAIL BOYNTON BEACH, FL 33436	59-1028326	501(C)(3)	10,000				SUPPORT OF MISSION
TAMPA BAY WATCH 3000 PINELLAS BAYWAY SOUTH TIERRA VERDE, FL 33715	59-3191962	501(C)(3)	35,241				PROJECT SUPPORT

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

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FISH AND WILDLIFE FOUNDATION OF FLORIDA PO BOX 11010 TALLAHASSEE, FL 32302	59-3277808	501(C)(3)	72,000				PROJECT SUPPORT
CHRIST ANGLICAN CHURCH PO BOX 2461 CASHIERS, NC 28717	65-1213861	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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UNIVERSITY COMMUNITY HOSPITAL FOUNDATION 3100 EAST FLETCHER AVENUE TAMPA, FL 33613	59-2554889	501(C)(3)	40,260				PROJECT SUPPORT
BIG BROTHERS & BIG SISTERS OF TAMPA BAY INC 4630 WOODLAND CORPORATE BLVD STE 160 TAMPA, FL 33614	59-2173085	501(C)(3)	37,676				SUPPORT OF MISSION

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

(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
CHAPTERS HEALTH SYSTEM 12470 TELECOM PARKWAY SUITE 300 W TEMPLE TERRACE, FL 33637	59-2264957	501(C)(3)	71,778				SUPPORT OF MISSION
DAYSTAR LIFE CENTER INC 226 6TH ST S ST PETERSBURG, FL 33701	65-0523539	501(C)(3)	17,300				SUPPORT OF MISSION

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

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CHRIST THE KING CATHOLIC CHURCH 821 SOUTH DALE MABRY HIGHWAY TAMPA, FL 33609	59-0966385	501(C)(3)	11,000				SUPPORT OF MISSION
HOPE INTERNATIONAL MINISTRIES 11415 HOPE INTERNATIONAL DR TAMPA, FL 33625	62-0879012	501(C)(3)	9,400				SUPPORT OF MISSION

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

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QUANTUM LEAP FARM INC 10504 WOODSTOCK ROAD ODESSA, FL 33556	59-3469464	501(C)(3)	11,936				SUPPORT OF MISSION
STREATOR YMCA-YWCA 710 OAKLEY AVE STREATOR, IL 61364	36-2205999	501(C)(3)	5,543				SUPPORT OF MISSION

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

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SOCIAL VENTURE PARTNERS 220 SECOND AVENUE SOUTH SUITE 300 SEATTLE, WA 98104	91-1894424	501(C)(3)	6,000				SUPPORT OF MISSION
UNITED WAY OF PASCO COUNTY 17230 CAMELOT COURT LAND O LAKES, FL 34638	59-2193178	501(C)(3)	30,000				SUPPORT OF MISSION

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

(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
DISABLED AMERICAN VETERANS PO BOX 14301 CINCINNATI, OH 45231	31-0263158	501(C)(3)	6,316				SUPPORT OF MISSION
MILITARY FAMILY SUPPORT TRUST 1010 AMERICAN EAGLE BLVD SUN CITY CENTER, FL 33573	59-3141377	501(C)(3)	9,389				SUPPORT OF MISSION

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

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PARALYZED VETERANS OF AMERICA OFFICE OF INDIVIDUAL GIVING DAVID FANNING 801 18TH STREET NW WASHINGTON, DC 20006	13-1946868	501(C)(3)	6,316				SUPPORT OF MISSION
A KIDS PLACE OF TAMPA BAY 1715 LITHIA PINECREST ROAD BRANDON, FL 33511	26-2757636	501(C)(3)	16,272				SUPPORT OF MISSION

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

(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
ACADEMY OF THE HOLY NAMES FOUNDATION INC 3319 BAYSHORE BLVD TAMPA, FL 33629	59-0910354	501(C)(3)	100,000				SUPPORT OF MISSION
BOYS & GIRLS CLUBS OF TAMPA BAY FOUNDATION INC 1307 N MACDILL AVENUE TAMPA, FL 33607	59-3049838	501(C)(3)	125,713				SUPPORT OF MISSION

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

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BROOKWOOD FLORIDA INC 901 7TH AVENUE SOUTH ST PETERSBURG, FL 33705	59-0624387	501(C)(3)	21,230				SUPPORT OF MISSION
CENTRAL PARK VILLAGE YOUTH SERVICE INC 1320 EAST 9TH AVENUE TAMPA, FL 33605	59-3478148	501(C)(3)	25,000				SUPPORT OF MISSION

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

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CHILD INC DBA BAY AREA PREGNANCY CENTER 2380 DREW STREET SUITE 6 CLEARWATER, FL 33765	59-2606601	501(C)(3)	8,000				SUPPORT OF MISSION
CHILDREN'S ATHLETIC NETWORK AND DANCE OPPORTUNITIES 13621 N FLORIDA AVENUE TAMPA, FL 33613	59-3193026	501(C)(3)	5,927				SUPPORT OF MISSION

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

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EARLY LEARNING COALITION OF PINELLAS COUNTY INC 2536 COUNTRYSIED BOULEVARD SUITE 500 CLEARWATER, FL 33763	59-3726679	501(C)(3)	10,000				SUPPORT OF MISSION
CHILDREN'S HOME SOCIETY OF FLORIDA 482 S KELLER ROAD 3RD FLOOR ORLANDO, FL 32810	59-0192430	501(C)(3)	83,000				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 MUSEUM OF TAMPA INC 110 W GASPARILLA PLAZA TAMPA, FL 33602	59-2637851	501(C)(3)	12,500				SUPPORT OF MISSION
COMMUNITY FOUNDATION OF TAMPA BAY INC 4300 W CYPRESS ST STE 700 TAMPA, FL 33607	59-3001853	501(C)(3)	81,680				SUPPORT OF MISSION

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

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FLORIDA STATE FAIR ANTIQUE STEAM ENGINE DISPLAY PO BOX 11766 TAMPA, FL 33680	59-0651848	501(C)(3)	6,209				SUPPORT OF MISSION
FIRST PRESBYTERIAN CHURCH 701 BEACH DRIVE NE ST PETERSBURG, FL 33701	59-0640061	501(C)(3)	150,000				SUPPORT OF MISSION

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

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FLORIDA MUSEUM OF PHOTOGRAPHIC ART 400 NORTH ASHLEY DRIVE CUBE 200 TAMPA, FL 33602	59-3737687	501(C)(3)	21,200				SUPPORT OF MISSION
FRIENDS OF THE LIBRARY OF TAMPA HILLSBOROUGH COUNTY INC PO BOX 172608 TAMPA, FL 33672	59-6174497	501(C)(3)	38,208				SUPPORT OF MISSION

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

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GLOBAL REFUGE COMMUNITY CHURCH PO BOX 290263 TAMPA, FL 33687	46-2902122	501(C)(3)	13,000				SUPPORT OF MISSION
GREAT EXPLORATIONS INC 1925 4TH STREET NORTH ST PETERSBURG, FL 33704	59-2763359	501(C)(3)	19,000				SUPPORT OF MISSION

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

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HYDE PARK UNITED METHODIST CHURCH 500 W PLATT STREET TAMPA, FL 33606	59-0714823	501(C)(3)	74,850				SUPPORT OF MISSION
IOWA STATE UNIVERSITY OFFICE OF STUDENT FINANCIAL AID 0210 BEARDSHEAR HALL AMES, IA 50011	42-6004224	501(C)(3)	39,820				SUPPORT OF MISSION

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

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MOODY BIBLE INSTITUTE 820 NORTH LASALLE BLVD CHICAGO, IL 60610	36-2167792	501(C)(3)	7,554				SUPPORT OF MISSION
NEW LIFE SOLUTIONS 1910 EAST BAY DRIVE LARGO, FL 33771	59-2588366	501(C)(3)	9,166				SUPPORT OF MISSION

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

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FLORIDA PHILANTHROPIC NETWORK 5421 BEAUMONT CENTER DRIVE SUITE 655 TAMPA, FL 33634	20-1328734	501(C)(3)	8,000				SUPPORT OF MISSION
FREEFALL THEATRE COMPANY 6099 CENTRAL AVENUE ST PETERSBURG, FL 33710	26-4251761	501(C)(3)	10,000				SUPPORT OF MISSION

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TRINITY CAFE PO BOX 8067 TAMPA, FL 33674	59-3733387	501(C)(3)	19,000				SUPPORT OF MISSION
UNIVERSITY OF GEORGIA FOUNDATION OFFICE OF DEVELOPMENT 394 S MILLEDGE AVE STE 100 ATHENS, GA 30602	58-6033837	501(C)(3)	30,000				SUPPORT OF MISSION

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

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UNIVERSITY OF SOUTH FLORIDA FOUNDATION INC 4202 E FOWLER AVENUE ALC 100 TAMPA, FL 34620	59-0879015	501(C)(3)	120,231				SUPPORT OF MISSION
GRACEPOINT FOUNDATION 5707 N 22ND STREET TAMPA, FL 33610	59-1622729	501(C)(3)	7,393				SUPPORT OF MISSION

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

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GREATER TAMPA BAY AREA COUNCIL INC 11046 JOHNSON BOULEVARD SEMINOLE, FL 33772	59-0637815	501(C)(3)	5,872				SUPPORT OF MISSION
HANOVER COLLEGE 517 BALL DRIVE HANOVER, IN 47243	35-0868096	501(C)(3)	11,000				SUPPORT OF MISSION

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HUMANE SOCIETY OF PINELLAS INC 3040 STATE ROAD 590 CLEARWATER, FL 33759	59-0781650	501(C)(3)	10,000				SUPPORT OF MISSION
HYDE PARK PRESBYTERIAN CHURCH 1309 W SWANN AVENUE TAMPA, FL 33606	59-0711177	501(C)(3)	22,087				SUPPORT OF MISSION

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

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INITIATIVE FOR A COMPETITIVE INNER CITY INC (ICIC) 56 WARREN STREET 3RD FLOOR ROXBURY, MA 02119	13-3772904	501(C)(3)	10,000				SUPPORT OF MISSION
CHAIRSCHOLARS FOUNDATION INC 16101 CARENIA LANE ODESSA, FL 33556	65-0442193	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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CHURCH WORLD SERVICES INC PO BOX 968 ELKHART, IN 46515	13-4080201	501(C)(3)	10,370				SUPPORT OF MISSION
MARY LEE'S HOUSE 2806 NORTH ARMENIA AVENUE TAMPA, FL 33607	65-1096929	501(C)(3)	6,400				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 1 MASONIC DRIVE ELIZABETHTOWN, PA 17022	23-0846955	501(C)(3)	10,384				SUPPORT OF MISSION
MILITARY ORDER OF THE WORLD WARS CHAPTER 226 PO BOX 6309 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.

(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
NAPLES CHILDREN & EDUCATION FOUNDATION 4305 EXCHANGE AVENUE NAPLES, FL 34104	65-1001650	501(C)(3)	10,000				SUPPORT OF MISSION
DISABLED AMERICAN VETERANS CHARITABLE SERVICE TRUST 3725 ALEXANDRA PIKE COLDSRING, KY 41076	52-1521276	501(C)(3)	20,000				SUPPORT OF MISSION

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

(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
FIRST UNITED METHODIST CHURCH 212 3RD ST N STPETERSBURG, FL 33701	59-0657325	501(C)(3)	11,250				SUPPORT OF MISSION
PLANT HIGH SCHOOL ACADEMIC FOUNDATION 2415 S HIMES AVENUE TAMPA, FL 33629	59-2348164	501(C)(3)	7,700				SUPPORT OF MISSION

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

(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
PROJECT HOPE OF MARION COUNTY INC PO BOX 5548 OCALA, FL 34478	20-8657795	501(C)(3)	100,000				SUPPORT OF MISSION
PROJECT PROSPER INC 13575 58TH STREET NORTH SUITE 107 CLEARWATER, FL 33760	20-8936475	501(C)(3)	10,500				SUPPORT OF MISSION

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

(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
SALESIAN YOUTH CENTER OF TAMPA BAY 315 W COLUMBUS DRIVE TAMPA, FL 33602	53-0196617	501(C)(3)	7,500				SUPPORT OF MISSION
SENIORS IN SERVICE OF TAMPA BAY INC 4300 W CYPRESS ST STE 700 TAMPA, FL 33607	59-2422975	501(C)(3)	24,711				SUPPORT OF MISSION

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

(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
HILLSBOROUGH COUNTY PUBLIC SCHOOLS 2807 JOHN SHERMAN WAY RUSKIN, FL 33570	59-6000660	501(C)(3)	38,572				SUPPORT OF MISSION
HILLSBOROUGH EDUCATION FOUNDATION 2306 N HOWARD AVENUE TAMPA, FL 33607	59-2883361	501(C)(3)	19,334				SUPPORT OF MISSION

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

(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
SHINING LIGHT BAPTIST CHURCH 4231 TRACKROCK GAP ROAD BLAIRSVILLE, GA 30512	68-0611938	501(C)(3)	8,000				SUPPORT OF MISSION
SHORECREST PREPARATORY SCHOOL 5101 1ST ST NE ST PETERSBURG, FL 33703	23-7412158	501(C)(3)	6,000				SUPPORT OF MISSION

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

(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
SPCA TAMPA BAY 9099 - 130TH AVENUE NORTH LARGO, FL 33773	59-0715928	501(C)(3)	13,914				SUPPORT OF MISSION
ST JOHN'S EPISCOPAL PARISH DAY SCHOOL INC 906 S ORLEANS AVE TAMPA, FL 33606	74-2986047	501(C)(3)	10,000				SUPPORT OF MISSION

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

(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
LIGHTHOUSE OF PINELLAS INC 6925 112TH CIRCLE NORTH SUITE 103 LARGO, FL 33773	23-7042938	501(C)(3)	12,500				SUPPORT OF MISSION
LINCOLN UNIVERSITY 300 KEOKUK ST LINCOLN, IL 62656	37-0661227	501(C)(3)	65,000				SUPPORT OF MISSION

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

(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
ST JUDE CHILDREN'S RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105	62-0646012	501(C)(3)	8,012				SUPPORT OF MISSION
ST PAUL'S SCHOOL INC 1600 ST PAULS DRIVE 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.

(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
MAYO CLINIC 200 FIRST STREET SW ROCHESTER, MN 55905	41-6011702	501(C)(3)	74,589				SUPPORT OF MISSION
MINNEAPOLIS COMMUNITY KOLLEL 2930 INGLEWOOD AVENUE 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.

(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
MORNING STAR TAMPA FOUNDATION INC 210 E LINEBAUGH AVE TAMPA, FL 33612	59-3363777	501(C)(3)	15,260				SUPPORT OF MISSION
ST PETERSBURG COLLEGE FOUNDATION INC PO BOX 13489 ST PETERSBURG, FL 33733	59-1954362	501(C)(3)	140,000				SUPPORT OF MISSION

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

(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
STREATOR UNLIMITED INC 305 N STERLING STREET STREATOR, IL 61364	36-2558089	501(C)(3)	11,000				SUPPORT OF MISSION
NOMADSTUDIO INC PO BOX 782 ST PETERSBURG, FL 33731	46-4322352	501(C)(3)	6,406				SUPPORT OF MISSION

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

(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
TAMPA BAY PARTNERSHIP FOR REGIONAL RESEARCH & EDUCATION FDN 4300 W CYPRESS STREET SUITE 700 TAMPA, FL 33607	59-3414776	501(C)(3)	20,000				SUPPORT OF MISSION
TAMPA BAY WAVE INC 500 E KENNEDY BOULEVARD SUITE 300 TAMPA, FL 33602	27-4779851	501(C)(3)	28,000				SUPPORT OF MISSION

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

(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
TAMPA THEATRE INC 711 N FRANKLIN STREET TAMPA, FL 33602	59-3191311	501(C)(3)	77,460				SUPPORT OF MISSION
TAMPABAY-JOB-LINKS 4100 W KENNEDY BOULEVARD SUITE 206 TAMPA, FL 33609	27-4629468	501(C)(3)	35,000				SUPPORT OF MISSION

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

(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
PINELLAS EDUCATION FOUNDATION 12090 STARKEY ROAD LARGO, FL 33773	59-2688253	501(C)(3)	20,271				SUPPORT OF MISSION
ROTARY FOUNDATION OF ROTARY INTERNATIONAL 14280 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	36-3245072	501(C)(3)	7,000				SUPPORT OF MISSION

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

(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
THE CRISIS CENTER OF TAMPA BAY INC ONE CRISIS CENTER PLAZA TAMPA, FL 33613	59-1785265	501(C)(3)	36,250				SUPPORT OF MISSION
SALESIAN YOUTH CENTER 659 BELMONT AVENUE NORTH HALEDON, NJ 07508	22-6043753	501(C)(3)	34,237				SUPPORT OF MISSION

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

(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
SALVATION ARMY SARASOTA COMMAND PO BOX 2792 SARASOTA, FL 34230	58-0660607	501(C)(3)	31,316				SUPPORT OF MISSION
THE FIRST TEE OF TAMPA BAY 7910 N 30TH STREET TAMPA, FL 33610	59-1742909	501(C)(3)	23,025				SUPPORT OF MISSION

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

(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
THE SALVATION ARMY 5550 PRAIRIE STONE PARKWAY HOFFMAN ESTATES, IL 60192	36-2167910	501(C)(3)	9,422				SUPPORT OF MISSION
ST PAUL CATHOLIC CHURCH 12708 NORTH DALE MABRY HWY TAMPA, FL 33618	59-1213195	501(C)(3)	15,260				SUPPORT OF MISSION

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

(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
ST PAUL UNITED METHODIST CHURCH 1199 S HIGHLAND AVENUE LARGO, FL 33770	59-1031675	501(C)(3)	16,180				SUPPORT OF MISSION
THE UNIVERSITY OF ALABAMA 101 DOSTER HALL BOX 870158 TUSCALOOSA, AL 35487	63-6001138	501(C)(3)	10,000				SUPPORT OF MISSION

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

(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
ST PETERSBURG WAREHOUSE ARTS DISTRICT INC 515 22ND STREET SOUTH ST PETERSBURG, FL 33712	46-0826859	501(C)(3)	73,200				SUPPORT OF MISSION
SUN CITY CENTER SECURITY PATROL INC 1005 N PEBBLE BEACH BLVD SUN CITY CENTER, FL 33573	59-2169618	501(C)(3)	13,416				SUPPORT OF MISSION

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

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TEMPLE BETH-EL OF ST PETERSBURG INC 400 PASADENA AVENUE S ST PETERSBURG, FL 33707	59-0711184	501(C)(3)	7,655				SUPPORT OF MISSION
TEMPLE TERRACE FIRST BAPTIST CHURCH 10002 N 56TH ST TEMPLE TERRACE, FL 33617	59-6045682	501(C)(3)	22,382				SUPPORT OF MISSION

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

(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
VOICES FOR CHILDREN OF TAMPA BAY INC PO BOX 2694 TAMPA, FL 33601	59-2737702	501(C)(3)	19,704				SUPPORT OF MISSION
WESTMINSTER COLLEGE 319 SOUTH MARKET STREET OLD MAIN - ROOM 106 NEW WILMINGTON, PA 16172	25-0981156	501(C)(3)	20,772				SUPPORT OF MISSION

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

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YOUNG LIFE AFRICA PO BOX 70065 PRESCOTT, AR 86304	84-0385934	501(C)(3)	10,000				SUPPORT OF MISSION
YMCA OF THE SUNCOAST 2469 ENTERPRISE ROAD CLEARWATER, FL 33763	59-0810731	501(C)(3)	25,000				SUPPORT OF MISSION

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

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2-1-1 SUNCOAST INC 1750 17TH STREET SARASOTA, FL 34212	20-0262358	501(C)(3)	10,000				SUPPORT OF MISSION
2-1-1 TAMPA BAY CARES INC 5500 RIO VISTA DR SUITE 5500 CLEARWATER, FL 33760	59-3355555	501(C)(3)	30,000				SUPPORT OF MISSION

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

(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
ADAPTIVE GOLF ASSOCIATION INC 94 LAKESHORE CIRCLE NE MARIETTA, GA 30067	58-2617166	501(C)(3)	40,000				SUPPORT OF MISSION
ALBANY MEDICAL CENTER FOUNDATION 43 NEW SCOTLAND AVENUE ALBANY, NY 12208	14-6023119	501(C)(3)	8,973				SUPPORT OF MISSION

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

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ALICE LLOYD COLLEGE DEVELOPMENT DEPARTMENT 100 PURPOSE ROAD PIPPA PASSES, KY 41844	61-0492351	501(C)(3)	10,990				SUPPORT OF MISSION
ALL CHILDREN'S HOSPITAL FOUNDATION INC PO BOX 3142 ST PETERSBURG, FL 33731	59-2481738	501(C)(3)	19,662				SUPPORT OF MISSION

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

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ALL HANDS VOLUNTEERS INC 6 COUNTRY ROAD SUITE 6 MATTAPOISETT, MA 27390	20-3414952	501(C)(3)	200,000				SUPPORT OF MISSION
AMERICAN ANTIQUARIAN SOCIETY 185 SALISBURY STREET WORCESER, MA 16090	04-2103652	501(C)(3)	11,250				SUPPORT OF MISSION

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

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AMERICAN HEART ASSOCIATION 11207 BLUE HERON BLVD N ST PETERSBURG, FL 33716	13-5613797	501(C)(3)	244,000				SUPPORT OF MISSION
AMERICAN HUMANIST ASSOCIATION 1821 JEFFERSON PALCE NW WASHINGTON, DC 20036	94-6168317	501(C)(3)	6,032				SUPPORT OF MISSION

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

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AMERICAN RED CROSS NATIONAL PROCESSING CENTER PO BOX 4002018 DES MOINES, IA 50340	53-0196605	501(C)(3)	12,000				SUPPORT OF MISSION
AMERICAN RED CROSS OF TAMPA BAY TAMPA BAY CHAPTER 3310 W MAIN ST TAMPA, FL 33607	53-0196605	501(C)(3)	6,474				SUPPORT OF MISSION

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

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AUBURN UNIVERSITY FOUNDATION 317 SOUTH COLLEGE STREET AUBURN, AL 36849	63-6022422	501(C)(3)	20,000				SUPPORT OF MISSION
AUDUBON FLORIDA 410 SOUTH WARE BLVD 702 TAMPA, FL 33619	13-1624102	501(C)(3)	6,000				SUPPORT OF MISSION

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

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AVE MARIA UNIVERSITY 5050 AVE MARIA BOULEVARD ADVANCEMEN DEPARTMENT AVE MARIA, FL 34142	03-0482006	501(C)(3)	20,000				SUPPORT OF MISSION
BAY AREA CHAMBER FOUNDATION 100 2ND AVENUE N SUITE 150 ST PETERSBURG, FL 33701	76-0848045	501(C)(3)	7,500				SUPPORT OF MISSION

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

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BIBLE BASED FELLOWSHIP CHURCH 4811 EHRLICH RD TAMPA, FL 33624	65-0139765	501(C)(3)	20,000				SUPPORT OF MISSION
BIG BROTHERS & BIG SISTERS OF AMERICA 2502 N ROCKY POINT DRIVE SUITE 550 TAMPA, FL 33607	23-1365190	501(C)(3)	5,250				SUPPORT OF MISSION

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

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BISHOP GRADY VILLAS 401 BISHOP GRADY CT SAINT CLOUD, FL 34769	59-3598427	501(C)(3)	12,000				SUPPORT OF MISSION
BOLESTA CENTER AT USF 5202 EAST FOWLER AVENUE TAMPA, FL 33620	59-0879015	501(C)(3)	5,573				SUPPORT OF MISSION

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

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BOYS & GIRLS CLUB OF THE SUNCOAST 4625 EAST BAY DRIVE SUITE 103 CLEARWATER, FL 33764	59-1566799	501(C)(3)	7,000				SUPPORT OF MISSION
BRAIN & BEHAVIOR RESEARCH FOUNDATION 747 THIRD AVENUE NEW YORK, NY 10017	31-1020010	501(C)(3)	10,000				SUPPORT OF MISSION

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

(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
CATHOLIC CHARITIES DIOCESE OF ST PETERSBURG INC 1213 16TH STREET NORTH ST PETERSBURG, FL 33705	59-0875805	501(C)(3)	20,500				SUPPORT OF MISSION
CENTER FOR GREAT APES PO BOX 488 WAUCHULA, FL 33873	65-0444725	501(C)(3)	25,000				SUPPORT OF MISSION

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

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CHISELERS INC 401 WEST KENNEDY BLVD BOX 103F TAMPA, FL 33606	59-6200154	501(C)(3)	7,500				SUPPORT OF MISSION
CHURCH OF SCIENTOLOGY OF BOSTON 1515 HANCOCK STREET SUITE 306 QUINCY, MA 21690	04-2463926	501(C)(3)	13,000				SUPPORT OF MISSION

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

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CITY OF MARION OHIO 233 W CENTER STREET MARION, OH 43302	31-6400233	501(C)(3)	6,726				SUPPORT OF MISSION
CITY OF ST PETERSBURG FL PO BOX 2842 ST PETERSBURG, FL 33731	59-6000424	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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CLEARWATER FOR YOUTH INC 1501 N BELCHER ROAD SUITE 236 CLEARWATER, FL 33765	59-1408073	501(C)(3)	7,412				SUPPORT OF MISSION
CLEARWATER FREE CLINIC 1218 COURT ST CLEARWATER, FL 33765	59-1852871	501(C)(3)	9,000				SUPPORT OF MISSION

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

(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
CLOTHES TO KIDS INC 1059 NORTH HERCULES AVENUE CLEARWATER, FL 33765	14-1849798	501(C)(3)	60,250				SUPPORT OF MISSION
COALITION FOR OPEN DEMOCRACY 4 PARK STREET CONCORD, NH 33010	80-0336490	501(C)(3)	85,000				SUPPORT OF MISSION

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

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COMPASSION INTERNATIONAL INCORPORATED 12290 VOYAGER PARKWAY COLORADO SPINGS, CO 80921	36-2423707	501(C)(3)	8,016				SUPPORT OF MISSION
CORBETT PREPARATORY SCHOOL OF IDS INC 12015 ORANGE GROVE DRIVE TAMPA, FL 33609	59-1282306	501(C)(3)	60,000				SUPPORT OF MISSION

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

(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
CRISIS RESCUE INTERNATIONAL PO BOX 104 LOGANVILLE, GA 30052	58-2659319	501(C)(3)	7,000				SUPPORT OF MISSION
CRITTER ADOPTION AND RESCUE EFFORT INC 1528 27TH STREET SE RUSKIN, FL 33570	59-3678003	501(C)(3)	5,532				SUPPORT OF MISSION

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

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CUBAN CLUB FOUNDATION INC 2010 AVENIDA REPUBLICA DE CUBA TAMPA, FL 33605	59-3129812	501(C)(3)	50,000				SUPPORT OF MISSION
DISABILITY ACHIEVEMENT CENTER 12552 BELCHER ROAD S LARGO, FL 33773	59-3102837	501(C)(3)	10,000				SUPPORT OF MISSION

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

(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
DOCTORS WITHOUT BORDERS USA 40 RECTOR ST 16TH FLOOR NEW YORK, NY 10006	13-3433452	501(C)(3)	10,500				SUPPORT OF MISSION
ECHO OF BRANDON INC 507 N PARSONS AVENUE BRANDON, FL 33510	59-3051533	501(C)(3)	29,168				SUPPORT OF MISSION

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

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EDIBLE PEACE PATCH PROJECT INC 233 3RD ST N STE 203 ST PETERSBURG, FL 33701	45-2807222	501(C)(3)	13,350				SUPPORT OF MISSION
EIGHT O'CLOCK THEATRE INC PO BOX 297 SAFETY HARBOR, FL 34695	47-4941783	501(C)(3)	5,200				SUPPORT OF MISSION

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

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EMORY UNIVERSITY GIFT PROCESSING 1762 CLIFTON ROAD NE SUITE 1400 ATLANTA, GA 30322	58-0566256	501(C)(3)	11,200				SUPPORT OF MISSION
EPILEPSY SERVICES FOUNDATION INC 4628 NORTH ARMENIA AVENUE TAMPA, FL 33603	59-1680892	501(C)(3)	41,975				SUPPORT OF MISSION

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

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F E A S T INC PO BOX 2154 PALM HARBOR, FL 34682	59-2981961	501(C)(3)	6,000				SUPPORT OF MISSION
FAIRVOTE 6930 CARROLL AVENUE SUITE 240 TAKOMA PARK, MD 20912	54-1635649	501(C)(3)	150,000				SUPPORT OF MISSION

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

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FAITH EVANGELICAL PRESBYTERIAN CHURCH 200 MOUNT FAIR AVENUE BROOKSVILLE, FL 34601	59-2864363	501(C)(3)	5,750				SUPPORT OF MISSION
FIRST PLYMOUTH CONGREGATIONAL CHURCH 3501 SOUTH COLORADO BLVD ENGLEWOOD, CO 80113	84-0407175	501(C)(3)	45,000				SUPPORT OF MISSION

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

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FIRST PRESBYTERIAN CHURCH OF DADE CITY 37412 CHURCH AVENUE DADE CITY, FL 33526	59-6045460	501(C)(3)	10,000				SUPPORT OF MISSION
FLORIDA COLLEGE 119 N GLEN ARVEN AVENUE TEMPLE TERRACE, FL 33617	59-0737882	501(C)(3)	15,000				SUPPORT OF MISSION

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

(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
FLORIDA DREAM CENTER INC 4017 56TH AVENUE N ST PETERSBURG, FL 33714	46-0663472	501(C)(3)	30,000				SUPPORT OF MISSION
FLORIDA HOSPITAL TAMPA FOUNDATION 3100 EAST FLETCHER AVENUE TAMPA, FL 33613	59-2219301	501(C)(3)	6,000				SUPPORT OF MISSION

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

(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
FLORIDA HUMANITIES COUNCIL ATTN MEMBERSHIP 599 SECOND STREET SOUTH ST PETERSBURG, FL 33701	23-7304964	501(C)(3)	15,000				SUPPORT OF MISSION
FLORIDA STATE UNIVERSITY FOUNDATION 2010 LEVY AVENUE PO BOX 3062739 TALLAHASSEE, FL 32306	59-6152180	501(C)(3)	10,500				SUPPORT OF MISSION

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

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FOUNDATION TO ADVANCE INTERFAITH TRUST & HARMONY 8413 CASA DEL LAGO BOCA RATON, FL 33433	13-3846040	501(C)(3)	6,000				SUPPORT OF MISSION
FRANCISCAN CENTER TAMPA FLORIDA INC 3010 PERRY AVE TAMPA, FL 33603	59-1356360	501(C)(3)	9,500				SUPPORT OF MISSION

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

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GIRLS EMPOWERED MENTALLY FOR SUCCESS INC PO BOX 292814 TAMPA, FL 33687	20-2375049	501(C)(3)	10,000				SUPPORT OF MISSION
GLOBALGIVING FOUNDATION 1110 VERMONT AVENUE NW SUITE 550 WASHINGTON, DC 33687	30-0108263	501(C)(3)	15,000				SUPPORT OF MISSION

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

(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
GROLIER CLUB OF THE CITY OF NEW YORK 47 E 60TH ST NEW YORK, NY 10022	13-6162403	501(C)(3)	100,000				SUPPORT OF MISSION
H LEE MOFFITT CANCER CENTER & RESEARCH INSTITUTE FOUNDATION PO BOX 23827 TAMPA, FL 33623	59-3238636	501(C)(3)	25,152				SUPPORT OF MISSION

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

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HAVEN OF HOPE OF HILLSBOROUGH COUNTY INC PO BOX 5261 SUN CITY, FL 33571	47-1853952	501(C)(3)	10,000				SUPPORT OF MISSION
HILLELS OF THE FLORIDA SUNCOAST 13101 USF SYCAMORE DRIVE TAMPA, FL 33620	52-1758800	501(C)(3)	5,500				SUPPORT OF MISSION

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

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HILLSBOROUGH COUNTY BOARD OF COUNTY COMMISSIONERS PO BOX 1110 TAMPA, FL 33601	59-6000661	501(C)(3)	28,550				SUPPORT OF MISSION
HILLSBOROUGH COUNTY SHERIFF'S OFFICE TINA SHINKOVICH GRANTS ADMINISTRATO 2008 E 8TH AVENUE TAMPA, FL 33605	59-6000665	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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HILLSDALE BAPTIST CHURCH 6201 EHRLICH ROAD TAMPA, FL 33625	59-0971834	501(C)(3)	5,500				SUPPORT OF MISSION
HOUSTON FOOD BANK 535 PORTWALL STREET HOUSTON, TX 77029	74-2181456	501(C)(3)	50,000				SUPPORT OF MISSION

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HUMAN RIGHTS CAMPAIGN FOUNDATION 1640 RHODE ISLAND AVENUE NW WASHINGTON, DC 22036	52-1481896	501(C)(3)	7,000				SUPPORT OF MISSION
IN TOUCH WITH COMMUNITIES AROUND THE WORLD INC PO BOX 35424 ST PETERSBURG, FL 33705	46-0918503	501(C)(3)	5,500				SUPPORT OF MISSION

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

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INTERFAITH SOCIAL ACTION COUNCIL OF SUN CITY CENTER INC PO BOX 5342 SUN CITY CENTER, FL 33571	59-2045248	501(C)(3)	43,659				SUPPORT OF MISSION
INTERNATIONAL LEAGUE OF CONSERVATION PHOTOGRAPHERS INC 1003 K STREET NW SUITE 404 WASHINGTON, DC 20001	27-1455999	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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JEFFERSON SCHOLARS FOUNDATION PO BOX 400891 CHARLOTESVILLE, VA 22904	31-1755873	501(C)(3)	60,000				SUPPORT OF MISSION
JOHNS HOPKINS ALL CHILDREN'S HOSPITAL 501 6TH AVE S ST PETERSBURG, FL 33701	59-0683252	501(C)(3)	8,051				SUPPORT OF MISSION

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JULIE WEINTRAUB'S HANDS ACROSS THE BAY INC 3800 ULMERTON ROAD CLEARWATER, FL 33762	27-1983612	501(C)(3)	15,720				SUPPORT OF MISSION
LEGACY INSTITUTE FOR NATURE AND CULTURE PO BOX 1802 TAMPA, FL 33601	20-1822793	501(C)(3)	21,250				SUPPORT OF MISSION

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LONG CENTER FOUNDATION INC 1501 N BELCHER ROAD 236 CLEARWATER, FL 33765	59-2702966	501(C)(3)	217,634				SUPPORT OF MISSION
MARQUETTE UNIVERSITY UNIVERSITY ADVANCEMENT PO BOX 1881 MILWAUKEE, WI 53201	39-0806251	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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MARTHA'S VINEYARD HOSPITAL INC PO BOX 1477 OAK BLUFFS, MA 25570	04-2104691	501(C)(3)	5,807				SUPPORT OF MISSION
MASTER THE POSSIBILITIES INC 8415 SW 80TH STREET SUITE 2 OCALA, FL 34481	46-2693153	501(C)(3)	75,000				SUPPORT OF MISSION

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

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MERRIE-WOODE FOUNDATION 100 MERRIE-WOODE ROAD SAPPHIRE, NC 28774	62-1055955	501(C)(3)	30,000				SUPPORT OF MISSION
MILITARY OFFICERS' BENEVOLENT CORPORATION 1010 AMERICAN EAGLE BLVD SUITE 400 SUN CITY CENTER, FL 33573	59-3141377	501(C)(3)	5,250				SUPPORT OF MISSION

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

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NATIONAL AUTOMOBILE DEALERS CHARITABLE FOUNDATION 8400 WESTPARK DRIVE TYSONS, VA 22102	54-1008060	501(C)(3)	10,000				SUPPORT OF MISSION
NATIVITY CATHOLIC CHURCH 705 EAST BRANDON BOULEVARD BRANDON, FL 33511	59-1005854	501(C)(3)	6,170				SUPPORT OF MISSION

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OUR LADY OF GUADALUPE CATHOLIC MIGRANT MISSION 16650 U S HIGHWAY 301 SOUTH WIMAUMA, FL 33598	53-0196617	501(C)(3)	11,152				SUPPORT OF MISSION
PARTNERS IN HEALTH A NONPROFIT CORPORATION PO BOX 996 FREDERICK, MD 21705	04-3567502	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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PASCO HERNANDO STATE COLLEGE FOUNDATION INC 10230 RIDGE RD NEW PORT RICHEY, FL 34654	59-1731676	501(C)(3)	8,750				SUPPORT OF MISSION
PENNSYLVANIA STATE UNIVERSITY DEVELOPMENT OFFICE 1 OLD MAIN UNIVERSITY PARK, PA 16802	24-6000376	501(C)(3)	7,500				SUPPORT OF MISSION

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

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PLANNED PARENTHOOD FEDERATION OF AMERICA 123 WILLIAM STREET 10TH FLOOR NEW YORK, NY 10038	13-1644147	501(C)(3)	6,000				SUPPORT OF MISSION
PLANNED PARENTHOOD OF SOUTHWEST & CENTRAL FLORIDA 736 CENTRAL AVE SARASOTA, FL 34236	59-1274328	501(C)(3)	82,082				SUPPORT OF MISSION

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

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PLANT HIGH SCHOOL ATHLETICS FOUNDATION INC 2415 S HIMES AVENUE TAMPA, FL 33629	26-1947755	501(C)(3)	15,000				SUPPORT OF MISSION
PRAYER HOUSE 7935 RANCH ROAD PORT RICHEY, FL 34668	20-1451258	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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PRESERVE VISION FLORIDA INC 9200 SEMINOLE BLVD SECOND FLOOR SEMINOLE, FL 33772	59-6181662	501(C)(3)	8,671				SUPPORT OF MISSION
PROVIDENCE ST PETER FOUNDATION 413 LILLY ROAD NE OLYMPIA, WA 98506	91-1097056	501(C)(3)	8,000				SUPPORT OF MISSION

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RELIGIOUS COMMUNITY SERVICES INC 503 S MLK JR AVE CLEARWATER, FL 33756	59-1309186	501(C)(3)	9,750				SUPPORT OF MISSION
RESTORED HOPE OF DADE CITY INC 13703 17TH STREET DADE CITY, FL 33525	46-2647978	501(C)(3)	20,000				SUPPORT OF MISSION

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

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SALESIAN SISTERS 659 BELMONT AVENUE NORTH HALEDON, NJ 75080	22-6043753	501(C)(3)	27,717				SUPPORT OF MISSION
SALESIAN SISTERS OF TAMPA BAY ATTN TERESA ANDERSON 315 W COLUMBUS DRIVE TAMPA, FL 33602	53-0196617	501(C)(3)	15,487				SUPPORT OF MISSION

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SEFFNER CHRISTIAN ACADEMY 11605 US HWY 92 EAST SEFFNER, FL 33584	59-2250306	501(C)(3)	6,500				SUPPORT OF MISSION
SOCIETY OF ST VINCENT DE PAUL SOUP KITCHEN 1345 PARK STREET CLEARWATER, FL 33756	59-3050191	501(C)(3)	11,049				SUPPORT OF MISSION

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SPCA OF TEXAS 2400 LONE STAR DRIVE DALLAS, TX 75212	75-1216660	501(C)(3)	25,000				SUPPORT OF MISSION
SPECIAL OLYMPICS VIRGINIA 3212 N SKIPWITH ROAD STE 100 RICHMOND, VA 23294	54-1013637	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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ST JOSEPH'S HOSPITAL OF TAMPA FOUNDATION INC 2700 W DR MARTIN LUTHER KING JR BOULEVARD SUITE 310 TAMPA, FL 33607	59-1100828	501(C)(3)	48,127				SUPPORT OF MISSION
ST PETERSBURG COLLEGE ATTN BUSINESS OFFICE PO BOX 13489 ST PETERSBURG, FL 33733	59-1211489	501(C)(3)	503,400				SUPPORT OF MISSION

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ST PETERSBURG PRESERVATION INC PO BOX 838 ST PETERSBURG, FL 33731	59-1898534	501(C)(3)	6,000				SUPPORT OF MISSION
STARTING RIGHT NOW INC 1212 W CASS ST TAMPA, FL 33606	26-3725699	501(C)(3)	75,000				SUPPORT OF MISSION

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(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
SUN CITY CENTER CHARITABLE FOUNDATION PO BOX 6105 SUN CITY CENTER, FL 33571	47-1423971	501(C)(3)	10,215				SUPPORT OF MISSION
SUNCOAST WATERKEEPER INC PO BOX 1028 SARASOTA, FL 34230	30-0753993	501(C)(3)	10,000				SUPPORT OF MISSION

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

(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
TAMPA BAY BUSINESSES FOR CULTURE & THE ARTS PO BOX 559 TAMPA, FL 33601	59-2948216	501(C)(3)	8,054				SUPPORT OF MISSION
TAMPA BAY HEALTHCARE COLLABORATIVE PO BOX 2252 DUNEDIN, FL 34697	54-2080380	501(C)(3)	35,000				SUPPORT OF MISSION

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

(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
TAMPA JEWISH COMMUNITY CENTER FEDERATION 13009 COMMUNITY CAMPUS DRIVE TAMPA, FL 33625	23-7182057	501(C)(3)	16,500				SUPPORT OF MISSION
TAMPA PREPARATORY SCHOOL INC 727 W CASS STREET TAMPA, FL 33606	59-1618607	501(C)(3)	8,750				SUPPORT OF MISSION

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

(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
TAMPA UNDERGROUND NETWORK 12335 UNIVERSITY MALL COURT TAMPA, FL 33612	20-4722214	501(C)(3)	88,190				SUPPORT OF MISSION
TARPON SPRINGS SHEPHERD CENTER 304 S PINELLAS AVENUE TARPON SPRINGS, FL 34689	59-3070882	501(C)(3)	15,000				SUPPORT OF MISSION

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

(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
TEXAS DIAPER BANK 5415 BANDERA ROAD SUITE 504 SAN ANTONIO, TX 78238	74-2886380	501(C)(3)	25,000				SUPPORT OF MISSION
THE ARC NATURE COAST INC ATTN MARK BARRY 5283 NEFF LAKE ROAD ROAD BROOKSVILLE, FL 34601	23-7305830	501(C)(3)	26,067				SUPPORT OF MISSION

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

(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
THE ARC TAMPA BAY INC 1501 NORTH BELCHER ROAD CLEARWATER, FL 33765	59-1056551	501(C)(3)	21,012				SUPPORT OF MISSION
THE CAPITAL GOOD FUND 22 A STREET PROVIDENCE, RI 29070	80-0348382	501(C)(3)	50,000				SUPPORT OF MISSION

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

(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
THE CYPRESS INITIATIVE INC 911 S PARSONS AVENUE SUITE A BRANDON, FL 33511	20-8378337	501(C)(3)	206,000				SUPPORT OF MISSION
THE EVERGLADES FOUNDATION INC 18001 OLD CUTLER RD SUITE 625 PALMETTO BAY, FL 33157	59-3228899	501(C)(3)	25,000				SUPPORT OF MISSION

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

(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
THE FAISON SCHOOL FOR AUTISM INC 1701 BYRD AVENUE RICHMOND, VA 23230	03-0387451	501(C)(3)	25,000				SUPPORT OF MISSION
THE KIMBERLY HOME INC 1189 NE CLEVELAND STREET CLEARWATER, FL 33755	59-2077208	501(C)(3)	15,500				SUPPORT OF MISSION

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

(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
THE MASTER CHORALE OF TAMPA BAY 30382 USF HOLLY DRIVE TAMPA, FL 33620	59-2877120	501(C)(3)	6,374				SUPPORT OF MISSION
THE PREGNANCY AND FAMILY LIFE CENTER 317 WEST TOMPKINS STREET INVERNESS, FL 34450	59-2316370	501(C)(3)	10,000				SUPPORT OF MISSION

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

(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
THE PROJECT ON GOVERNMENT OVERSIGHT INC 1100 G STREET NW SUITE 500 WASHINGTON, DC 20005	52-1739443	501(C)(3)	50,000				SUPPORT OF MISSION
THE UNITED METHODIST CHURCH OF SUN CITY CENTER 1210 DEL WEBB BLVD W SUN CITY CENTER, FL 33573	59-2131662	501(C)(3)	5,750				SUPPORT OF MISSION

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

(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
TURNING POINTS 701 17TH AVE W BRADENTON, FL 34205	59-3340921	501(C)(3)	29,521				SUPPORT OF MISSION
UCLA FOUNDATION PO BOX 7145 PASADENA, CA 91109	95-2250801	501(C)(3)	5,760				SUPPORT OF MISSION

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

(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
UNITED FOOD BANK OF PLANT CITY 702 ALSOBROOK STREET SUITE H PLANT CITY, FL 33563	59-3069728	501(C)(3)	10,000				SUPPORT OF MISSION
UNITED WAY OF CITRUS COUNTY 1205 NE 5TH STREET SUITE A CRYSTAL RIVER, FL 34429	59-2766815	501(C)(3)	20,000				SUPPORT OF MISSION

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

(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
UNITED WAY OF HERNANDO COUNTY 4030 COMMERCIAL WAY SPRING HILL, FL 34606	59-2848474	501(C)(3)	10,000				SUPPORT OF MISSION
UNIVERSITY AREA COMMUNITY DEVELOPMENT CORPORATION INC 14013 NORTH 22ND STREET TAMPA, FL 33613	31-1624121	501(C)(3)	7,250				SUPPORT OF MISSION

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

(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
VENTURE ONE GROUP ATTN GUS ELIAN PO BOX 1774 SEFFNER, FL 33583	26-1364007	501(C)(3)	14,950				SUPPORT OF MISSION
VILLAGE PARTNERS INTERNATIONAL 217 S MATANZAS AVE TAMPA, FL 33609	26-1124148	501(C)(3)	5,250				SUPPORT OF MISSION

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

(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
WE CARE FOOD PANTRY PO BOX 331 HOMOSASSA, FL 34487	80-0552092	501(C)(3)	10,000				SUPPORT OF MISSION
WEDU FLORIDA WEST COAST PUBLIC BROADCASTING 1300 N BLVD TAMPA, FL 33607	59-0840626	501(C)(3)	36,250				SUPPORT OF MISSION

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

(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
WOMEN'S RESOURCE CENTER OF MANATEE COUNTY 1926 MANATEE AVE W BRADENTON, FL 34205	59-3030465	501(C)(3)	6,479				SUPPORT OF MISSION

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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.

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF TAMPA BAY INC

Employer identification number
59-3001853

Part I Questions Regarding Compensation

	Yes	No								
<p>1a 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 indemnification and gross-up payments</td> <td><input checked="" 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 indemnification and gross-up payments	<input checked="" 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 indemnification and gross-up payments	<input checked="" 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 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>	1b	No								
<p>2 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>	2	Yes								
<p>3 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 checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 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>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4a	No								
	4b	No								
	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 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>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p>	5a	No								
	5b	No								
<p>6 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>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p>	6a	No								
	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	No								
<p>8 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>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

2017

▶ **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**

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) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) 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	63	10,719,109	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**

	Yes	No
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?		No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
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		

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.

OMB No 1545-0047

2017**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

Return Reference	Explanation
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, 2018

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, 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

Return Reference	Explanation
FORM 990, PART XI, LINE 9	AGENCY FUNDS EXCESS GIFTS OVER GRANTS -301,261 ADMINISTRATIVE FEES - AGENCY FUNDS 245,310 INVESTMENT INCOME OF AGENCY FUNDS -2,275,277

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	NEITHER THE OVERSIGHT PROCESS NOR THE SELECTION PROCESS WAS CHANGED DURING THE YEAR FOR THE AUDIT COMMITTEE

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

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.**

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) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CFTB REALTY LLC 550 N REO ST SUITE 301 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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) 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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) 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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) CHARITABLE REMAINDER TRUSTS (6)	TRUST ADMINISTRATION	FL	COMMUNITY FOUNDATION OF TAMPA BAY	T					No
(2) 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
1 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?			
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b	Gift, grant, or capital contribution to related organization(s)		No
c	Gift, grant, or capital contribution from related organization(s)		No
d	Loans or loan guarantees to or for related organization(s)		No
e	Loans or loan guarantees by related organization(s)		No
f	Dividends from related organization(s)		No
g	Sale of assets to related organization(s)		No
h	Purchase of assets from related organization(s)		No
i	Exchange of assets with related organization(s)		No
j	Lease of facilities, equipment, or other assets to related organization(s)		No
k	Lease of facilities, equipment, or other assets from related organization(s)		No
l	Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o	Sharing of paid employees with related organization(s)		No
p	Reimbursement paid to related organization(s) for expenses		No
q	Reimbursement paid by related organization(s) for expenses	Yes	
r	Other transfer of cash or property to related organization(s)		No
s	Other transfer of cash or property from related organization(s)		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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VII **Supplemental Information**

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