- " Г П)°-T	Exempt C	EXTENDED Organizatio	n Bus	AY :	15, 202 ss Inc o	20 me Ta	ax Re	eturn	1. 1.	OMB No 1	1545-0687
' l	'	Exempt	(and proxy							100		40
For	- 1	For calendar year 2018 or o						1 30,			2 U	18
			to www.irs gov/Form							_		
reasury rvice	the Treasury ue Service		I numbers on this fori						01(c)(3)	. [Open to Publi 501(c)(3) Orga	ic Inspection for inizations Only
ox if	ck box if	Name of organiz	ation (Check bo	ox if name c	hanged	and see instru	ctions.)				oyer identifica loyees' trust, s	
	ress changed		,		-		·				ictions)	300
r section Prin	under section	Print COMMUNI	TY FOUNDAT	O NOI	F T	AMPA B	AY, IN	NC.		5	9-300	1853
3) 0	ॐ() हे) │	or Number, street,	and room or suite no.	If a P.O. box	x, see in	structions.					ated business	activity code
220(e) Typ			CYPRESS ST							(555)	istractions ;	
530(a)		City or town, sta	te or province, country	y, and ZIP o	r foreigr	n postal code						
	n)	TAMPA,	FL 33607							900	099	
assets	of all assets	F Group exempt	ion number (See instr	uctions.)	▶	_						
048,789	8,048,78	9 . G Check organiz	ation type 🕨 🗓	501(c) corp	poration	50	I(c) trust] 401(a)	trust		Other trust
ber of the organ	number of the or	ganization's unrelated tr	ades or businesses.		1		Describe t	he only (o	r first) un	related		
ess here 🕨 <u>P</u> Z	usiness here 🕨	PARTNERSHI	P INVESTME	NTS_		ا	f only one, o	complete F	arts I-V.	If more	than one,	
rst in the blank s	he first in the bla	nk space at the end of th	e previous sentence, o	complete Pa	arts I and	d II, complete	a Schedule	M for each	n addition	ial trade	or	
complete Parts	then complete P	arts III-V.				_						
•	•	ne corporation a subsidia	-		nt-subsi	diary controlle	d group?		▶ [Ye	es 🗶	No
		d identifying number of		n. >								
		KORY BUR						ne numbe		813		<u>-1975</u>
		Trade or Busine	ss income		,	(A) Inco	me	(B) I	Expenses		(C) Net
•	receipts or sales											
	eturns and allowa		c Balance		1c						ļ	
· · ·	f goods sold (Sc	•	+1	۱۸	2							
	•	ine 2 from line 1c	¥	Y I	3							
•	-	(attach Schedule D)			4a		,554.					<u>8,554</u> .
- •		797, Part II, line 17) (att	ach Form 4797)		4b		770.		-			<u>8,770</u> .
	l loss deduction t				4c							
•		artnership or an S corpo	ration (attach stateme	ent)	5	2	,804.	ST	MT 1			2,804.
	ncome (Schedule	•			6						 	
		d income (Schedule E)			7				REC	=1\/f	= []	}
-	-	ilties, and rents from a c	-		8	<u> </u>		 	100	_ V		,
		section 501(c)(7), (9),	or (17) organization (S	scheaule 6)	-			121		0.4.2		+
	ising income (Sc	ty income (Schedule I)			10		-+	D004	MAK	144		+
	,	ructions; attach schedule	. 1		12						- 10	+
	Combine lines 3		1		13	102	588.	1-)GDI	EN.	U7 10	2,588.
		s Not Taken Els	ewhere (See inst	ructions fo				<u> </u>				<u> </u>
		entributions, deduction						income)				
ation of officers	ensation of offic	ers, directors, and truste	es (Schedule K)		_					14		1,267.
•	es and wages	oro, an obtoro, and a box	00 (00//044/07/)							15		1,201
-	rs and maintenai	nce								16		
	lebts	100								17		
		ule) (see instructions)				SEE	STATE	тиям	2	18	1	1,243.
	and licenses	2.0, (000				5 			_	19		
		ns (See instructions for I	imitation rules)							20		
•	ciation (attach F	,	,			1	21					
· ·		ned on Schedule A and	elsewhere on return			ļ	22a			226	Į	
	tion					-			-	23		
ons to deferred i		red compensation plans								24		
	oyee benefit prog									25		
	ss exempt expens									26		
• •	s readership cos	` '								27		
•	•	•				SEE	STATE	MENT	3	\vdash	4	3,395.
		•							78			5,905.
			operating loss deducti	ion, Subtrac	t line 20	from line 13			0,5			6,683.
							ctions)		~ .	-	_	<u>-,</u>
		=		Janua	., .,	- 1500 110110			'4	$\overline{}$	4	6,683.
				tions					12	TV,		90-T (2018)
uctions Add line business taxable for net operatin business taxable	ated business tax ction for net oper ated business tax	ch schedule) I lines 14 through 28 kable income before net rating loss arising in tax kable income. Subtract li Paperwork Reduction A	years beginning on or ne 31 from line 30	after Janua		3 from line 13	STATE		378 34 12	28 29 30 31 32		5 4 4

		•	
Form 990-1		<u> 1853 </u>	Page 2
Part I			46,683.
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) Amounts paid for disallowed fringes	33	40,003.
34 35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) STMT 7	35	6,122.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of	-	<u> </u>
00	has 22 and 24	36	40,561.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	317	1,000.
38	Haralated husiness tayable income. Subtract line 37 from line 36. If line 37 is graater than line 36.		
	enter the smaller of zero or line 36	38	39,561.
Part I			
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	49	<u>8,308.</u>
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:	1	
_	Tax rate schedule or Schedule D (Form 1041)	40	
41	Proxy tax. See instructions Alternative groups to the factor and the second se	411	
42	Alternative minimum tax (trusts only)	42	
43 44	Tax on Noncompliant Facility Income. See instructions Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	43	8,308.
Part \			_0,500.
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		
Ь	Other credits (see instructions)	1 [
C	General business credit. Attach Form 3800]	
đ	Credit for prior year minimum tax (attach Form 8801 or 8827)]	
е	Total credits Add lines 45a through 45d	45e	<u> 1,237.</u>
46	Subtract line 45e from line 44	46	7,071.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)	4B	7,071.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
	Payments: A 2017 overpayment credited to 2018 2018 estimated tax payments 50a 50b		
	T. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	1	
q C	Foreign organizations: Tax paid or withheld at source (see instructions)	1 [
	Backup withholding (see instructions)	1	
f	Credit for small employer health insurance premiums (attach Form 8941)		
a	Other credits, adjustments, and payments: Form 2439		
	Form 4136 Other Total ▶] ,	
51	Total payments. Add lines 50a through 50g	51	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52	<u> 297.</u>
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed STATEMENT 4	53	<u>7,368.</u>
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	
55 Part \	Enter the amount of line 54 you want Credited to 2019 estimated tax Statements Regarding Certain Activities and Other Information (see instructions)	55	
	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Vaa Na
56	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		Yes No
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		1 1
	here		x
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
	If "Yes," see instructions for other forms the organization may have to file.		
58_	Enter the amount of tax-exempt interest received or accrued during the tax year >\$		
<u> </u>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my know correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	vledge and belief, if	t is true,
Sign		ay the IRS discuss t	this return with
Here	Kon Killer CFO	preparer shown be	elow (see
		structions)?	Yes No
	Print/Type preparer's name Preparer's signature Date Check if	f PTIN	
Paid	Da a la 2/20 2020 self-employed	D0134	2020
Prepa	HIER SAM A. LAZZAKA CORDINER CONTINUE D. A.	P0134	40705
Use C	P. O. BOX 172359 Firm's name ► RIVERO, GORDIMER & COMPANY, P.A. Firm's EIN ►		<u> </u>
		813) 87	5-7774

Phone no. (813) 875-7774 Form **990-T** (2018)

Schedule A - Cost of Good	s Sold. Enter method of ir	nventory valuation N/A			
1 Inventory at beginning of year	1	6 Inventory at end of year		6	
2 Purchases	2	7 Cost of goods sold Sul	btract line 6		
3 Cost of labor	3	from line 5. Enter here a	and in Part I,		
4a Additional section 263A costs		line 2		7_	
(attach schedule)	4a	8 Do the rules of section 2	263A (with respect to		Yes No
b Other costs (attach schedule)	4b	property produced or a	cquired for resale) apply to		,
5 Total Add lines 1 through 4b	5	the organization?	, , , , , ,		
Schedule C - Rent Income	(From Real Property	and Personal Property I	eased With Real Pro	pert	<u>/)</u>
(see instructions)					
1 Description of property					
(1)					
(2)					
(3)					
(4)					
	2 Rent received or accrued				
(a) From personal property (if the perent for personal property is more 10% but not more than 50%	e than ' of ren	real and personal property (if the percenta it for personal property exceeds 50% or if the rent is based on profit or income)	ge 3(a) Deductions direct columns 2(a) a	ly connect and 2(b) (a	attach schedule)
(1)					
(2)		- 1			
(3)					
(4)					
Total	O . Total		0.		
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column			(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	•	0.
Schedule E - Unrelated Del	ot-Financed Income	(see instructions)	<u></u>		
		2. Gross income from	Deductions directly co to debt-finant	nnected	with or allocable erty
1 Description of debt-fi	nanced property	or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
(1)					
(2)					
(3)					
(4)					
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	(0	8 Allocable deductions column 6 x total of columns 3(a) and 3(b))
(1)		%			
(2)		%			
(3)		%	-		
(4)		%			
	-		Enter here and on page 1, Part I, line 7, column (A)		inter here and on page 1, Part I, line 7, column (B)
Totals		>	0		0.
Total dividends-received deductions in	cluded in column 8		>	_	0.
					Form 990-T (2018)

823731 01-09-19

•

41.

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

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

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

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

Form 990-T (2018)

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 1
DESCRIPTION		NET INCOME OR (LOSS)
	SHIP (QP), LIMITED PARTNERSHIP -	
ORDINARY BUSINESS		-9,190.
	SECONDARY PARTNERS 2015, L.P	
ORDINARY BUSINESS		629.
	SECONDARY PARTNERS 2015, L.P NET	
RENTAL REAL ESTATE		-24.
	SECONDARY PARTNERS 2015, L.P OTHER	
NET RENTAL INCOME	· ·	1,792.
	SECONDARY PARTNERS 2015, L.P	
INTEREST INCOME		2,174.
	SECONDARY PARTNERS 2015, L.P	
DIVIDEND INCOME	G=G0\	960.
	SECONDARY PARTNERS 2015, L.P	
ROYALTIES		4.
	SECONDARY PARTNERS 2015, L.P OTHER	
PORTFOLIO INCOME (2,168.
	SECONDARY PARTNERS 2015, L.P OTHER	
INCOME (LOSS)		868.
	SECONDARY PARTNERS II L.P ORDINARY	
BUSINESS INCOME (L		-5,892.
	SECONDARY PARTNERS II L.P NET RENTAL	
REAL ESTATE INCOM		-1,376.
	SECONDARY PARTNERS II L.P INTEREST	
INCOME		604.
	SECONDARY PARTNERS II L.P DIVIDEND	
INCOME		475.
	SECONDARY PARTNERS II L.P OTHER	
PORTFOLIO INCOME (6.
	SECONDARY PARTNERS II L.P OTHER	
INCOME (LOSS)		65.
	GLOBAL PRIVATE EQUITY PARTNERS 2014, LP	
- ORDINARY BUSINE		4,933.
	GLOBAL PRIVATE EQUITY PARTNERS 2014, LP	
- NET RENTAL REAL		-15.
COMMONFUND CAPITAL	GLOBAL PRIVATE EQUITY PARTNERS 2014, LP	
- OTHER NET RENTA		6.
COMMONFUND CAPITAL	GLOBAL PRIVATE EQUITY PARTNERS 2014, LP	
- INTEREST INCOME		1,291.
	GLOBAL PRIVATE EQUITY PARTNERS 2014, LP	
- DIVIDEND INCOME		1,383.
	GLOBAL PRIVATE EQUITY PARTNERS 2014, LP	
- ROYALTIES		1,041.
	GLOBAL PRIVATE EQUITY PARTNERS 2014, LP	
- OTHER PORTFOLIO		301.
	GLOBAL PRIVATE EQUITY PARTNERS 2014, LP	
- GUARANTEED PAYM		991.
COMMONFUND CAPITAL - OTHER INCOME (L	GLOBAL PRIVATE EQUITY PARTNERS 2014, LP	
COULTED TATACOMES (T		1,111.

COMMUNITY FOUNDATION	OF TAMPA BAY, INC.	59-3001853
COMMONFUND CAPITAL GLC - ORDINARY BUSINES	BAL PRIVATE EQUITY PARTNERS II L.P.	-1,916.
COMMONFUND CAPITAL GLO	BAL PRIVATE EQUITY PARTNERS II L.P.	·
- NET RENTAL REAL COMMONFUND CAPITAL GLO	BAL PRIVATE EQUITY PARTNERS II L.P.	-561.
- OTHER NET RENTAL		1.
- INTEREST INCOME	BAL PRIVATE EQUITY PARTNERS II L.P.	441.
COMMONFUND CAPITAL GLC - DIVIDEND INCOME	BAL PRIVATE EQUITY PARTNERS II L.P.	280.
COMMONFUND CAPITAL GLO	BAL PRIVATE EQUITY PARTNERS II L.P.	·
- OTHER PORTFOLIO COMMONFUND CAPITAL GLO	BAL PRIVATE EQUITY PARTNERS II L.P.	218.
- OTHER INCOME (LO		36.
TOTAL INCLUDED ON FORM	1 990-T, PAGE 1, LINE 5	2,804.
FORM 990-T	INTEREST PAID	STATEMENT 2
· DESCRIPTION		AMOUNT
INVESTMENT INTEREST EX	PENSE	11,243.
TOTAL TO FORM 990-T, P	PAGE 1, LINE 18	11,243.
·	·	<u></u> _
	•	·
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 3
	OTHER DEDUCTIONS	STATEMENT 3 AMOUNT
DESCRIPTION	OTHER DEDUCTIONS	
DESCRIPTION PROFESSIONAL FEES MANAGEMENT FEES	OTHER DEDUCTIONS	AMOUNT 12,113. 28,089.
DESCRIPTION PROFESSIONAL FEES MANAGEMENT FEES AMORTIZATION	OTHER DEDUCTIONS	AMOUNT 12,113.
DESCRIPTION PROFESSIONAL FEES MANAGEMENT FEES AMORTIZATION OFFICE EXPENSE		AMOUNT 12,113. 28,089. 37.
DESCRIPTION PROFESSIONAL FEES MANAGEMENT FEES AMORTIZATION OFFICE EXPENSE TOTAL TO FORM 990-T, P	AGE 1, LINE 28	AMOUNT 12,113. 28,089. 37. 3,156. 43,395.
DESCRIPTION PROFESSIONAL FEES MANAGEMENT FEES AMORTIZATION OFFICE EXPENSE TOTAL TO FORM 990-T, P		AMOUNT 12,113. 28,089. 37. 3,156.
DESCRIPTION PROFESSIONAL FEES MANAGEMENT FEES AMORTIZATION OFFICE EXPENSE TOTAL TO FORM 990-T, P	AGE 1, LINE 28 INTEREST AND PENALTIES	AMOUNT 12,113. 28,089. 37. 3,156. 43,395.
DESCRIPTION PROFESSIONAL FEES MANAGEMENT FEES AMORTIZATION OFFICE EXPENSE TOTAL TO FORM 990-T, P FORM 990-T TAX FROM FORM 990-T, UNDERPAYMENT PENALT	PAGE 1, LINE 28 INTEREST AND PENALTIES PART IV	AMOUNT 12,113. 28,089. 37. 3,156. 43,395. STATEMENT 4 7,071. 297.
DESCRIPTION PROFESSIONAL FEES MANAGEMENT FEES AMORTIZATION OFFICE EXPENSE TOTAL TO FORM 990-T, P FORM 990-T TAX FROM FORM 990-T,	PAGE 1, LINE 28 INTEREST AND PENALTIES PART IV PY ST	AMOUNT 12,113. 28,089. 37. 3,156. 43,395. STATEMENT 4 7,071.
UNDERPAYMENT PENALT LATE PAYMENT INTERE	PAGE 1, LINE 28 INTEREST AND PENALTIES PART IV PY ST	AMOUNT 12,113. 28,089. 37. 3,156. 43,395. STATEMENT 4 7,071. 297. 103.

FORM 990-T		LATE	E PAYMENT II	NTEREST		STA'	TEMENT	!
DESCRIPTION	N D.	ATE	AMOUNT	BALANCE	RATE	DAYS	INTERE	ST
TAX DUE DATE FILED		15/19 29/20	7,071.	7,071. 7,174.	.0500	106	1	03
TOTAL LATE	PAYMENT INTERE	ST					1	03
FORM 990-T		LATE	PAYMENT PER	NALTY		STA	PEMENT	- 6
DESCRIPTION	N	DATE	AMOUNT	BALANCE	МО	NTHS	PENALT	Y
TAX DUE DATE FILED	_	11/15/19 02/29/20	•	71. 7,0		4	1	41
TOTAL LATE	PAYMENT PENALT	Y				=	1	41.
FORM 990-T	1	NET OPERA	ATING LOSS I	DEDUCTION	-	STA	rement	7
TAX YEAR	LOSS SUSTAINE	PRE	LOSS EVIOUSLY	LOSS REMAINING	·		ILABLE S YEAR	
06/30/17 06/30/18	2,740 3,382		0.	2,7			2,74 3,38	
,	/ER AVAILABLE TI	UTC VEAD		6,1			6,12	_

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

► Go to www.irs gov/Form1120 for instructions and the latest information

OMB No 1545-0123

Name

Employer identification number

COMMUNITY FOUNDATI				<u> 59 -</u>	3001853
Part I Short-Term Capital Ga	ins and Losses (See	instructions.)			
See instructions for how to figure the amounts to enter on the lines below This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gai or loss from Form(s) 894 Part I, line 2, column (g	n 19, 3)	(ħ) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b Totals for all transactions reported on					
Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on					
Form(s) 8949 with Box B checked			<u> </u>		
3 Totals for all transactions reported on					_
Form(s) 8949 with Box C checked			<u> </u>	-	757.
4 Short-term capital gain from installment sales		7		4	
5 Short-term capital gain or (loss) from like-kind				5	
6 Unused capital loss carryover (attach comput	•			6	<u> </u>
7 Net short-term capital gain or (loss). Combin			<u>_</u>	7_	757.
Part II Long-Term Capital Gai	ns and Losses (See	nstructions)			 _
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gall or loss from Form(s) 894	ın 19,	(h) Gain or (loss) Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(Of Other basis)	Part II, line 2, column (a) ————	combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b Totals for all transactions reported on					
Form(s) 8949 with Box D checked					
9 Totals for all transactions reported on					
Form(s) 8949 with Box E checked			 		
10 Totals for all transactions reported on					
Form(s) 8949 with Box F checked					107,797.
11 Enter gain from Form 4797, line 7 or 9		_		11	
12 Long-term capital gain from installment sales	•	7		12	
13 Long-term capital gain or (loss) from like-kind	d exchanges from Form 8824			13	
14 Capital gain distributions				_ 14	405 505
15 Net long-term capital gain or (loss). Combine		n h		15	107,797.
Part III Summary of Parts I and					
16 Enter excess of net short-term capital gain (lin	· · · · · · · · · · · · · · · · · · ·		<u></u> ,	16	757.
17 Net capital gain. Enter excess of net long-term		·	(/)	17	107,797.
18 Add lines 16 and 17. Enter here and on Form		oper line on other returns.		18	108,554.
Note: If losses exceed gains, see Capital loss	es in the instructions.				
JWA For Panerwork Reduction Act Notice.	see the Instructions for Form	1120.		s	chedule D (Form 1120) 2018

Form 8949

Department of the Treasury Internal Revenue Service

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D

OMB No 1545-0074 2018

> Attachment Sequence No. 12A

Name(s) shown on return

Social security number or taxpayer identification no.

COMMUNITY FOUNDATION OF TAMPA BAY, 59-3001853 Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2 Note: You may aggregate all short-term transactions reported on Form(s) 1099 B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions) You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8849, page 1, for each applicable box If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or (d) (a) (b) (c) (e) (h) loss If you enter an amount Proceeds Description of property Date acquired Date sold or Cost or other Gain or (loss). in column (g), enter a code in (sales price) basis See the Subtract column (e) (Example 100 sh XYZ Co) (Mo., day, yr) disposed of column (f). See instructions from column (d) & Note below and (Mo, day, yr) see Column (e) ın combine the result Amount of Code(s) with column (g) the instructions adjustment COMMONFUND CAPITAL SECONDARY PARTNERS 345. COMMONFUND CAPITAL SECONDARY PARTNERS 736. COMMONFUND CAPITAL GLOBAL PRIVATE EOUITY <456.> COMMONFUND CAPITAL GLOBAL PRIVATE EQUITY 132. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked)

adjustment in column (g) to correct the basis See Column (g) in the separate instructions for how to figure the amount of the adjustment

823011 11-28-18 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form

orm **8949** (2018)

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on page 1

Social security number or taxpayer identification no.

	COMMUNITY :	FOUNDATION	OF TAMPA	BAY	, INC
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59-3001853

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1

see page 1

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box if you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

____ (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

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above is checked), or line 10 (if Box F above is checked)								107,797

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment