EXTENDED TO MAY 17, 2021

|   | Form     | 99U- I                                 |             | xempt Organ  |                                  |              |  |           | ax neturi  | <b>'</b>  |  |
|---|----------|--|-------------|--|----------------------------------|--------------|--|-----------|--|-----------|--|
|   |          |  |             |  | nd proxy tax und                 |              |  |           | 22 222   | ,         | 2019   |
|   |          |  | For cal     | endar year 2019 or other tax ye  |                                  |              |  |           |  | <u> </u>  | ZU 19  |
|   |          | ment of the Treasury                   |             |  | .irs gov/Form990T for in         |              |  |           |  |           | Open to Public Inspection to                               |
|   | Internal | Revenue Service                        |             | Do not enter SSN numbe   |                                  |              |  |           | ation is a 50 i(c)(3)  |           | 501(c)(3) Organizations Only<br>over identification number |
|   | A L      | ☐ Check box if address changed         |             | Name of organization ( Check box if name changed and see instructions )  DEmployer identification numb (Employees' trust, see instructions ) |                                  |              |  |           |  |           |  |
|   |          |  |             | CONDUNITARY  |                                  | ·            |  |           |  |           |  |
|   |          | empt under section                     | Print<br>or | COMMUNITY F  | NC.                              | 1            | 9-3001853<br>ated business activity code |           |  |           |  |
|   |          | 501(@)(3)                              | Туре        | Number, street, and room   |                                  |              |  |           |  | (See      | instructions)  |
|   |          | 408(e) 220(e)                          |             | 4300 W CYPR  |                                  | _            |  |           |  | ł         |  |
|   | ==       | 408A530(a)                             | 1           | City or town, state or prov  | vince, country, and ZIP of 33607 | rioreigi     | i postai code                            |           |  | مما       | 099  |
|   | o Bool   | 529(a)<br>k value of all assets        | <u> </u>    | E Group evernation numb  | ner (See instructions )          | _            |  |           | <u> </u>   | 900       | 033  |
|   | at er    | 10 of year<br>288 002 1                | 69          | G Check organization typ   | e X 501(c) corr                  | oration      | 501/                                     | (c) trust | 401(a)   | trust     | Other trust  |
|   | H Enti   | er the number of the                   | ornaniza    | tion's unrelated trades or t   | DISTRESSES D                     | 1            |  |           | the only (or first) un   |           |  |
|   |          |  |             | RTNERSHIP IN   |                                  | <del>-</del> | <sub>If</sub>                            |           | complete Parts I-V.  |           | •  |
| • |          |  |             | ce at the end of the previou   |                                  | rts I an     |  |           |  |           |  |
|   |          | iness, then complete                   |             |  | aş semenec, complete i e         | 11.65 1 0111 | a II, complete a                         | Concount  | , ivi for cacif addition   | iai iiao  |  |
|   |          |  |             | oration a subsidiary in an   | affiliated group or a parer      | nt-suhsi     | diary controller                         | f group?  | <b>•</b>   | Y         | es X No  |
|   |          |  |             | tifying number of the parer  |                                  | 0020.        | o y oo o                                 | - g. oop  | ,  |           |  |
|   |          |  |             | KORY BURKLEY   |                                  |              |  | Teleph    | one number 🕨 (   | 813       | ) 282-1975   |
|   |          |  |             | de or Business Inc   |                                  | Ĩ            | (A) Inco                                 |           | (B) Expenses   |           | (C) Net  |
|   | 1a (     | Gross receipts or sale                 | es          |  | -                                |              | -  |           | 255100000  | -1001     |  |
|   |          | Less returns and allov                 |             |  | c Balance                        | 1c           | 1  |           |  |           |  |
|   | 2 (      | Cost of goods sold (S                  | Schedule    | A, line 7)   |                                  | 2            |  |           | HARRIE THE STATE OF THE STATE O | EARL MARK |  |
|   | 3 (      | Gross profit. Subtract                 | line 2 fi   | rom line 1c  |                                  | 3            |  |           | STEELEN WAR  | Nais.     |  |
|   | 4a (     | Capital gain net incon                 | ne (attac   | h Schedule D)  |                                  | 4a           | 195,                                     | 673.      | <b>的是"如何"的</b>   | 10111     | 195,673.   |
|   | b I      | Net gaın (loss) (Form                  | 4797, P     | art II, line 17) (attach Form  | ո 4797)                          | 4b           | 8,                                       | 770.      | filliplation and   |           | 8,770.   |
|   | c (      | Capital loss deduction                 | ı for tru:  | sts  |                                  | 4c           |  |           | <b>这种意思的</b>   |           |  |
|   | 5        | Income (loss) from a                   | partners    | ship or an S corporation (a  | ttach statement)                 | 5            | -101,                                    | 477       | STMT 1   | 學學        | -101,477.  |
|   | 6        | Rent income (Schedu                    | ıle C)      |  |                                  | 6            |  |           |  |           |  |
|   | 7 (      | Unrelated debt-financ                  | ed incoi    | me (Schedule E)  |                                  | 7            |  |           |  |           |  |
|   |          |  |             | and rents from a controlled  | _                                | 8            |  |           |  |           |  |
|   | 9        | Investment income of                   | f a section | on 501(c)(7), (9), or (17) o   | rganization (Schedule G)         | 9            |  |           |  |           |  |
|   | 10       | Exploited exempt acti                  | vity inco   | ome (Schedule I)   |                                  | 10           |  |           |  |           |  |
| ٦ |          | Advertising income (S                  |             | •  |                                  | 11           |  |           | b w aff a some af factorism  | 4 . 172   |  |
| ń |          | Other income (See in:                  |             |  |                                  | 12           | 100                                      | 0.6.6     | MARKET STATES  | CCONT.    | 100 066  |
|   |          | Total. Combine lines                   |             |  |                                  | 13           |  | 966.      | 1  |           | 102,966  |
|   | Par      |  |             | ot Taken Elsewher<br>be directly connected w   |                                  |              |  | uctions)  |  |           |  |
|   | 44       |  |             |  |                                  | 1033 111     | - Come )                                 |           |  | 1 44      | 1,325  |
|   | 14       | •                                      | icers, ai   | rectors, and trustees (Schi  | edule K)                         |              |  | 1         |  | 14        | 1,323  |
|   | 15       | Salaries and wages Repairs and mainten |             |  | PECEN                            | · · · · ·    | /  | ,         |  | 16        |  |
|   | 16<br>17 | Bad debts                              | iance       |  | RECEI                            | VEL          | ) ]/                                     |           |  | 17        |  |
|   | 18       | Interest (attach sche                  | o) (alubi   | ga instructions)   | 55                               |              | ၂ဗွု -                                   |           |  | 18        |  |
|   | 19       | Taxes and licenses                     | idule) (3   | ee manuchons)  | MAY. 0 4                         | 2021         | 18-08G                                   |           |  | 19        | <del> </del>   |
|   | 20       | Depreciation (attach                   | Form 4      | 562)   | 1 L                              |              | 8  | 20        |  | ht.       | · · · · · · · · · · · · · · · · · · ·                      |
|   | 21       | Less degreciation el                   | aimed o     | n Schedule A and elsewher  | e on reliffic DEN                |              | ا ایوا                                   | 21a       |  | 21b       |  |
|   | 22       | Depletion                              | aoa 0       |  | TO GOEW                          | , U I        |  |           |  | 22        |  |
|   | 23       | Contributions to defe                  | erred co    | mpensation plans   | نه                               |              |  |           |  | 23        |  |
|   | 24       | Employee benefit pro                   |             |  |                                  |              |  |           |  | 24        |  |
|   | 25       | Excess exempt expe                     | -           | chedule I)   |                                  |              |  |           |  | 25        | <u> </u>   |
|   | 26       | Excess readership c                    |             |  |                                  |              |  |           |  | 26        |  |
|   | 27       | Other deductions (at                   |             |  |                                  |              | SEE                                      | STAT      | EMENT 2  | 27        | 18,550.  |
|   | 28       | Total deductions A                     |             |  |                                  |              |  |           |  | 28        | 19,875   |
|   | 29 /     | <i>(</i>                               |             | ncome before net operatin  | g loss deduction. Subtrac        | t line 2     | 8 from line 13                           |           |  | 29        | 83,091   |
|   | 30       | Deduction for net op                   | erating     | loss arising in tax years be   | ginning on or after Janua        | ıry 1, 20    | 18                                       |           |  |           |  |
|   | /        | (con instructions)                     |             |  |                                  |              |  |           |  | 1 20      | l n  |

83,091.

Form **990-T** (2019)

Unrelated business taxable income. Subtract line 30 from line 29

923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions

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| Schedule A - Cost of Goods   | s <b>Sold.</b> Enter | method of inven   | tory valuation N/A  |           |  |   |  |  |  |  |
|--|----------------------|---|---|-----------|--|---|--|--|--|--|
| 1 Inventory at beginning of year   | 1                    |   | 6 Inventory at end of year  | ar        |  | 6   |  |  |  |  |
| 2 Purchases  | 2                    |   | 7 Cost of goods sold S  | ubtract I | ine 6  |   |  |  |  |  |
| 3 Cost of labor  | 3                    |   | from line 5 Enter here  | and in F  | Part I,  | *   |  |  |  |  |
| 4 a Additional section 263A costs  |                      |   | line 2  |           | 7  |   |  |  |  |  |
| (attach schedule)  | 4a                   |   | 8 Do the rules of section   | 263A (v   | with respect to  | Yes No  |  |  |  |  |
| b Other costs (attach schedule)  | 4b                   |   | property produced or  | acquired  | for resale) apply to   |   |  |  |  |  |
| 5 Total Add lines 1 through 4b   | 5                    |   | the organization?   |           |  |   |  |  |  |  |
| Schedule C - Rent Income (<br>(see instructions)   | (From Real           | Property and  | d Personal Property   | Leas      | ed With Real Pro   | perty)  |  |  |  |  |
| 1. Description of property   |                      |   |   |           |  |   |  |  |  |  |
| (1)  |                      |   |   |           |  |   |  |  |  |  |
| (2)  |                      |   | <u>-                                      </u>  |           |  |   |  |  |  |  |
| (3)  | -                    |   |   |           |  |   |  |  |  |  |
| (4)  |                      |   |   |           |  |   |  |  |  |  |
|  | 2. Rent receiv       | ed or accrued   | *   | •         |  |   |  |  |  |  |
| (a) From personal property (if the per-<br>rent for personal property is more<br>10% but not more than 50% | than                 | of rent for p   | nd personal property (if the percent<br>ersonal property exceeds 50% or it<br>t is based on profit or income) | tage<br>ſ | 3(a) Deductions directly columns 2(a) an                                   | connected with the income in d 2(b) (attach schedule)                     |  |  |  |  |
| (1)  |                      |   |   |           |  |   |  |  |  |  |
| (2)  |                      |   |   |           |  |   |  |  |  |  |
| (3)  |                      |   |   |           |  |   |  |  |  |  |
| (4)  |                      |   |   |           |  |   |  |  |  |  |
| Total  | 0.                   | Total   |   | 0.        |  |   |  |  |  |  |
| (c) Total income Add totals of columns a here and on page 1, Part I, line 6, column                        |                      | iter -  |   | 0.        | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) | <b>•</b> 0.   |  |  |  |  |
| Schedule E - Unrelated Deb   | ot-Financed          | I Income (see   | instructions)   |           |  |   |  |  |  |  |
|  |                      |   | 2. Gross income from  |           | 3. Deductions directly cont<br>to debt-finance                             | nected with or allocable<br>ed property                                   |  |  |  |  |
| 1. Description of debt-fir   | nanced property      |   | or allocable to debt-<br>financed property  | (a)       | Straight line depreciation<br>(attach schedule)                            | (b) Other deductions<br>(attach schedule)                                 |  |  |  |  |
| (1)  |                      |   |   | 1         | _ <del></del> -  |   |  |  |  |  |
| (2)  |                      |   |   | <u> </u>  |  | <del></del>   |  |  |  |  |
| (3)  |                      |   |   | †         |  |   |  |  |  |  |
| (4)  |                      |   | -   | 1         | -  |   |  |  |  |  |
| A. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)          | of or a<br>debt-fina | e adjusted basis<br>allocable to<br>inced property<br>h schedule) | 6. Column 4 divided<br>by column 5  |           | 7. Gross income reportable (column 2 x column 6)                           | 8. Allocable deductions<br>(column 6 x total of columns<br>3(a) and 3(b)) |  |  |  |  |
| (1)  |                      |   | %   |           |  |   |  |  |  |  |
| (2)  |                      |   | %   |           |  |   |  |  |  |  |
| (3)  |                      |   | %   |           |  |   |  |  |  |  |
| (4)  |                      | · · · · · · · · · · · · · · · · · · ·                             | %   |           |  |   |  |  |  |  |
|  |                      |   |   |           | nter here and on page 1,<br>Part I, line 7, column (A)                     | Enter here and on page 1,<br>Part I, line 7, column (B)                   |  |  |  |  |
|  |                      |   |   | 1         | 0  | . 0.  |  |  |  |  |
| Totals   |                      |   | ▶   | · I       | U  | •   |  |  |  |  |
| Totals Total dividends-received deductions in  | cluded in columi     | n 8   | <b>▶</b>  | · L       | •  | 0.  |  |  |  |  |

| Schedule F - Interest, A                  | Annuitie                        | s, Royal                                | ties, and   | d Rents   | s From C   | ontroll  | ed Organiz  | zatio       | <b>1S</b> (see ins   | truction           | s) ·  |
|---|---------------------------------|---|---|---|--|--|---|-------------|--|--------------------|---|
|   |                                 |   |   | Exempt (  | Controlled O   | rganızat   | ions  |             |  |                    |   |
| Name of controlled organizat .            | tion .                          | 2. Emp<br>Identific<br>numb             | ation   | . 3. Net unrelated income (loss) (see instructions) |  | 4 To pay   | syments made Inclu  |             | Part of column 4 that is uded in the controlling nization's gross income |                    | 6. Deductions directly connected with income in column 5                                    |
| (1)                                       |                                 |   |   |   | •  | -  |   |             |  |                    |   |
| (2)                                       |                                 |   |   |   |  |  |   | -           |  |                    | ,   |
| (3) .                                     |                                 |   |   |   |  |  |   |             |  |                    |   |
| (4)                                       |                                 |   |   |   |  |  |   |             |  |                    |   |
| Nonexempt Controlled Organi               | zations                         |   | •   |   |  |  | -   |             |  | -                  |   |
| 7. Taxable Income                         |                                 | nrelated incom<br>ee instructions       |   | 9. Total  | of specified pay<br>made   | ments  | 10 Part of column the controll gross                            |             | nization's   |                    | ductions directly connected income in column 10   |
| (1)                                       |                                 |   |   |   |  |  |   |             |  |                    |   |
| (2)                                       |                                 | _                                       |   |   | _  |  |   |             |  |                    |   |
| -(3).                                     |                                 |   |   |   |  |  |   | +           |  |                    |   |
| (4)                                       |                                 |   |   |   |  |  |   |             |  |                    |   |
|   |                                 |   | _   |   |  |  | Add colur<br>Enter here and<br>line 8, a                        |             | e 1, Part I,   | Enter h            | d columns 6 and 11<br>ere and on page 1, Part I,<br>line 8, column (B)                      |
| Totals                                    | •                               |   |   |   | •  | <b>&gt;</b>                                      |   |             | 0.   |                    | 0.  |
| Schedule G - Investme                     | ent Inco                        | me of a s                               | Section   | 501(c)(   | 7), (9), or  | (17) O   | rganizatior   | 1           |  | •                  |   |
| (see inst                                 | ructions)                       |   |   |   | ,  |  |   |             |  |                    | 1 -   |
| 1. Desc                                   | ription of inco                 | me                                      |   | •   | 2. Amount of   | income   | 3 Deduction directly connect (attach schedu                     | ected -     | 4. Set-  | asıdes<br>chedule) | 5. Total deductions<br>and set-asides<br>(col 3 plus col 4)                                 |
| (1)                                       |                                 |   | _   |   |  |  |   |             |  |                    | ,   |
| (2)                                       |                                 |   |   |   |  |  |   |             |  |                    |   |
| (3)                                       |                                 |   |   |   |  |  |   |             |  |                    |   |
| (4)                                       |                                 |   |   |   |  |  |   |             |  |                    |   |
|   |                                 |   |   | _   | Enter here and<br>Part I, line 9, co   | olumn (A)  |   |             |  |                    | Enter here and on page 1,<br>Part I, line 9, column (B)                                     |
| Totals                                    |                                 |   |   | <u> </u>  | <u> </u>   | <u> </u>   |   | MG II       |  |                    | 0.  |
| Schedule I - Exploited (see instru        |                                 | Activity                                | Income  | e, Othe   | r Ihan Ad  | dvertis  | ing Income  | e<br>       | _  |                    |   |
| Description of exploited activity     • - | unrelated                       | iross<br>business<br>e from<br>business | 3. Expedirectly co-<br>with prod-<br>of unre-<br>business | nnected<br>duction<br>lated                         | 4. Net incor<br>from unrelated<br>business (cominus colum<br>gain, comput<br>through | d trade or<br>olumn 2<br>in 3) If a<br>ie cols 5 | 5. Gross income from activity is not unrelated business income. | that<br>ted | <b>6</b> . Exp<br>attribut<br>colur                                      | able to            | 7. Excess exempt<br>expenses (column<br>6 minus column 5,<br>but not more than<br>column 4) |
| (1)                                       |                                 | İ                                       |   |   |  |  |   |             |  |                    |   |
| (2)                                       |                                 |   |   |   |  |  |   |             |  |                    |   |
| (3)                                       | T                               |   |   |   |  |  |   |             |  |                    |   |
| (4)                                       |                                 |   |   |   |  |  |   |             |  |                    |   |
|   | Enter her<br>page 1<br>line 10, |   | Enter here<br>page 1,<br>line 10, c                       | Part I,<br>col (B)                                  |  |  |   |             |  |                    | Enter here and<br>on page 1,<br>Part II, line 25  |
| Totals Schedule J - Advertisi             | na Inco                         | 0 .  <br>ma /see ir                     | netri iction  | 0.  |  |  |   | #6661Q      |  | MF HIT             | 别 <u>· 0.</u>   |
| Rart Income From                          |                                 |   |   |   | solidated  | Racie  | <del></del>   | _           |  |                    |   |
| media rion                                | - enouid                        | ais nept                                | or teu Of   | . a Oon   |  |  | ·   |             |  |                    |   |
| 1. Name of periodical                     |                                 | 2. Gross<br>advertising<br>income       |   | Direct  | col 3) If a g  | ol 2 minus<br>ain, compt<br>hrough 7             | 5. Circula<br>ite income  |             | 6. Reado   |                    | Excess readership costs (column 6 minus column 5, but not more than column 4)               |
| (1)                                       |                                 |   |   |   |  |  | Ž.  |             |  |                    |   |
| (2)                                       |                                 |   |   |   |  |  | 4   |             |  |                    | FERRITAR  |
| (3)                                       |                                 |   |   |   |  |  |   |             |  |                    |   |
| (4)                                       |                                 |   |   |   |  |  | H   |             |  |                    |   |
| Totals (carry to Part II, line (5))       | •                               | (                                       | 0.  | 0   |  |  |   |             |  |                    | 0.  |
|   |                                 |   |   | - '   |  |  |   |             |  |                    | Form 990-T (2010)   |

# 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<br>advertising<br>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.   |
| T. I. D. (11/1)             |   | Enter here and on<br>page 1, Part I,<br>line 11, col (A) | Enter here and on<br>page 1, Part I,<br>line 11, col (B) |   |                       |                    | Enter here and<br>on page 1,<br>Part II, line 26                                 |
| Totals, Part II (lines 1-5) |   | 0.   | U •  | Transportation and the second   | <b>张松光·斯斯</b> 人公民權    |                    | 0.   |

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

| 1. Name   | 2. Title | time devoted to<br>business | Compensation attributable to unrelated business |
|---|----------|-----------------------------|---|
| (1)   |          | %                           |   |
| (2)   |          | %                           |   |
| (3)   |          | %                           |   |
| (4)   |          | %                           |   |
| Total. Enter here and on page 1, Part II, line 14 |          | <b>&gt;</b>                 | <u> </u>  |

Form 990-T (2019)

| FORM 990-T  | INCOME (LOSS) FROM PARTNERSHIP                                      | S STATEMENT 1           |
|---|---|-------------------------|
| DESCRIPTION   |   | NET INCOME<br>OR (LOSS) |
| ORDINARY BUSINESS INC   |   | -40,710.                |
| ORDINARY BUSINESS INC   | CONDARY PARTNERS 2015, L.P<br>OME<br>CONDARY PARTNERS 2015, L.P NET | -12,111.                |
| RENTAL REAL ESTATE IN COMMONFUND CAPITAL SE                     | CONDARY PARTNERS 2015, L.P OTH                                      | -2.<br>ER               |
| NET RENTAL INCOME ( COMMONFUND CAPITAL SE INTEREST INCOME       | CONDARY PARTNERS 2015, L.P  | 6.<br>11,369.           |
| COMMONFUND CAPITAL SE DIVIDEND INCOME                           | CONDARY PARTNERS 2015, L.P  | 1,329.                  |
| ROYALTIES   | CONDARY PARTNERS 2015, L.P CONDARY PARTNERS 2015, L.P OTH           | 100.                    |
| PORTFOLIO INCOME (L<br>COMMONFUND CAPITAL SE                    | CONDARY PARTNERS 2015, L.P OTH                                      | 788.<br>ER              |
| INCOME (LOSS) COMMONFUND CAPITAL SE BUSINESS INCOME (LO         | CONDARY PARTNERS II L.P ORDINA                                      | -5,706.<br>RY<br>953.   |
|   | CONDARY PARTNERS II L.P NET RE                                      |                         |
| RENTAL INCOME (LOS  | CONDARY PARTNERS II L.P OTHER                                       | 20.                     |
| INCOME  | CONDARY PARTNERS II L.P INTERE<br>CONDARY PARTNERS II L.P DIVIDE    | 1,799.                  |
| INCOME<br>COMMONFUND CAPITAL SE                                 | CONDARY PARTNERS II L.P ROYALT                                      | 898.                    |
| PORTFOLIO INCOME (LOS   | CONDARY PARTNERS II L.P OTHER  S  CONDARY PARTNERS II L.P OTHER     | 217.                    |
| INCOME (LOSS)   | OBAL PRIVATE EQUITY PARTNERS 2014                                   |                         |
|   | OBAL PRIVATE EQUITY PARTNERS 2014                                   |                         |
| - NET RENTAL REAL<br>COMMONFUND CAPITAL GL<br>- OTHER NET RENTA | OBAL PRIVATE EQUITY PARTNERS 2014                                   | 4.<br>, LP \ 150.       |
| - INTEREST INCOME   | OBAL PRIVATE EQUITY PARTNERS 2014                                   | 1,408.                  |
| - DIVIDEND INCOME   | OBAL PRIVATE EQUITY PARTNERS 2014 OBAL PRIVATE EQUITY PARTNERS 2014 | 3,522.                  |
| - ROYALTIES   | OBAL PRIVATE EQUITY PARTNERS 2014                                   | 4.                      |

| . COMMUNITY FOUNDATION OF TAMPA BAY, INC.                                       | 59-3001853  |
|---|-------------|
| COMMONFUND CAPITAL GLOBAL PRIVATE EQUITY PARTNERS 2014, LP                      |             |
| - GUARANTEED PAYM   | 904.        |
| COMMONFUND CAPITAL GLOBAL PRIVATE EQUITY PARTNERS 2014, LP - OTHER INCOME (L    | -32,578.    |
| COMMONFUND CAPITAL GLOBAL PRIVATE EQUITY PARTNERS II L.P ORDINARY BUSINES       | -6,736.     |
| COMMONFUND CAPITAL GLOBAL PRIVATE EQUITY PARTNERS II L.P NET RENTAL REAL        | -224.       |
| COMMONFUND CAPITAL GLOBAL PRIVATE EQUITY PARTNERS II L.P OTHER NET RENTAL       | 35.         |
| COMMONFUND CAPITAL GLOBAL PRIVATE EQUITY PARTNERS II L.P.                       | 2,232.      |
| - INTEREST INCOME<br>COMMONFUND CAPITAL GLOBAL PRIVATE EQUITY PARTNERS II L.P.  | 951.        |
| - DIVIDEND INCOME<br>COMMONFUND CAPITAL GLOBAL PRIVATE EQUITY PARTNERS II L.P.  |             |
| - ROYALTIES<br>COMMONFUND CAPITAL GLOBAL PRIVATE EQUITY PARTNERS II L.P.        | 99.         |
| - OTHER PORTFOLIO COMMONFUND CAPITAL GLOBAL PRIVATE EQUITY PARTNERS II L.P.     | 294.        |
| - OTHER INCOME (LO COMMONFUND CAPITAL SECONDARY PARTNERS 2015, L.P              | -47,187.    |
| ORDINARY BUSINESS INCOME<br>COMMONFUND CAPITAL SECONDARY PARTNERS 2015, L.P NET | -463.       |
| RENTAL REAL ESTATE IN COMMONFUND CAPITAL SECONDARY PARTNERS 2015, L.P OTHER     | -41.        |
| NET RENTAL INCOME ( COMMONFUND CAPITAL SECONDARY PARTNERS 2015, L.P             | 2.          |
| INTEREST INCOME COMMONFUND CAPITAL SECONDARY PARTNERS 2015, L.P                 | 10,729.     |
| DIVIDEND INCOME COMMONFUND CAPITAL SECONDARY PARTNERS 2015, L.P                 | 28.         |
| ROYALTIES COMMONFUND CAPITAL SECONDARY PARTNERS 2015, L.P OTHER                 | 4.          |
| PORTFOLIO INCOME (L<br>COMMONFUND CAPITAL SECONDARY PARTNERS 2015, L.P OTHER    | 37.         |
| INCOME (LOSS)   | -4,657.     |
| TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5                                    | -101,477.   |
|   |             |
| FORM 990-T OTHER DEDUCTIONS   | STATEMENT 2 |
|   |             |
| DESCRIPTION   | AMOUNT      |
| MANAGEMENT FEES   | 4,602.      |
| <del></del>   |             |

| FORM 990-T            | INTERES              | r and penal | TIES  |                  |       | STA  | rement | 3                 |
|-----------------------|----------------------|-------------|-------|------------------|-------|------|--------|-------------------|
| LATE PAYMENT PE       | NALTY<br>TEREST      |             |       |                  |       |      | 1      | 86.<br>85.<br>72. |
| TOTAL AMOUNT DUE      |                      |             |       |                  |       |      | 8,9    | 51.               |
| FORM 990-T            | LAT                  | E PAYMENT I | NTERI | EST              |       | STA  | PEMENT | 4                 |
| DESCRIPTION           | DATE                 | AMOUNT      | BAI   | LANCE            | RATE  | DAYS | INTERE | ST                |
| TAX DUE<br>DATE FILED | 11/15/20<br>03/15/21 | 8,608.      |       | 8,608.<br>8,693. | .0300 | 120  |        | 85.               |
| TOTAL LATE PAYMENT    | INTEREST             |             |       |                  |       |      |        | 85.               |
| FORM 990-T            | LATE                 | PAYMENT PE  | NALT  | <i>₹</i>         |       | STA' | PEMENT | 5                 |
| DESCRIPTION           | DATE                 | AMOUNT      |       | BALANCE          | MC    | NTHS | PENALT | Y                 |
| TAX DUE<br>DATE FILED | 11/15/2<br>03/15/2   | •           | 08.   | 8,6<br>8,6       |       | 4    | 1      | 72.               |
| TOTAL LATE PAYMENT    | PENALTY              |             |       |                  |       | -    | 1      | 72.               |

### 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

Schedule D (Form 1120) 2019

Name

Employer identification number

| COMMUNITY FOUNDATIO   | ON OF TAMPA BA                 | AI, INC.                 |  | <u> </u> | 2001022  |
|---|--------------------------------|--------------------------|--|----------|--|
| Did the corporation dispose of any investme   | nt(s) ın a qualified opportui  | nity fund during the tax | year?  |          | Yes X No   |
| If "Yes," attach Form 8949 and see its instru   | ctions for additional require  | ements for reporting yo  | our gain or loss   |          |  |
| প্রিবার্ট্য Short-Term Capital Ga   | ins and Losses (See            | instructions)            |  |          |  |
| See instructions for how to figure the amounts to enter on the lines below.   | (d)<br>Proceeds                | (e)<br>Cost              | (g) Adjustments to gail<br>or loss from Form(s) 894                              | n<br>9.  | (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)                  | (or other basis)         | Part I, line 2, column (g  | )        | combine the result with column (g)                                   |
| 1a 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 |                                | ·<br>                    |  |          | ٠  |
| 1b Totals for all transactions reported on  |                                |                          |  |          | 41,  |
| Form(s) 8949 with Box A checked   |                                |                          |  |          |  |
| 2 Totals for all transactions reported on   |                                | •                        |  | •        |  |
| Form(s) 8949 with Box B checked   | •                              |                          |  |          |  |
| 3 Totals for all transactions reported on   | ,                              | •                        |  |          |  |
| Form(s) 8949 with <b>Box C</b> checked  | , ·                            |                          |  |          | 5,016.   |
| 4 Short-term capital gain from installment sales  | from Form 6252, line 26 or 37  | 7                        |  | 4        |  |
| 5 Short-term capital gain or (loss) from like-kind  | d exchanges from Form 8824     |                          |  | 5        |  |
| 6 Unused capital loss carryover (attach computa   | ation)                         |                          |  | 6        | ( )  |
| 7 Net short-term capital gain or (loss) Combine   | e lines 1a through 6 in column | h                        |  | 7        | 5,016.   |
| Rartill Long-Term Capital Gai   |                                |                          |  |          |  |
| See instructions for how to figure the amounts to enter on the lines below.   | (d)                            | (e)                      | (f) Adjustments to gai   | •        | (h) Gain or (loss) Subtract  |
| This form may be easier to complete if you round off cents to whole dollars.  | Proceeds<br>(sales price)      | Cost<br>(or other basis) | (9) Adjustments to gai<br>or loss from Form(s) 894<br>Part II, line 2, column (g | 9.<br>I) | column (e) from column (d) and<br>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   |                                |                          |  |          | İ  |
| 10 Totals for all transactions reported on  |                                |                          |  |          |  |
| Form(s) 8949 with Box F checked   |                                |                          |  |          | 171,008.   |
| 11 Enter gain from Form 4797, line 7 or 9   | •                              |                          |  | 11       | 19,649.  |
| 12 Long-term capital gain from installment sales  | from Form 6252, line 26 or 3   | 7                        | •  | 12       |  |
| 13 Long-term capital gain or (loss) from like-kine  | , '                            | *                        | •  | 13       |  |
| 14 Capital gain distributions   |                                |                          |  | 14       |  |
| 15 Net long-term capital gain or (loss). Combine  | e lines 8a through 14 in colum | n h                      |  | 15       | 190,657.   |
| Part III Summary of Parts I and   |                                | <del></del>              | •  |          | <del></del>  |
| 16 Enter excess of net short-term capital gain (lin   |                                | Il loss (line 15)        |  | 16       | 5,016.   |
| 17 Net capital gain. Enter excess of net long-term  |                                |                          | ne 7)  | 17       | 190,657.   |
| 18 Add lines 16 and 17. Enter here and on Form  |                                | · ·                      |  | 18       | 195,673.   |
| Note: If losses exceed gains, see Capital Los   |                                |                          | '  |          | · · · · · · · · · · · · · · · · · · ·                                |
|   |                                |                          |  |          |  |

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For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

## 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

2019

Attachment Sequence No 12A

Name(s) shown on return

Social security number or taxpayer identification no.

COMMUNITY FOUNDATION OF TAMPA BAY, INC.

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

| broker and may even tell you which t  |                             |                          |                         |  |  |   |                                       |
|---|-----------------------------|--------------------------|-------------------------|--|--|---|---------------------------------------|
| Part I Short-Term. Transacti  | ons involving capit         | al assets you held       | 1 year or less are g    | enerally short-term (se                          | e instructio                                     | ns) For long-term                         |                                       |
| transactions, see page 2 Note: You may aggregate all codes are required. Enter the    | totals directly on          | Schedule D. line 1:      | a voluaren't require    | d to report these tran                           | sactions on                                      | Form 8949 (see inst                       | ructions)                             |
| You must check Box A, B, or C below. If you have more short-term transactions than we | Check only one b            | ox, If more than one b   | ox applies for your sho | ort-term transactions, com                       | plete a separ                                    | ate Form 8949, page 1, 1                  | or each applicable box                |
| if you have more short-term transactions than we (A) Short-term transactions rep      |                             |                          |                         |  |  |   |                                       |
|   |                             |                          |                         |  | e note ab  | ove)                                      |                                       |
| (B) Short-term transactions rep   | •                           | •                        | •                       | eported to the IRS                               |  |   |                                       |
| X (C) Short-term transactions no  | <u> </u>                    |                          |                         | 1 (2)  | Adjustme   | nt, if any, to gain or                    | (6)                                   |
| 1 (a)   | (b)                         | (c)                      | (d)<br>Proceeds         | (e)<br>Cost or other                             | loss. If y                                       | ou enter an amount                        | (h)<br>Gain or (loss).                |
| Description of property (Example: 100 sh XYZ Co)                                      | Date acquired (Mo, day, yr) | Date sold or disposed of | (sales price)           | basis See the                                    | in column  | (g), enter a code in ). See instructions. | Subtract column (e)                   |
| (Example: 100 Str X12 CO)   | (IVIO, day, yi )            | (Mo , day, yr)           |                         | Note below and                                   |  |   | from column (d) &                     |
|   |                             | (1110 , ddy, y. )        |                         | see Column (e) in<br>the instructions            | (f)<br>Code(s)                                   | (g)<br>Amount of<br>adjustment            | combine the result<br>with column (g) |
| COMMONFUND CAPITAL  |                             |                          |                         |  |  |   |                                       |
| SECONDARY PARTNERS  |                             |                          |                         |  |  |   |                                       |
| 20  |                             |                          |                         |  |  |   | 1,434.                                |
| COMMONFUND CAPITAL  |                             |                          |                         |  |  |   |                                       |
| SECONDARY PARTNERS  |                             |                          |                         |  |  |   |                                       |
| II  |                             |                          |                         |  |  |   | 2,581.                                |
| COMMONFUND CAPITAL  |                             |                          |                         |  |  |   |                                       |
| GLOBAL PRIVATE  |                             |                          |                         |  |  |   |                                       |
| EQUITY  |                             |                          |                         | † - · · · ·                                      |  |   | <1,393.                               |
| COMMONFUND CAPITAL  |                             |                          |                         | 1  |  |   | <u> </u>                              |
| GLOBAL PRIVATE  |                             |                          |                         |  | <u> </u>   |   |                                       |
| EQUITY  |                             |                          |                         |  |  |   | 2,494.                                |
| COMMONFUND CAPITAL  |                             | -                        |                         | <del> </del>                                     |  |   |                                       |
| SECONDARY PARTNERS  |                             |                          |                         | _  |  |   |                                       |
| 20  | <u> </u>                    |                          |                         | <del> </del>                                     | <del> </del>                                     |   | <100.                                 |
|   |                             | -                        |                         | <del></del>                                      |  |   | 1200                                  |
|   |                             |                          |                         | <del>                                     </del> | <del>                                     </del> |   |                                       |
|   |                             |                          |                         | <del> </del>                                     |  |   |                                       |
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|   |                             |                          |                         | <del>                                     </del> | <del>                                     </del> |   |                                       |
|   |                             |                          |                         | <del>                                     </del> |  |   |                                       |
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|   | <del></del>                 |                          |                         | <del>                                     </del> | -  |   |                                       |
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|   |                             |                          |                         | <del> </del>                                     |  | ·   | <del></del>                           |
|   |                             |                          |                         |  |  |   |                                       |
|   |                             |                          |                         |  |  |   |                                       |
|   |                             | ļ                        |                         | <del></del>                                      | -  |   |                                       |
|   |                             |                          |                         | <del> </del>                                     |  |   |                                       |
|   |                             |                          |                         | <del></del>                                      | 1  |   |                                       |
|   |                             |                          |                         | <del> </del>                                     | 1  |   |                                       |
|   |                             |                          |                         | <del> </del>                                     |  |   |                                       |
|   |                             |                          |                         |  |  |   |                                       |
| 2 Totals. Add the amounts in colur  | mns (d), (e), (g), a        | and (h) (subtract        |                         | 1  |  |   |                                       |
| negative amounts) Enter each to   | tal here and incl           | ude on your              |                         |  |  | 1   |                                       |
| Schedule D, line 1b (if Box A abo   | ove is checked),            | line 2 (if Box B         |                         |  |  |   |                                       |
| above is checked), or line 3 (if B  | ox C above is cl            | necked)                  |                         | <u> </u>   |  |   | 5,016.                                |
|   |                             |                          |                         |  |  |   |                                       |

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

923011 12-11-19 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2019)

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.

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

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 not reported to you on Form 1099-B.

| COMMONFUND CAPITAL  SECONDARY PARTNERS  20  COMMONFUND CAPITAL  SECONDARY PARTNERS  11  COMMONFUND CAPITAL  SECONDARY PARTNERS  11  COMMONFUND CAPITAL  GLOBAL PRIVATE  EQUITY  COMMONFUND CAPITAL  GLOBAL PRIVATE  EQUITY  SOMMONFUND CAPITAL  COMMONFUND CAPITAL  SECONDARY PARTNERS  1   20  33,890.  | 1 (a)  Description of property (Example 100 sh XYZ Co) | (b) Date acquired (Mo , day, yr) | (c) Date sold or disposed of | (d)<br>Proceeds<br>(sales price) | (e) Cost or other basis See the Note below and | loss. If you<br>in column<br>column (f) | nt, if any, to gain or<br>ou enter an amount<br>(g), enter a code in<br>. See instructions. | (h) Gain or (loss). Subtract column (e) from column (d) & |  |
|--|--|----------------------------------|------------------------------|----------------------------------|--|---|---|---|--|
| SECONDARY PARTNERS 20 29,365. COMMONFUND CAPITAL SECONDARY PARTNERS 11 COMMONFUND CAPITAL GLOBAL PRIVATE EQUITY COMMONFUND CAPITAL GLOBAL PRIVATE EQUITY Solution SECONDARY PARTNERS 30  3,631. COMMONFUND CAPITAL SECONDARY PARTNERS 20  20,365. 3,65. 3,714. 3,714. 3,714. 3,631. 3,   |  |                                  | (Mo , day, yr)               |                                  |  | (f)<br>Code(s)                          |   |   |  |
| 20 COMMONFUND CAPITAL SECONDARY PARTNERS TI COMMONFUND CAPITAL GLOBAL PRIVATE EQUITY COMMONFUND CAPITAL GLOBAL PRIVATE EQUITY STATE EXAMPLE OF THE PRIVATE EXAMPLE OF THE PRIVATE EXAMPLE OF THE PRIVATE EXAMPLE OF THE PRIVATE OF TH   |  |                                  |                              |                                  |  |   |   |   |  |
| COMMONFUND CAPITAL SECONDARY PARTNERS  II  |  |                                  |                              |                                  |  |   |   |   |  |
| SECONDARY PARTNERS  II  41,188.  COMMONFUND CAPITAL  GLOBAL PRIVATE  EQUITY  50,714.  COMMONFUND CAPITAL  GLOBAL PRIVATE  EQUITY  53,631.  COMMONFUND CAPITAL  SECONDARY PARTNERS  20 <a href="https://doi.org/10.100/j.ce/">doi.org/10.100/j.ce/</a> 2, Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule 0, line 8b (if Box D above is checked), line 9 (if Box E)  | — -  |                                  |                              |                                  | <u> </u>                                       |   |   | 29,365.   |  |
| II 41,188.  COMMONFUND CAPITAL  GLOBAL PRIVATE  EQUITY 50,714.  COMMONFUND CAPITAL  GLOBAL PRIVATE  EQUITY 53,631.  COMMONFUND CAPITAL  SECONDARY PARTNERS  20 <3,890.:  2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule 0, line 8b (if Box D above is checked), line 9 (if Box E   |  |                                  |                              |                                  |  |   |   |   |  |
| COMMONFUND CAPITAL GLOBAL PRIVATE EQUITY COMMONFUND CAPITAL GLOBAL PRIVATE EQUITY COMMONFUND CAPITAL SECONDARY PARTNERS 20 <a href="mailto:square"><a  td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></a<></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a> |  |                                  |                              |                                  |  |   |   |   |  |
| GLOBAL PRIVATE EQUITY COMMONFUND CAPITAL GLOBAL PRIVATE EQUITY STANDARY PARTNERS 20 <pre> 3,890.2  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 8b (if Box D above is checked), line 9 (if Box E)  SEQUITY  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 8b (if Box D above is checked), line 9 (if Box E)  SEQUITY  50, 714.  50, 714.  50, 714.  50, 714.  50, 714.  51, 714.  52, 714.  53, 714.  54, 714.  55, 714.  55, 714.  56, 714.  57,</pre>   |  |                                  |                              |                                  |  |   |   | 41,188.   |  |
| EQUITY COMMONFUND CAPITAL GLOBAL PRIVATE EQUITY S3,631.  COMMONFUND CAPITAL SECONDARY PARTNERS 20 <3,890.  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 8b (if Box D above is checked), line 9 (if Box E  |  |                                  |                              |                                  |  |   |   |   |  |
| COMMONFUND CAPITAL GLOBAL PRIVATE EQUITY COMMONFUND CAPITAL SECONDARY PARTNERS 20 <pre></pre>  |  |                                  |                              |                                  |  |   |   |   |  |
| GLOBAL PRIVATE EQUITY 53,631. COMMONFUND CAPITAL SECONDARY PARTNERS 20  3,890. 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 8b (if Box D above is checked), line 9 (if Box E   |  |                                  |                              |                                  |  |   |   | 50,714.   |  |
| EQUITY COMMONFUND CAPITAL SECONDARY PARTNERS 20 <pre></pre>  |  |                                  |                              |                                  | ļ  |   |   |   |  |
| COMMONFUND CAPITAL SECONDARY PARTNERS 20 <3,890.:  3,890.:  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 8b (if Box D above is checked), line 9 (if Box E  |  |                                  |                              |                                  |  |   |   |   |  |
| SECONDARY PARTNERS  20 <a href="mailto:square;"><a ></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a>  |  |                                  |                              |                                  |  |   |   |   |  |

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

09510419 795320 083800