

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **07-01-2019**, and ending **06-30-2020**

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

G Gross receipts \$ 42,900,936

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW.CFTAMPABAY.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1989 **M** State of legal domicile: FL

Part I Summary

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

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	22
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	22
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	21
6 Total number of volunteers (estimate if necessary)	6	80
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	102,966
7b Net unrelated business taxable income from Form 990-T, line 39	7b	82,091

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	36,216,519	29,500,694
9 Program service revenue (Part VIII, line 2g)	54,878	421,325
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,259,868	9,071,036
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-3,235	283,405
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	46,528,030	39,276,460
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	20,151,869	20,596,657
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,702,136	1,875,170
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 571,191		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,540,305	1,611,526
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	23,394,310	24,083,353
19 Revenue less expenses. Subtract line 18 from line 12	23,133,720	15,193,107

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	278,048,789	288,002,169
21 Total liabilities (Part X, line 26)	44,207,688	45,922,885
22 Net assets or fund balances. Subtract line 21 from line 20	233,841,101	242,079,284

Part II Signature Block

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

Sign Here

Signature of officer: *****
Date: 2021-04-19

KORY BURKLEY CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: RIVERO GORDIMER & COMPANY PA
Preparer's signature: _____
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 \$ 19,858,000 including grants of \$ 19,076,478) (Revenue \$ 388,325)
See Additional Data

4b (Code:) (Expenses \$ 909,069 including grants of \$ 909,069) (Revenue \$)
See Additional Data






4c (Code:) (Expenses \$ 611,377 including grants of \$ 611,110) (Revenue \$)
See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O.)
(Expenses \$ 217,817 including grants of \$) (Revenue \$ 33,000)

4e Total program service expenses ▶ 21,596,263

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)? If "Yes," complete Schedule A 	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (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? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II		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? If "Yes," complete Schedule C, Part III		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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II 		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 		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? If "Yes," complete Schedule D, Part IV 		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	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? If "Yes," complete Schedule D, Part VI 	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? If "Yes," complete Schedule D, Part VII 	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? If "Yes," complete Schedule D, Part VIII 		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? If "Yes," complete Schedule D, Part IX 		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	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)? If "Yes," complete Schedule D, Part X 	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		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? If "Yes," complete Schedule F, Parts I and IV		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? If "Yes," complete Schedule F, Parts II and IV		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? If "Yes," complete Schedule F, Parts III and IV		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? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		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? If "Yes," complete Schedule I, Parts I and II 	Yes	

Part IV Checklist of Required Schedules (continued)

		Yes	No
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>	22 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>	23 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>	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
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>	25a	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>	25b	No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 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>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	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>	32	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>	33 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>	34 Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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>	35b	
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>	36	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>	37	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.	38 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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 87	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 21
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 2b Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Yes
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b Yes
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a No
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b
7 Organizations that may receive deductible contributions under section 170(c).
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a Yes
b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Yes
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c No
d If "Yes," indicate the number of Forms 8282 filed during the year 7d
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 No
9 Sponsoring organizations maintaining donor advised funds.
a Did the sponsoring organization make any taxable distributions under section 4966? 9a No
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b No
10 Section 501(c)(7) organizations. Enter:
a Initiation fees and capital contributions included on Part VIII, line 12 10a
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b
11 Section 501(c)(12) organizations. Enter:
a Gross income from members or shareholders 11a
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b
13 Section 501(c)(29) qualified nonprofit health insurance issuers.
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 13a
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b
c Enter the amount of reserves on hand 13c
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 No
If "Yes," see instructions and file Form 4720, Schedule N.
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 No
If "Yes," complete Form 4720, Schedule O.

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



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; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

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?; 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 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 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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, 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.
- See instructions for the order in which to list the persons above.

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			
(1) ROBERT H MOHR CHAIR	10.00	X		X			0	0	0	
(2) EDWARD F KOREN TREASURER	2.00	X		X			0	0	0	
(3) SUSANNA FENHAGEN SECRETARY	1.00	X		X			0	0	0	
(4) BETTY CASTOR PAST CHAIR	1.00	X		X			0	0	0	
(5) DONNA L LONGHOUSE PAST CHAIR	1.00	X		X			0	0	0	
(6) MILES S CAPRON TRUSTEE	1.00	X					0	0	0	
(7) RONALD LCIGANEK TRUSTEE	1.00	X					0	0	0	
(8) RICHARD JDOBKIN TRUSTEE	1.00	X					0	0	0	
(9) PATRICIA DOUGLAS TRUSTEE	1.00	X					0	0	0	
(10) LAURENCE R FASAN TRUSTEE	1.00	X					0	0	0	
(11) BILL FRIES TRUSTEE	1.00	X					0	0	0	
(12) DAMON C GLISSON TRUSTEE	1.00	X					0	0	0	
(13) SETON T HENGESBACH TRUSTEE	1.00	X					0	0	0	
(14) OSCAR J HORTON TRUSTEE	1.00	X					0	0	0	
(15) LYDA T LINDELL TRUSTEE	1.00	X					0	0	0	
(16) RICHARD J RIOS TRUSTEE	1.00	X					0	0	0	
(17) MARK SENA TRUSTEE	1.00	X					0	0	0	

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			
(18) LINDA O SIMMONS TRUSTEE	1.00	X						0	0	0
(19) JUEL SMITH TRUSTEE	1.00	X						0	0	0
(20) JAMES R STANGER TRUSTEE	1.00	X						0	0	0
(21) MIKE STARKEY TRUSTEE	1.00	X						0	0	0
(22) SUE S WILLIAMS TRUSTEE	1.00	X						0	0	0
(23) MARLENE M SPALTEN PRESIDENT/CEO	60.00			X				310,629	0	20,377
(24) KORY BURKLEY CFO	50.00			X				132,474	0	7,633
(25) JESSE CORAGGIO VP - COMMUNITY IMPACT	50.00					X		112,243	0	407
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								555,346	0	28,417

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 ▶ 3

	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>		No
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	227,294

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	29,500,694		
	g Noncash contributions included in lines 1a - 1f:\$	1g	14,924,960		
h Total. Add lines 1a-1f		29,500,694			

Program Service Revenue			(A)	(B)	(C)	(D)
		Business Code				
2a ADMINISTRATIVE FEES - AGENCY FUND		611710	304,362	304,362		
b PROGRAM REGISTRATION FEES		611710	116,963	116,963		
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f.			421,325			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			4,104,582			4,104,582	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents	6a	(i) Real	2,000				
			(ii) Personal					
		b Less: rental expenses	6b		0			
		c Rental income or (loss)	6c		2,000			
	d Net rental income or (loss)				2,000			2,000
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	8,390,930	200,000			
			(ii) Other					
		b Less: cost or other basis and sales expenses	7b		3,457,653	166,823		
		c Gain or (loss)	7c		4,933,277	33,177		
	d Net gain or (loss)				4,966,454			4,966,454
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
	b Less: direct expenses	8b						
c Net income or (loss) from fundraising events								
9a Gross income from gaming activities. See Part IV, line 19	9a							
b Less: direct expenses	9b							
c Net income or (loss) from gaming activities								
10a Gross sales of inventory, less returns and allowances	10a							
b Less: cost of goods sold	10b							
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue	Business Code							
11a OTHER INCOME	900099		178,439				178,439	
b K-1 INVESTMENTS	900099		102,966		102,966			
c								
d All other revenue								
e Total. Add lines 11a-11d			281,405					
12 Total revenue. See instructions			39,276,460	421,325	102,966		9,251,475	

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	19,687,588	19,687,588		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	909,069	909,069		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	471,112	144,537	218,125	108,450
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	1,090,808	334,660	505,044	251,104
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	84,552	25,941	39,147	19,464
9 Other employee benefits	118,170	36,254	54,713	27,203
10 Payroll taxes	110,528	33,910	51,175	25,443
11 Fees for services (non-employees):				
a Management				
b Legal	5,274		5,274	
c Accounting	5,076		5,076	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	553,046		553,046	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	220,896	159,903	51,347	9,646
12 Advertising and promotion	186,693	40,581	143,470	2,642
13 Office expenses	33,349	12,269	12,850	8,230
14 Information technology	133,840	51,881	58,629	23,330
15 Royalties				
16 Occupancy	174,288	59,659	79,022	35,607
17 Travel	8,667	2,563	2,765	3,339
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	89,926	59,157	17,959	12,810
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	47,979	16,424	21,753	9,802
23 Insurance	23,518	1,094	21,603	821
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	43,724	14,311	29,033	380
b EMPLOYEE SEARCH	28,590	5,718	17,154	5,718
c				
d				
e All other expenses	56,660	744	28,714	27,202
25 Total functional expenses. Add lines 1 through 24e	24,083,353	21,596,263	1,915,899	571,191
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		1	
	2 Savings and temporary cash investments	2,971,933	2	2,972,871
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	2,422,200	4	167,281
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	72,414	9	140,225
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	432,012		
	b Less: accumulated depreciation	263,319		
	11 Investments—publicly traded securities	232,094,460	11	241,072,337
	12 Investments—other securities. See Part IV, line 11	31,067,186	12	32,315,106
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	9,301,121	15	11,165,656
16 Total assets. Add lines 1 through 15 (must equal line 34)	278,048,789	16	288,002,169	
Liabilities	17 Accounts payable and accrued expenses	355,796	17	314,638
	18 Grants payable	898,330	18	1,134,640
	19 Deferred revenue	0	19	97,229
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	274,097
	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	42,953,562	25	44,102,281
	26 Total liabilities. Add lines 17 through 25	44,207,688	26	45,922,885
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	227,068,030	27	233,244,273
	28 Net assets with donor restrictions	6,773,071	28	8,835,011
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	233,841,101	32	242,079,284	
33 Total liabilities and net assets/fund balances	278,048,789	33	288,002,169	

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	39,276,460
2	Total expenses (must equal Part IX, column (A), line 25)	2	24,083,353
3	Revenue less expenses. Subtract line 2 from line 1	3	15,193,107
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	233,841,101
5	Net unrealized gains (losses) on investments	5	-5,061,330
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	-1,893,594
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	242,079,284

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 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?
- 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.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 59-3001853

Name: COMMUNITY FOUNDATION OF TAMPA BAY INC

Form 990 (2019)

Form 990, Part III, Line 4a:

GRANTS TO ORGANIZATIONSTHE FOUNDATION'S PRIMARY PROGRAM IS TO ADMINISTER DONOR ADVISED FUNDS. TO ACCOMPLISH THIS, THE FOUNDATION RECEIVES CONTRIBUTIONS TO BE USED EXCLUSIVELY FOR GRANTS FOR RELIGIOUS, CHARITABLE, SCIENTIFIC, LITERARY, OR EDUCATIONAL PURPOSES PRIMARLY IN, AND FOR THE BENEFIT OF, THE COMMUNITY OF TAMPA BAY.

Form 990, Part III, Line 4b:

SCHOLARSHIPSTHE FOUNDATION PROVIDES SCHOLARSHIPS TO QUALIFIED CANDIDATES SO THAT THEY MAY ATTEND COLLEGE AND EARN A DEGREE.

Form 990, Part III, Line 4c:

NONPROFIT NEEDS LIST TO ADDRESS THE IMMEDIATE COVID-19 RELATED NEEDS IN OUR LOCAL COMMUNITY, THE COMMUNITY FOUNDATION OF TAMPA BAY DEVELOPED THE NONPROFIT NEEDS LIST. THE LIST CONSISTS OF RESPONSES FROM A SHORT, SEVEN-ITEM NONPROFIT NEEDS REQUEST FORM THAT WAS CREATED TO SYSTEMATICALLY CATALOG NEEDS RELAYED TO THE COMMUNITY FOUNDATION BY NONPROFITS LOCATED IN OUR LOCAL FIVE COUNTY COMMUNITY. THIS WAS NOT DESIGNED AS A COMPETITIVE GRANT PROCESS, BUT RATHER AN INNOVATIVE WAY TO SHARE SPECIFIC NEEDS WITH US, OUR FUNDHOLDERS (WHO GRANTED OVER \$19 MILLION TO NONPROFITS LAST FISCAL YEAR) AS WELL AS OTHER PHILANTHROPISTS IN THE TAMPA BAY COMMUNITY IN A VERY TRANSPARENT WAY. THE LIST IS POSTED ON THE COMMUNITY FOUNDATION WEBSITE AND CONTRIBUTIONS TO REQUEST ITEMS ARE UPDATED ON A REGULAR BASIS. IF A NONPROFIT'S REQUEST IS MATCHED WITH A DONATION, WE NOTIFY THE NONPROFIT AND TRANSMIT FUNDS TO ADDRESS THE REQUEST AS QUICKLY AS POSSIBLE.

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code:) (Expenses \$ 185,825 including grants of \$) (Revenue \$)

LEAP TAMPA BAY, LOCAL COLLEGE ACCESS NETWORK THE COMMUNITY FOUNDATION OF TAMPA BAY IS ONE OF 17 PUBLIC AND PRIVATE COMMUNITY STAKEHOLDERS COLLABORATING ON THE LEAP TAMPA BAY COLLEGE ACCESS NETWORK. LEAP IS A CROSS-SECTOR NETWORK OF PARTNERS, CONVENED TO PROMOTE THEIR COMMUNITY-WIDE COMMITMENT TO COLLEGE ACCESS AND ATTAINMENT IN HILLSBOROUGH AND PINELLAS COUNTIES. USING A COLLECTIVE IMPACT MODEL OF COLLABORATION, LEAP TAMPA BAY LEADERSHIP GUIDES COORDINATED STRATEGIES BY PARTNERS TO INCREASE THE NUMBER OF PEOPLE WITH HIGH-QUALITY COLLEGE DEGREES AND CREDENTIALS - HELPING MEET THE NEEDS OF LOCAL EMPLOYERS AND BRING MORE FINANCIAL STABILITY TO FAMILIES. LEAP'S GOAL IS TO REACH 60% OF WORKING AGE ADULTS (AGE 25-64) IN TAMPA BAY HOLDING DEGREES AND CREDENTIALS BY 2025. LEAP WAS AN EARLY EXAMPLE OF A LOCAL COLLEGE ACCESS NETWORK, OPERATING UNDER THE GUIDANCE OF THE FLORIDA COLLEGE ACCESS NETWORK. THERE ARE NOW 17 SUCH NETWORKS REPRESENTING 82% OF FLORIDA'S POPULATION. CFTB ACTS AS THE BACKBONE AGENCY OF THE COLLABORATIVE, WHICH RALLIES CIVIC AND BUSINESS LEADERS ALONGSIDE EDUCATORS ON PROJECTS SUCH AS THE FUSE SCHOLARSHIP, WHICH HAS AWARDED 255 SCHOLARSHIPS (\$5,500 EACH) OVER TWO YEARS TO STATE COLLEGE STUDENTS WORKING TOWARD A BACHELOR'S DEGREE THROUGH A GUARANTEED TRANSFER PROGRAM TO THE UNIVERSITY OF SOUTH FLORIDA. LEAP AND THE COMMUNITY FOUNDATION ARE AT THE CENTER OF THIS SCHOLARSHIP FUND'S DEVELOPMENT AND IMPLEMENTATION. LEAP IS ALSO SEEKING TO SUPPORT ADULTS RETURNING TO FINISH THEIR COLLEGE CREDENTIALS.

(Code:) (Expenses \$ 31,992 including grants of \$) (Revenue \$ 33,000)

NONPROFIT CEO LEADERSHIP DEVELOPMENT PROGRAM THE COMMUNITY FOUNDATION OF TAMPA BAY IS DEDICATED TO BUILDING NONPROFIT CAPACITY THROUGH LEADERSHIP DEVELOPMENT FOR CEOS AND TRUSTEES. CFTB'S CEO LEADERSHIP PROGRAM, ANNUALLY PROVIDES 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 CHALLENGES SUCH AS ISOLATION, FUNDRAISING, AND BOARD DEVELOPMENT. PRACTICAL SOLUTIONS OFTEN ARISE THAT CAN BE APPLIED BACK AT THE OFFICE.

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.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury
 Internal Revenue Service

Name of the organization
 COMMUNITY FOUNDATION OF TAMPA BAY INC

Employer identification number
 59-3001853

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
 If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	14,460,764	33,199,680	26,439,967	36,216,519	29,500,694	139,817,624
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	14,460,764	33,199,680	26,439,967	36,216,519	29,500,694	139,817,624
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). . .						9,677,742
6	Public support. Subtract line 5 from line 4.						130,139,882

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .	14,460,764	33,199,680	26,439,967	36,216,519	29,500,694	139,817,624
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,508,752	4,320,306	3,849,570	4,508,949	4,106,582	25,294,159
9	Net income from unrelated business activities, whether or not the business is regularly carried on					102,966	102,966
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .	100,539	59,257	4,727,535	25,944	178,439	5,091,714
11	Total support. Add lines 7 through 10						170,306,463

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 2019 (line 6, column (f) divided by line 11, column (f))	14	76.420 %
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	72.460 %

16a **33 1/3% support test—2019.** 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—2018.** 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—2019.** 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—2018.** 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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? <i>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.</i>		
	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
	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)? <i>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.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	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))? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	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>	Yes	No
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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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

OMB No. 1545-0047
2019
Open to Public Inspection

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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	396	
2 Aggregate value of contributions to (during year)	14,399,569	
3 Aggregate value of grants from (during year)	14,524,038	
4 Aggregate value at end of year	108,905,179	

- 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 7/25/06, 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:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

- 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	138,524,261	126,760,427	112,998,247	100,079,687	107,657,675
b Contributions	18,001,476	11,682,486	10,549,793	5,371,634	2,723,199
c Net investment earnings, gains, and losses	2,509,480	6,175,467	8,740,964	12,566,287	-2,131,138
d Grants or scholarships	5,349,886	4,754,484	4,326,509	4,020,956	4,158,168
e Other expenditures for facilities and programs					3,084,481
f Administrative expenses	1,443,374	1,339,635	1,202,068	998,405	927,400
g End of year balance	152,241,958	138,524,261	126,760,427	112,998,247	100,079,687

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:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		No
3a(ii)		No
3b		

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

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	5,621	6,923
d Equipment		203,670	109,325	94,345
e Other		215,798	148,373	67,425
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				168,693

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) COMMONFUND PRIVATE EQUITY FUNDS	12,526,425	F
(B) THE BURTON PARTNERSHIP (QP)	1,436,072	F
(C) UNDEVELOPED LAND - SUNSET ISLE, LTD.	31,009	C
(D) GREAT BAY PARTNERSHIP	140,600	C
(E) ABS OFFSHORE SPC GLOBAL PORTFOLIO	9,020,139	F
(F) INFINITY PREMIER (QP) CAYMAN LP - HEDGE FUND	9,160,861	F
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	32,315,106	

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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LIABILITY FOR CHARITABLE GIFT ANNUITIES	2,178,999
(3) LIABILITY UNDER CHARITABLE REMAINDER TRUSTS	2,164,756
(4) LIABILITY FOR AGENCY FUNDS	39,758,526
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	44,102,281

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	30,346,830
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-5,061,330	
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	-5,061,330
3	Subtract line 2e from line 1		3	35,408,160
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	553,046	
b	Other (Describe in Part XIII.)	4b	3,315,254	
c	Add lines 4a and 4b		4c	3,868,300
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	39,276,460

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	22,108,647
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	22,108,647
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	553,046	
b	Other (Describe in Part XIII.)	4b	1,421,660	
c	Add lines 4a and 4b		4c	1,974,706
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	24,083,353

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, 2016 REMAIN SUBJECT TO EXAMINATION BY TAXING AUTHORITIES.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	CONTRIBUTIONS TO AGENCY FUNDS 2,815,812. INVESTMENT INCOME OF AGENCY FUNDS 362,205. CHANGE IN VALUE - PARTNERSHIPS -6,500. CHANGE IN VALUE - SPLIT INTEREST 40,771. PASSTHROUGH INCOME 102,966.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	GRANTS PAID FROM AGENCY FUNDS 1,421,660.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

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 General Information on Grants and Assistance

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 437

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	484	909,069			
(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
71 17 MINISTRIES INC PO BOX 2493 LAKELAND, FL 33806	45-4529842	501 (C) (3)	11,400				SUPPORT OF MISSION
A KID'S PLACE OF TAMPA BAY INC 1715 LITHIA PINECREST RD BRANDON, FL 33511	26-2757636	501 (C) (3)	38,943				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
ABE BROWN MINISTRIES INC 2921 N 29TH ST TAMPA, FL 33605	59-2410601	501 (C) (3)	29,879				SUPPORT OF MISSION
ACADEMY OF THE HOLY NAMES FOUNDATION INC 3319 BAYSHORE BOULEVARD TAMPA, FL 33629	59-0910354	CHURCH	60,750				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
ACADEMY PREP CENTER OF ST PETERSBURG INC 2301 22ND AVE S ST PETERSBURG, FL 33712	59-3623000	501 (C) (3)	42,250				SUPPORT OF MISSION
ACADEMY PREP CENTER OF TAMPA 1407 E COLUMBUS DR TAMPA, FL 33605	59-3622978	501 (C) (3)	327,464				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 MARK TIMSON 94 LAKESHORE CIRCLE NE MARIETTA, GA 30067	58-2617166	501 (C) (3)	41,000				SUPPORT OF MISSION
ADMIRAL FARRAGUT ACADEMY FOUNDATION 501 PARK STREET N ST PETERSBURG, FL 33710	31-1506065	501 (C) (3)	5,000				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
ADVANTAGE VILLAGE ACADEMY INC 833 22ND STREET S SUITE A ST PETERSBURG, FL 33712	27-0500839	501 (C) (3)	6,667				SUPPORT OF MISSION
ADVENTHEALTH FOUNDATION WEST FLORIDA 14055 RIVEREDGE DR SUITE 250 TAMPA, FL 33637	47-1881744	501 (C) (3)	100,000				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
ALBANY MEDICAL CENTER FOUNDATION 43 NEW SCOTLAND AVENUE MC119 ALBANY, NY 12208	14-6023119	501 (C) (3)	11,045				SUPPORT OF MISSION
ALICE LLOYD COLLEGE DEVELOPMENT DEPARTMENT 100 PURPOSE ROAD PIPPA PASSES, KY 41844	61-0492351	501 (C) (3)	11,104				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
ALL SPORTS COMMUNITY SERVICE INC PO BOX 271506 TAMPA, FL 33688	59-3184150	501 (C) (3)	12,398				SUPPORT OF MISSION
ALL STAR CHILDREN'S FOUNDATION INC 3300 17TH ST SARASOTA, FL 34235	20-2182079	501 (C) (3)	5,000				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
ALPHA HOUSE OF PINELLAS COUNTY 701 5TH AVENUE NORTH ST PETERSBURG, FL 33701	59-1991525	501 (C) (3)	37,667				SUPPORT OF MISSION
ALZHEIMER'S DISEASE AND RELATED DISORDERS 225 N MICHIGAN AVE FLOOR 17 CHICAGO, IL 60601	13-3039601	501 (C) (3)	25,500				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
AMERICAN CANCER SOCIETY 3709 W JETTON AVENUE TAMPA, FL 33629	13-1788491	501 (C) (3)	7,561				SUPPORT OF MISSION
AMERICAN HEART ASSOCIATION 11207 BLUE HERON BLVD N ST PETERSBURG, FL 33716	13-5613797	501 (C) (3)	235,655				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
AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE INC 220 EAST 42ND STREET SUITE 400 NEW YORK, NY 10017	13-1656634	501 (C) (3)	20,000				SUPPORT OF MISSION
AMERICAN RED CROSS PO BOX 37839 BOONE, IA 50037	53-0196605	501 (C) (3)	5,000				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
AMERICAN STAGE COMPANY INC PO BOX 1560 ST PETERSBURG, FL 33731	59-1777189	501 (C) (3)	74,909				SUPPORT OF MISSION
AMERICA'S CHARITIES 14150 NEWBROOK DRIVE SUITE 110 CHANTILLY, VA 20151	54-1517707	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
AMHERST COLLEGE TRUSTEES C/O JAN WALD EMILY DICKINSON MUSEUM 280 MAIN STREET AMHERST, MA 01002	04-2103542	501 (C) (3)	20,000				SUPPORT OF MISSION
AMIKIDS TAMPA 1730 MARITIME BOULEVARD TAMPA, FL 33605	23-7155996	501 (C) (3)	5,000				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
AMIKIDS INC 5915 BENJAMIN CENTER DRIVE TAMPA, FL 33634	23-7440836	501 (C) (3)	5,000				SUPPORT OF MISSION
APPALACHIAN STATE UNIVERSITY FOUNDATION INC ADVANCEMENT SERVICES ASU BOX 32014 BOONE, NC 28608	23-7099379	501 (C) (3)	6,500				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
ARCHDIOCESE OF MIAMI 9401 BISCAYNE BLVD MIAMI SHORES, FL 33138	65-0909504	CHURCH	365,000				SUPPORT OF MISSION
ARKANSAS COMMUNITY FOUNDATION INC 5 ALLIED DRIVE SUITE 51110 BUILDING 5 11TH FLOOR LITTLE ROCK, AR 72202	52-1055743	501 (C) (3)	250,000				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
ARKANSAS PBS FOUNDATION 350 S DONAGHEY AVE CONWAY, AR 72034	71-0592505	501 (C) (3)	20,000				SUPPORT OF MISSION
ARTHRITIS FOUNDATION NATIONAL OFFICE 1355 PEACHTREE ST 6TH FLOOR ATLANTA, GA 30309	58-1341679	501 (C) (3)	5,000				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
AS 220 95 MATHEWSON STREET UNIT 204 PROVIDENCE, RI 02903	22-2754566	501 (C) (3)	5,000				SUPPORT OF MISSION
ASHLAND UNIVERSITY OFFICE OF INSTITUTIONAL ADVANCEMENT 401 COLLEGE AVE ASHLAND, OH 44805	34-0714626	501 (C) (3)	5,000				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
ATLANTIC CENTER FOR THE ARTS INC 1414 ART CENTER AVENUE NEW SMYRNA BEACH, FL 32168	59-1998321	501 (C) (3)	5,000				SUPPORT OF MISSION
AUDUBON FLORIDA 4500 BISCAYNE BOULEVARD SUITE 350 MIAMI, FL 33137	13-1624102	501 (C) (3)	6,750				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
BAY AREA LEGAL SERVICES INC CORRAL WODISKA CIGAR FACTORY 1302 N 19TH ST STE 400 TAMPA, FL 33605	59-1171886	501 (C) (3)	25,438				SUPPORT OF MISSION
BAYFRONT MEDICAL CENTER MEDICAL STAFF DBA PEL FUND PHYSICIAN EDUCATION LEADERSHIP FUND PO BOX 14543 ST PETERSBURG, FL 33733	46-3151347	501 (C) (3)	71,000				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
BAYSHORE BAPTIST CHURCH 3111 W MORRISON AVENUE TAMPA, FL 33629	59-0737859	CHURCH	10,000				SUPPORT OF MISSION
BEAUTIFUL BOY FUND COMMUNITY INITIATIVES 1000 BROADWAY SUITE 480 OAKLAND, CA 94607	94-3255070	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
BERKELEY PREPARATORY SCHOOL 4811 KELLY RD TAMPA, FL 33615	59-1292802	501 (C) (3)	120,187				SUPPORT OF MISSION
BESS THE BOOKS BUS INC 2316 E 3RD AVENUE TAMPA, FL 33605	51-0518142	501 (C) (3)	7,900				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
BIBLE BASED FELLOWSHIP CHURCH CFO CONFIDENTIAL 4811 EHRlich RD TAMPA, FL 33624	65-0139765	501 (C) (3)	59,000				SUPPORT OF MISSION
BIG BROTHERS BIG SISTERS OF AMERICA 2502 N ROCKY POINT DRIVE SUITE 550 TAMPA, FL 33607	23-1365190	501 (C) (3)	5,000				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
BIG BROTHERS BIG SISTERS OF TAMPA BAY INC 4630 WOODLAND CORPORATE BLVD STE 160 TAMPA, FL 33614	59-2173085	501 (C) (3)	27,797				SUPPORT OF MISSION
BIG CAT RESCUE 12802 EASY ST TAMPA, FL 33625	59-3330495	501 (C) (3)	49,789				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
BLOWING ROCK ART AND HISTORY MUSEUM PO BOX 828 BLOWING ROCK, NC 28605	30-0003315	501 (C) (3)	5,000				SUPPORT OF MISSION
BOLEY FOUNDATION INC 445 31ST STREET NORTH ST PETERSBURG, FL 33713	59-2230228	501 (C) (3)	10,479				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
BOSTON CHILDREN'S HOSPITAL 401 PARK DRIVE SUITE 602 BOSTON, MA 02215	04-2774441	501 (C) (3)	25,000				SUPPORT OF MISSION
BOYS & GIRLS CLUBS OF LEE COUNTY INC 7275 CONCOURSE DR SUITE 200 FORT MYERS, FL 33908	59-2013870	501 (C) (3)	5,000				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
BOYS & GIRLS CLUBS OF TAMPA BAY FOUNDATION INC 1307 N MACDILL AVENUE TAMPA, FL 33607	59-3049838	501 (C) (3)	137,709				SUPPORT OF MISSION
BOYS AND GIRLS CLUB OF HERNANDO COUNTY 5425 COMMERCIAL WAY SPRING HILL, FL 34606	59-3550575	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
BRAIN & BEHAVIOR RESEARCH FOUNDATION 747 THIRD AVENUE 33RD FLOOR NEW YORK, NY 10017	31-1020010	501 (C) (3)	21,500				SUPPORT OF MISSION
BRIDGEPOINT CHURCH INC 6690 CROSSWINDS DR N ST PETERSBURG, FL 33710	20-3480454	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
BRIDGING FREEDOM INC PO BOX 18984 TAMPA, FL 33679	27-5467980	501 (C) (3)	112,462				SUPPORT OF MISSION
BRIGHTER BITES PO BOX 25456 HOUSTON, TX 77265	47-4070026	501 (C) (3)	5,000				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
BROOKSVILLE VISION FOUNDATION PO BOX 1323 BROOKSVILLE, FL 34605	45-1513829	501 (C) (3)	6,101				SUPPORT OF MISSION
BROOKWOOD FLORIDA INC 901 7TH AVE S ST PETERSBURG, FL 33705	59-0624387	501 (C) (3)	10,886				SUPPORT OF MISSION

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

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BULLARD FAMILY FOUNDATION 5308 VAN DYKE ROAD LUTZ, FL 33558	82-5519212	501 (C) (3)	48,920				SUPPORT OF MISSION
CALVARY LUTHERAN CHURCH 5309 US HIGHWAY 41 NORTH APOLLO BEACH, FL 33572	59-6591854	CHURCH	36,097				SUPPORT OF MISSION

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CAMERON K GALLAGHER FOUNDATION 9700 GAYTON ROAD RICHMOND, VA 23238	46-5172019	501 (C) (3)	5,000				SUPPORT OF MISSION
CANINE COMPANIONS FOR INDEPENDENCE 8150 CLARCONA OCOEE ROAD ORLANDO, FL 32818	94-2494324	501 (C) (3)	5,000				SUPPORT OF MISSION

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

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CARES COMMUNITY AGING AND RETIREMENT SERVICES INC 12417 CLOCK TOWER PARKWAY HUDSON, FL 34667	23-7348090	501 (C) (3)	5,903				SUPPORT OF MISSION
CARTER G WOODSON K-8 - HILLSBOROUGH COUNTY PUBLIC SCHOOLS 8715 NORTH 22ND STREET TAMPA, FL 33604		HILLS CTY PUB SCHOOL	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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CASA PO BOX 414 ST PETERSBURG, FL 33731	59-2114359	501 (C) (3)	12,000				SUPPORT OF MISSION
CASA - COMMUNITY ACTION STOPS ABUSE PO BOX 414 ST PETERSBURG, FL 33731	59-2114359	501 (C) (3)	58,614				SUPPORT OF MISSION

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

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CAT LOVERS CLUB OF SUN CITY CENTER PO BOX 5772 SUN CITY CENTER, FL 33571	27-4188248	501 (C) (3)	5,000				SUPPORT OF MISSION
CATHEDRAL OF ST JUDE THE APOSTLE 5815 5TH AVE N ST PETERSBURG, FL 33710	59-0718497	CHURCH	9,450				SUPPORT OF MISSION

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

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CATHOLIC CHARITIES DIOCESE OF ST PETERSBURG INC 1213 16TH ST N ST PETERSBURG, FL 33705	59-0875805	501 (C) (3)	11,000				SUPPORT OF MISSION
CATHOLIC FOUNDATION DIOCESE OF ST PETERSBURG PO BOX 40200 ST PETERSBURG, FL 33743	59-3519543	CHURCH	15,958				SUPPORT OF MISSION

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

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CEDAR KEY LIONS CLUB P O BOX 68 CEDAR KEY, FL 32625	23-7047751	501 (C) (3)	37,028				SUPPORT OF MISSION
CENTER 4LIFELEARNING UNITED METHODIST CHURCH OF SUN CITY CENTER 1210 W DEL WEBB BLVD SUN CITY CENTER, FL 33573	59-2131662	CHURCH	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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CENTRAL PARK VILLAGE YOUTH SERVICE INC 1320 EAST 9TH AVENUE TAMPA, FL 33605	59-3478148	501 (C) (3)	50,000				SUPPORT OF MISSION
CENTRAL TEXAS HOSPITALITY HOUSE PO BOX 124 GATESVILLE, TX 76528	74-2981043	501 (C) (3)	5,000				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
CHAMPIONS FOR CHILDREN INC 3108 W AZEELE ST TAMPA, FL 33609	59-1807551	501 (C) (3)	94,780				SUPPORT OF MISSION
CHAPTERS HEALTH FOUNDATION 3010 W AZEELE STREET SUITE 120 TAMPA, FL 33609	59-3467282	501 (C) (3)	15,666				SUPPORT OF MISSION

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

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CHAPTERS HEALTH SYSTEM 12470 TELECOM DRIVE SUITE 300 WEST TEMPLE TERRACE, FL 33637	59-2264957	501 (C) (3)	58,077				SUPPORT OF MISSION
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

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
CHILDREN'S ATHLETIC NETWORK AND DANCE OPPORTUNITIES 301 W PLATT STREET SUITE 317 TAMPA, FL 33606	59-3193026	501 (C) (3)	5,728				SUPPORT OF MISSION
CHILDREN'S DREAM FUND PO BOX 1881 ST PETERSBURG, FL 33731	59-2145821	501 (C) (3)	5,467				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
CHILDREN'S HOME NETWORK 10909 MEMORIAL HWY TAMPA, FL 33615	59-0696284	501 (C) (3)	27,702				SUPPORT OF MISSION
CHILDREN'S HOME SOCIETY OF FLORIDA C/O JOSHUA HOUSE PO BOX 1907 LUTZ, FL 33549	59-0192430	501 (C) (3)	139,837				SUPPORT OF MISSION

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

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CHRIST ANGLICAN CHURCH PO BOX 2461 CASHIERS, NC 28717	45-4942511	501 (C) (3)	55,000				SUPPORT OF MISSION
CHRIST THE KING CATHOLIC CHURCH 821 SOUTH DALE MABRY HIGHWAY TAMPA, FL 33609	59-0966385	CHURCH	54,500				SUPPORT OF MISSION

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

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CHURCH OF THE ASCENSION 701 ORANGE AVE CLEARWATER, FL 33756	59-0721414	CHURCH	10,500				SUPPORT OF MISSION
CHURCH WORLD SERVICES INC PO BOX 968 ELKHART, IN 46515	13-4080201	501 (C) (3)	6,695				SUPPORT OF MISSION

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CIRCLE OF HEALTH INTERNATIONAL 411 W MONROE ST AUSTIN, TX 78704	65-1213326	501 (C) (3)	25,000				SUPPORT OF MISSION
CITRUS COUNTY HARVEST INC PO BOX 82 LECANTO, FL 34460	59-3575428	501 (C) (3)	9,667				SUPPORT OF MISSION

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CITY OF TAMPA REVENUE FINANCE 306 E JACKSON STREET TAMPA, FL 33602	59-1101138	CITY GOVERNMENT	30,516				SUPPORT OF MISSION
CLEARWATER FREE CLINIC 1218 COURT ST CLEARWATER, FL 33756	59-1852871	501 (C) (3)	37,285				SUPPORT OF MISSION

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

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CLEARWATER MARINE AQUARIUM INC 249 WINDWARD PASSAGE CLEARWATER, FL 33767	59-2086737	501 (C) (3)	23,500				SUPPORT OF MISSION
COLLEGE FOUNDATION OF THE UNIVERSITY OF VIRGINIA PO BOX 400801 CHARLOTTESVILLE, VA 22904	54-2009312	501 (C) (3)	5,000				SUPPORT OF MISSION

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

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COMMUNITY ACTION SOUTHOLD TOWN INC PO BOX 159 316 FRONT ST GREENPORT, NY 11944	11-2129868	501 (C) (3)	8,000				SUPPORT OF MISSION
COMMUNITY FOOD BANK OF CITRUS COUNTY INC 5259 W CARDINAL STREET BUILDING B HOMOSASSA, FL 34446	80-0459100	501 (C) (3)	5,333				SUPPORT OF MISSION

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

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COMMUNITY FOUNDATION OF COLLIER COUNTY 1110 PINE RIDGE ROAD SUITE 200 NAPLES, FL 34108	59-2396243	501 (C) (3)	20,000				SUPPORT OF MISSION
COMMUNITY FOUNDATION OF TAMPA BAY INC 4300 W CYPRESS ST STE 700 TAMPA, FL 33607	59-3001853	501 (C) (3)	60,250				SUPPORT OF MISSION

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COMMUNITY TAMPA BAY 2727 ULMERTON RD STE 200 CLEARWATER, FL 33762	81-0675602	501 (C) (3)	5,000				SUPPORT OF MISSION
CONGREGATION SCHAARAI ZEDEK 3303 WEST SWANN AVENUE TAMPA, FL 33609	59-1394424	CHURCH	29,248				SUPPORT OF MISSION

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CORBETT PREPARATORY SCHOOL OF IDS INC 12015 ORANGE GROVE DRIVE TAMPA, FL 33618	59-1282306	501 (C) (3)	13,986				SUPPORT OF MISSION
CORNERSTONE HOSPICE & PALLIATIVE CARE INC 2445 LANE PARKE ROAD TAVARES, FL 32778	59-2330114	501 (C) (3)	5,000				SUPPORT OF MISSION

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COUNCIL FOR EDUCATIONAL CHANGE 4205 BONAVENTURE BLVD SUITE 214 BROWARD COLLEGE WESTON CTR 2ND FLOO WESTON, FL 33332	01-0638224	501 (C) (3)	100,000				SUPPORT OF MISSION
CRITTER ADOPTION AND RESCUE EFFORT INC 1528 27TH STREET SE RUSKIN, FL 33570	59-3678003	501 (C) (3)	7,271				SUPPORT OF MISSION

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DALLAS THEOLOGICAL SEMINARY 3909 SWISS AVENUE DALLAS, TX 75204	75-0827421	501 (C) (3)	12,500				SUPPORT OF MISSION
DAVID A STRAZ JR CENTER FOR THE PERFORMING ARTS 1010 NORTH WC MACINNES PLACE TAMPA, FL 33602	59-2037085	501 (C) (3)	156,784				SUPPORT OF MISSION

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

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DAWNING FAMILY SERVICES INC FKA ALPHA HOUSE OF TAMPA 6718 N ARMENIA AVE TAMPA, FL 33604	59-2655523	501 (C) (3)	161,079				SUPPORT OF MISSION
DAYSTAR LIFE CENTER INC 1055 28TH STREET SOUTH ST PETERSBURG, FL 33712	65-0523539	501 (C) (3)	56,500				SUPPORT OF MISSION

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DEBARTOLO FAMILY FOUNDATION 15436 N FLORIDA AVE SUITE 200 TAMPA, FL 33613	31-1739677	501 (C) (3)	30,000				SUPPORT OF MISSION
DIOCESE OF ST PETERSBURG PO BOX 40200 ST PETERSBURG, FL 33743	59-1213195	CHURCH	115,958				SUPPORT OF MISSION

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DIRECTIONS FOR LIVING 1437 SOUTH BELCHER ROAD CLEARWATER, FL 33764	59-2092715	501 (C) (3)	8,017				SUPPORT OF MISSION
DISABLED AMERICAN VETERANS DONATION PROCESSING CENTER PO BOX 14301 CINCINNATI, OH 45250	31-0263158	501 (C) (3)	6,814				SUPPORT OF MISSION

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DISCOVERY LAND COMPANY FOUNDATION ATTN CHRISTY NICHOLS 301 N CANON DRIVE SUITE 328 BEVERLY HILLS, CA 90210	20-4420241	501 (C) (3)	30,000				SUPPORT OF MISSION
DOCTORS WITHOUT BORDERS USA 40 RECTOR ST 16TH FLOOR NEW YORK, NY 10006	13-3433452	501 (C) (3)	76,250				SUPPORT OF MISSION

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

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DOWNCITY DESIGN 425 WEST FOUNTAIN ST UNIT 110 PROVIDENCE, RI 02903	27-1125644	501 (C) (3)	9,000				SUPPORT OF MISSION
DYSAUTONOMIA PROJECT 13075 US HIGHWAY 19 N CLEARWATER, FL 33764	46-5433260	501 (C) (3)	10,000				SUPPORT OF MISSION

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EARLY LEARNING COALITION OF HILLSBOROUGH COUNTY 6800 N DALE MABRY HWY SUITE 158 TAMPA, FL 33614	59-3626765	501 (C) (3)	100,000				SUPPORT OF MISSION
EARLY LEARNING COALITION OF PINELLAS COUNTY INC 2536 COUNTRYSIDE BOULEVARD SUITE 500 CLEARWATER, FL 33763	59-3726679	501 (C) (3)	15,000				SUPPORT OF MISSION

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EAST COAST COMMUNITY CHURCH 4781 N CONGRESS AVE 208 BOYNTON BEACH, FL 33426	47-2806420	CHURCH	5,000				SUPPORT OF MISSION
EAST PASCO MEALS ON WHEELS 38145 15TH AVE ZEPHYRHILLS, FL 33542	59-1565648	501 (C) (3)	10,000				SUPPORT OF MISSION

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ECKERD COLLEGE 4200 54TH AVENUE SOUTH ST PETERSBURG, FL 33711	59-0859121	501 (C) (3)	6,000				SUPPORT OF MISSION
ECKERD YOUTH ALTERNATIVES INC DBA ECKERD CONNECTS 100 STARCREST DRIVE CLEARWATER, FL 33765	59-2551416	501 (C) (3)	11,406				SUPPORT OF MISSION

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ELMIRA'S WILDLIFE SANCTUARY PO BOX 63 WIMAUMA, FL 33598	20-3338451	501 (C) (3)	5,000				SUPPORT OF MISSION
ELTON JOHN AIDS FOUNDATION INC 584 BROADWAY SUITE 906 NEW YORK, NY 10012	58-2033460	501 (C) (3)	12,500				SUPPORT OF MISSION

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EMORY UNIVERSITY OFFICE OF GIFT ACCOUNTING 1762 CLIFTON RD NE STE 1400 ATLANTA, GA 30322	58-0566256	501 (C) (3)	60,250				SUPPORT OF MISSION
FACES OF COURAGE FOUNDATION 10006 CROSS CREEK BLVD 519 TAMPA, FL 33647	20-0584489	501 (C) (3)	5,480				SUPPORT OF MISSION

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FAITH AND ACTION FOR STRENGTH TOGETHER (FAST) PO BOX 10421 ST PETERSBURG, FL 33733	20-2058779	501 (C) (3)	30,920				SUPPORT OF MISSION
FAITH IN FLORIDA 406 E AMELIA STREET ORLANDO, FL 32803	59-3151613	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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FAMILY FIRST 5509 W GRAY STREET SUITE 100 TAMPA, FL 33609	59-3043408	501 (C) (3)	5,000				SUPPORT OF MISSION
FEEDING TAMPA BAY 4702 TRANSPORT DR BLDG 6 TAMPA, FL 33605	59-2116576	501 (C) (3)	383,689				SUPPORT OF MISSION

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FEZZIWIG WWJD FOUNDATION INC PO BOX 5713 TAMPA, FL 33675	20-2020014	501 (C) (3)	5,000				SUPPORT OF MISSION
FIREHOUSE CULTURAL CENTER 101 1ST AVENUE NE RUSKIN, FL 33570	45-4649764	501 (C) (3)	32,500				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
FIRST UNITED METHODIST CHURCH OF LAND O LAKES 6209 LAND O LAKES BLVD LAND O LAKES, FL 34638	59-6193829	CHURCH	5,000				SUPPORT OF MISSION
FISH & WILDLIFE FOUNDATION OF FLORIDA INC PO BOX 11010 TALLAHASSEE, FL 32302	59-3277808	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
FLORIDA 127 INCORPORATED 12210 N 53RD ST SUITE 200 TEMPLE TERRACE, FL 33617	47-3110515	501 (C) (3)	5,000				SUPPORT OF MISSION
FLORIDA A&M UNIVERSITY FOUNDATION 625 E TENNESSEE STREET SUITE 100 TALLAHASSEE, FL 32308	59-6175096	501 (C) (3)	5,489				SUPPORT OF MISSION

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

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FLORIDA COUNCIL ON ECONOMIC EDUCATION 501 S DAKOTA AVE STE 1 TAMPA, FL 33606	59-1643458	501 (C) (3)	29,500				SUPPORT OF MISSION
FLORIDA DREAM CENTER INC 4017 56TH AVENUE N ST PETERSBURG, FL 33714	46-0663472	501 (C) (3)	40,000				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 HOLOCAUST MUSEUM 55 5TH STREET SOUTH ST PETERSBURG, FL 33701	59-2981494	501 (C) (3)	17,284				SUPPORT OF MISSION
FLORIDA HUMANITIES COUNCIL INC 599 SECOND STREET SOUTH ST PETERSBURG, FL 33701	23-7304964	501 (C) (3)	10,750				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
FLORIDA INSTITUTE FOR COMMUNITY STUDIES (FICS) PO BOX 16745 TAMPA, FL 33687	59-3712006	501 (C) (3)	13,135				SUPPORT OF MISSION
FLORIDA MUSEUM OF PHOTOGRAPHIC ART 400 N ASHLEY DR STE 200 TAMPA, FL 33602	59-3737687	501 (C) (3)	21,646				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 PHILANTHROPIC NETWORK 5421 BEAUMONT CENTER DRIVE SUITE 655 TAMPA, FL 33634	20-1328734	501 (C) (3)	5,000				SUPPORT OF MISSION
FLORIDA RESURRECTION HOUSE 800 ELEVENTH ST N ST PETERSBURG, FL 33705	59-2837168	501 (C) (3)	20,457				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 SHERIFFS YOUTH RANCHES INC PO BOX 2000 BOYS RANCH, FL 32064	23-7303117	501 (C) (3)	7,870				SUPPORT OF MISSION
FLORIDA STATE FAIR AUTHORITY ANTIQUE STEAM ENGINE DISPLAY PO BOX 11766 TAMPA, FL 33680	59-0651848	QUASI GOVERNMENT	7,099				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 STATE UNIVERSITY FOUNDATION 325 W COLLEGE AVENUE TALLAHASSEE, FL 32301	59-6152180	501 (C) (3)	7,300				SUPPORT OF MISSION
FLORIDA WEST COAST PUBLIC BROADCASTING INC (WEDU) 1300 NORTH BOULEVARD TAMPA, FL 33607	59-0840626	501 (C) (3)	102,314				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 WILDLIFE CORRIDOR PO BOX 1802 TAMPA, FL 33601	20-1822793	501 (C) (3)	39,650				SUPPORT OF MISSION
FOCUS - FELLOWSHIP OF CATHOLIC UNIVERSITY STUDENTS PO BOX 17408 DENVER, CO 80217	84-1522811	501 (C) (3)	14,500				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
FORGOTTEN ANGELS 3604 LITTLE STEARNS RD VALRICO, FL 33596	47-4870031	501 (C) (3)	8,100				SUPPORT OF MISSION
FOSTERING HOPE FLORIDA INC PO BOX 1632 CLEARWATER, FL 33757	14-1910661	501 (C) (3)	5,667				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
FOUNDATION FOR THE CAROLINAS 220 N TRYON STREET CHARLOTTE, NC 28202	56-6047886	501 (C) (3)	5,000				SUPPORT OF MISSION
FRAMEWORKS OF TAMPA BAY INC 402 E OAK AVE TAMPA, FL 33602	20-8776228	501 (C) (3)	7,750				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
FRANCIS WILSON PLAYHOUSE 302 SEMINOLE STREET CLEARWATER, FL 33755	59-1108802	501 (C) (3)	6,000				SUPPORT OF MISSION
FREEDOM PLAZA SCHOLARSHIP FUND 1010 AMERICAN EAGLE BOULEVARD BOX 752 SUN CITY CENTER, FL 33573	59-3214388	501 (C) (3)	15,147				SUPPORT OF MISSION

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

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FREEFALL THEATRE COMPANY 6099 CENTRAL AVENUE ST PETERSBURG, FL 33710	26-4251761	501 (C) (3)	28,550				SUPPORT OF MISSION
FRIENDS OF AVE MARIA SCHOOL OF LAW 1025 COMMONS CIRCLE NAPLES, FL 34119	38-3487577	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
FRIENDS OF NORTH EAST CHRISTIAN UNIVERSITY INDIA INC 1003 W 9TH AVE STE A KING OF PRUSSIA, PA 19406	81-2781379	501 (C) (3)	6,000				SUPPORT OF MISSION
FRIENDS OF THE FESTIVAL PO BOX 17816 TAMPA, FL 33682	59-3617240	501 (C) (3)	8,499				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
FRIENDS OF THE LIBRARY OF TAMPA-HILLSBOROUGH COUNTY INC PO BOX 172608 TAMPA, FL 33672	59-6174497	501 (C) (3)	22,561				SUPPORT OF MISSION
FUTURE BUSINESS LEADERS OF AMERICA PHI BETA LAMBDA INC PO BOX 1106 ZEPHYRHILLS, FL 33539	23-7147579	501 (C) (3)	5,000				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
GASPARILLA FESTIVAL OF THE ARTS INC PO BOX 10591 TAMPA, FL 33679	23-7112792	501 (C) (3)	5,000				SUPPORT OF MISSION
GATOR BOOSTERS INC PO BOX 13796 GAINESVILLE, FL 32604	59-0737883	501 (C) (3)	600,000				SUPPORT OF MISSION

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

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GEORGETOWN UNIVERSITY GIFT ADMINISTRATION DEPT 0734 WASHINGTON, DC 20073	53-0196603	501 (C) (3)	25,000				SUPPORT OF MISSION
GFWC SUN CITY CENTER WOMAN'S CLUB INC PO BOX 5434 SUN CITY CENTER, FL 33571	59-6159390	501 (C) (3)	6,500				SUPPORT OF MISSION

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

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GIRLS ON THE RUN GREATER TAMPA BAY 2519 N MCMULLEN BOOTH RD SUITE 510145 CLEARWATER, FL 33761	82-1793509	501 (C) (3)	13,333				SUPPORT OF MISSION
GIRLS PLUS DATA INC 526 W FREMONT AVE 2323 SUNNYVALE, CA 94087	35-2605378	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
GLOBAL NETWORK FOUNDATION INC 715 PEACHTREE ST NE SUITE 200 ATLANTA, GA 30308	58-2069383	501 (C) (3)	53,000				SUPPORT OF MISSION
GOLDEN GENERATIONS INC 2900 PALLANZA DR S ST PETERSBURG, FL 33705	23-2624207	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
GOOD SAMARITAN FUND AND SERVICES OF SUN CITY CENTER 1207 N PEBBLE BEACH BOULEVARD SUN CITY CENTER, FL 33573	59-2615679	501 (C) (3)	47,811				SUPPORT OF MISSION
GOOD SAMARITAN HEALTH CLINIC OF PASCO 5334 ASPEN STREET NEW PORT RICHEY, FL 34652	59-3072334	501 (C) (3)	10,412				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
GOOD SAMARITAN MISSION 14920 BALM WIMAUMA RD WIMAUMA, FL 33598	59-1564629	501 (C) (3)	22,500				SUPPORT OF MISSION
GRACE COMMUNITY CHURCH OF BRANDON INC PO BOX 843 BRANDON, FL 33509	59-1354143	501 (C) (3)	5,025				SUPPORT OF MISSION

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

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GRACEPOINT FOUNDATION 5707 N 22ND STREET TAMPA, FL 33610	59-1622729	501 (C) (3)	22,562				SUPPORT OF MISSION
GRAND RAPIDS CATHOLIC CENTRAL HIGH SCHOOL 319 SHELDON BLVD SE GRAND RAPIDS, MI 49503	81-2898208	CHURCH	36,250				SUPPORT OF MISSION

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

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GREATER CINCINNATI TELEVISION EDUCATIONAL FOUNDATION 1223 CENTRAL PARKWAY CINCINNATI, OH 45214	31-0560051	501 (C) (3)	25,000				SUPPORT OF MISSION
GREATER MIAMI JEWISH FEDERATION 4200 BISCAYNE BLVD MIAMI, FL 33317	59-0624404	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
GREATER TAMPA BAY AREA COUNCIL BOY SCOUTS OF AMERICA 13228 N CENTRAL AVENUE TAMPA, FL 33612	59-0637815	501 (C) (3)	10,590				SUPPORT OF MISSION
GROW SMART RHODE ISLAND ONE EMPIRE STREET SUITE 523 PROVIDENCE, RI 02903	05-0499148	501 (C) (3)	5,000				SUPPORT OF MISSION

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

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H LEE MOFFITT CANCER CENTER & RESEARCH INSTITUTE 12902 MAGNOLIA DRIVE TAMPA, FL 33612	59-2451713	501 (C) (3)	70,250				SUPPORT OF MISSION
H LEE MOFFITT CANCER CENTER & RESEARCH INSTITUTE FOUNDATION 12902 MAGNOLIA DRIVE MBC-FOUND TAMPA, FL 33612	59-3238636	501 (C) (3)	7,218				SUPPORT OF MISSION

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

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HABITAT FOR HUMANITY OF PINELLAS & WEST PASCO COUNTIES 13355 49TH STREET NORTH CLEARWATER, FL 33762	59-2509116	501 (C) (3)	9,334				SUPPORT OF MISSION
HABITAT FOR HUMANITY OF PINELLAS COUNTY 13355 49TH STREET NORTH CLEARWATER, FL 33762	59-2509116	501 (C) (3)	25,257				SUPPORT OF MISSION

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

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HANOVER COLLEGE 517 BALL DRIVE HANOVER, IN 47243	35-0868096	501 (C) (3)	20,000				SUPPORT OF MISSION
HAVEN OF HOPE OF HILLSBOROUGH COUNTY INC PO BOX 5261 SUN CITY, FL 33571	47-1853952	501 (C) (3)	5,000				SUPPORT OF MISSION

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

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HELPING HAITIAN ANGELS PO BOX 692 HAYMARKET, VA 20169	26-4545377	501 (C) (3)	7,000				SUPPORT OF MISSION
HIGH RISK HOPE 1702 N AVENIDA REPUBLICA DE CUBA TAMPA, FL 33605	27-5129716	501 (C) (3)	5,833				SUPPORT OF MISSION

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

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HILLELS OF THE FLORIDA SUNCOAST 13101 USF SYCAMORE DRIVE TAMPA, FL 33620	52-1758800	501 (C) (3)	5,000				SUPPORT OF MISSION
HILLSBOROUGH COUNTY SHERIFF'S OFFICE 2008 E 8TH AVENUE TAMPA, FL 33605	59-6000665	HILLSBOROUGH COUNTY	17,000				SUPPORT OF MISSION

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

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HILLSBOROUGH EDUCATION FOUNDATION 2306 N HOWARD AVENUE TAMPA, FL 33607	59-2883361	501 (C) (3)	133,628				SUPPORT OF MISSION
HILLSBOROUGH ORGANIZATION FOR PROGRESS AND EQUALITY 5103 N CENTRAL AVE TAMPA, FL 33603	59-2914463	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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HOMELESS EMERGENCY PROJECT INC 1120 N BETTY LANE CLEARWATER, FL 33755	59-2729694	501 (C) (3)	23,667				SUPPORT OF MISSION
HOPE INTERNATIONAL MINISTRIES 11415 HOPE INTERNATIONAL DRIVE TAMPA, FL 33625	62-0879012	501 (C) (3)	14,951				SUPPORT OF MISSION

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

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HOSPICE FOUNDATION OF THE FLORIDA SUNCOAST INC 5771 ROOSEVELT BOULEVARD CLEARWATER, FL 33760	59-2252045	501 (C) (3)	1,011,000				SUPPORT OF MISSION
HOSPICE OF THE TREASURE COAST INC 1201 SE INDIAN ST STUART, FL 34997	59-2199023	501 (C) (3)	12,500				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
HT-COSI INC PO BOX 82538 TAMPA, FL 33682	82-2759780	501 (C) (3)	125,000				SUPPORT OF MISSION
HUMANE SOCIETY OF TAMPA BAY INC 3607 N ARMENIA AVE TAMPA, FL 33607	59-0799907	501 (C) (3)	71,797				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 ST TAMPA, FL 33606	59-0714823	CHURCH	65,150				SUPPORT OF MISSION
INTERFAITH SOCIAL ACTION COUNCIL OF SUN CITY CENTER INC PO BOX 5342 SUN CITY CENTER, FL 33571	59-2045248	501 (C) (3)	10,047				SUPPORT OF MISSION

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

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IOWA STATE UNIVERSITY OFFICE OF STUDENT FINANCIAL AID 0210 BEARDSHEAR HALL 515 MORRILL RD AMES, IA 50011	42-6004224	501 (C) (3)	43,390				SUPPORT OF MISSION
ISRAEL TENNIS CENTERS FOUNDATION INC 3275 W HILLSBORO BLVD STE 102 DEERFIELD BEACH, FL 33442	13-2961273	501 (C) (3)	5,000				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
JEFFERSON SCHOLARS FOUNDATION PO BOX 400891 CHARLOTTE, VA 22904	31-1755873	501 (C) (3)	60,000				SUPPORT OF MISSION
JESUIT HIGH SCHOOL 4701 N HIMES AVE TAMPA, FL 33614	59-0914207	CHURCH	35,550				SUPPORT OF MISSION

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

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JEWISH FEDERATION OF PINELLAS AND PASCO COUNTY INC 13191 STARKEY ROAD SUITE 8 LARGO, FL 33773	59-0697685	501 (C) (3)	10,510				SUPPORT OF MISSION
JEWISH NATIONAL FUND 902 CLINT MOORE ROAD 128 BOCA RATON, FL 33487	13-1659627	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
JOHNS HOPKINS ALL CHILDREN'S HOSPITAL 501 6TH AVE S ST PETERSBURG, FL 33701	59-0683252	501 (C) (3)	5,250				SUPPORT OF MISSION
JOHNS HOPKINS ALL CHILDREN'S HOSPITAL FOUNDATION P O BOX 3142 ST PETERSBURG, FL 33731	59-2481738	501 (C) (3)	64,399				SUPPORT OF MISSION

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JUDEO CHRISTIAN HEALTH CLINIC INC V4118 N MACDILL AVE TAMPA, FL 33067	59-1605647	501 (C) (3)	31,402				SUPPORT OF MISSION
JULIE WEINTRAUB'S HANDS ACROSS THE BAY INC 3800 ULMERTON ROAD CLEARWATER, FL 33762	27-1983612	501 (C) (3)	46,500				SUPPORT OF MISSION

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

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JUNIOR ACHIEVEMENT OF TAMPA BAY INC 13707 N 22ND STREET TAMPA, FL 33613	84-1267604	501 (C) (3)	24,926				SUPPORT OF MISSION
KING BAUDOIN FOUNDATION UNITED STATES (KBFUS) 10 ROCKEFELLER PLZ FL 16 NEW YORK, NY 10020	58-2277856	501 (C) (3)	5,000				SUPPORT OF MISSION

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

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KIWANIS CLUB OF SUN CITY CENTER FL FOUNDATION 1210 DEL WEBB BLVD SUN CITY CENTER, FL 33573	59-3243124	501 (C) (3)	7,500				SUPPORT OF MISSION
KIWANIS OF SOUTHSHORE PO BOX 5753 SUN CITY CENTER, FL 33571	59-3243124	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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LAKE TOXAWAY CHARITIES PO BOX 163 LAKE TOXAWAY, NC 28747	56-1882460	501 (C) (3)	28,100				SUPPORT OF MISSION
LEARNING INDEPENDENCE FOR TOMORROW DBA LIFT ACADEMY 13400 PARK BOULEVARD SEMINOLE, FL 33776	46-1088977	501 (C) (3)	5,000				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
LEE & BOB PETERSON FOUNDATION INC 2070 RINGLING BLVD SARASOTA, FL 34237	83-3723361	501 (C) (3)	10,000				SUPPORT OF MISSION
LETS GO BOYS & GIRLS 19 HARNESS CREEK VIEW CT ANNAPOLIS, MD 21403	61-1612453	501 (C) (3)	54,000				SUPPORT OF MISSION

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

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LETS MAKE IT OFFICIAL INC PO BOX 129 SEFFNER, FL 33583	46-1436819	501 (C) (3)	5,000				SUPPORT OF MISSION
LIFE ENRICHMENT CENTER 9704 NORTH BOULEVARD TAMPA, FL 33612	59-2108128	501 (C) (3)	8,000				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
LIFECARE NETWORK INC 122 N MOON AVENUE BRANDON, FL 33510	59-3229320	501 (C) (3)	8,000				SUPPORT OF MISSION
LIFECHOICES WOMEN'S CARE INC AKA GUIDING STAR 18560 NORTH DALE MABRY HIGHWAY LUTZ, FL 33548	27-0147122	501 (C) (3)	12,000				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)	14,474				SUPPORT OF MISSION
LONG CENTER FOUNDATION INC 1501 N BELCHER ROAD 236 CLEARWATER, FL 33765	59-2702966	501 (C) (3)	161,433				SUPPORT OF MISSION

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

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LOS ANGELES PHILHARMONIC ASSOCIATION ATTN CHELSEA DOWNES 151 S GRAND AVE AVE LOS ANGELES, CA 90012	95-1696734	501 (C) (3)	5,500				SUPPORT OF MISSION
LOVE INC OF METRO TAMPA 1001 N FLORIDA AVENUE TAMPA, FL 33602	81-2456286	501 (C) (3)	21,000				SUPPORT OF MISSION

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

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LOVEFUTBOL 5105 CHEVY CHASE PARKWAY NW WASHINGTON, DC 20008	71-1027016	501 (C) (3)	6,000				SUPPORT OF MISSION
LOWRY PARK ZOO ENDOWMENT FOUNDATION INC 1101 W SLIGH AVENUE TAMPA, FL 33604	59-3216472	501 (C) (3)	7,267				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
LOWRY PARK ZOOLOGICAL SOCIETY OF TAMPA INC 1101 W SLIGH AVENUE TAMPA, FL 33604	59-2328289	501 (C) (3)	103,333				SUPPORT OF MISSION
MAINLY MOZART INC 404 EUCLID AVE SUITE 301 SAN DIEGO, CA 92114	33-0320305	501 (C) (3)	8,500				SUPPORT OF MISSION

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

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MAKE-A-WISH FOUNDATION OF SOUTHERN FLORIDA 4491 SOUTH STATE ROAD 7 SUITE 201 DAVIE, FL 33314	59-2620322	501 (C) (3)	10,000				SUPPORT OF MISSION
MANATEE COMMUNITY FOUNDATION 2820 MANATEE AVENUE WEST BRANDENTON, FL 34205	65-0833500	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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MARINE DISCOVERY CENTER INC 520 BARRACUDA BLVD NEW SMYRNA, FL 32169	31-1559356	501 (C) (3)	5,000				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 DEVELOPMENT OFFICE PO BOX 1477 OAK BLUFFS, MA 02557	04-2104691	501 (C) (3)	5,624				SUPPORT OF MISSION
MARY & MARTHA HOUSE INC P O BOX 1251 RUSKIN, FL 33575	59-2788323	501 (C) (3)	58,608				SUPPORT OF MISSION

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

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MARY LEE'S HOUSE 2806 N ARMENIA AVE TAMPA, FL 33607	65-1096929	501 (C) (3)	6,500				SUPPORT OF MISSION
MASONIC VILLAGES OF THE GRAND LODGE OF PENNSYLVANIA OFFICE OF GIFT PLANNING 1 MASONIC DRIVE ELIZABETHTOWN, PA 17022	23-0846955	501 (C) (3)	9,436				SUPPORT OF MISSION

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

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MASTER THE POSSIBILITIES INC 8415 SW 80TH ST UNIT 2 OCALA, FL 34481	46-2693153	501 (C) (3)	14,800				SUPPORT OF MISSION
MAYO CLINIC 200 FIRST STREET SW ROCHESTER, MN 55905	41-6011702	501 (C) (3)	328,523				SUPPORT OF MISSION

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MEALS ON WHEELS OF TAMPA 550 W HILLSBOROUGH AVE TAMPA, FL 33603	59-1679915	501 (C) (3)	65,919				SUPPORT OF MISSION
MERRIE-WOODE FOUNDATION 100 MERRIE-WOODE ROAD SAPPHIRE, NC 28774	62-1055955	501 (C) (3)	5,000				SUPPORT OF MISSION

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

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METHODIST FAMILY HEALTH FOUNDATION INC 1600 ALDRSGATE SUITE 100 LITTLE ROCK, AR 72205	02-0701562	501 (C) (3)	100,000				SUPPORT OF MISSION
METROPOLITAN MINISTRIES INC 2002 N FLORIDA AVE TAMPA, FL 33602	59-1477007	501 (C) (3)	222,289				SUPPORT OF MISSION

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

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MILITARY FAMILY SUPPORT TRUST 1010 AMERICAN EAGLE BOULEVARD SUITE 400 SUN CITY CENTER, FL 33573	59-3141377	501 (C) (3)	9,931				SUPPORT OF MISSION
MILITARY ORDER OF THE WORLD WARS SCC CHAPTER 226 PO BOX 6309 SUN CITY CENTER, FL 33571	53-0109990	501 (C) (3)	7,000				SUPPORT OF MISSION

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MISSION HISPANA MISSION SOCIETY INC PO BOX 1960 LEHIGH ACRES, FL 33970	20-2639496	501 (C) (3)	5,500				SUPPORT OF MISSION
MOODY BIBLE INSTITUTE 820 NORTH LASALLE BOULEVARD CHICAGO, IL 60610	36-2167792	501 (C) (3)	26,769				SUPPORT OF MISSION

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MORE HEALTH INC 3821 HENDERSON BOULEVARD TAMPA, FL 33628	59-3397472	501 (C) (3)	7,500				SUPPORT OF MISSION
MORNING STAR TAMPA FOUNDATION INC 210 E LINEBAUGH AVENUE TAMPA, FL 33612	59-3363777	501 (C) (3)	20,595				SUPPORT OF MISSION

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MORTON PLANT MEASE HEALTH CARE FOUNDATION INC 1200 DRUID ROAD SOUTH CLEARWATER, FL 33756	59-1751535	501 (C) (3)	8,500				SUPPORT OF MISSION
MUSEUM OF FINE ARTS OF ST PETERSBURG INC 255 BEACH DRIVE NE ST PETERSBURG, FL 33701	59-0949278	501 (C) (3)	59,149				SUPPORT OF MISSION

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MUSEUM OF SCIENCE AND INDUSTRY INC 4801 EAST FOWLER AVENUE TAMPA, FL 33617	59-2657399	501 (C) (3)	6,396				SUPPORT OF MISSION
NAMI PINELLAS COUNTY FLORIDA INC 8800 49TH STREET NORTH 302 PINELLAS PARK, FL 33782	59-2819044	501 (C) (3)	17,667				SUPPORT OF MISSION

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NATIVITY CATHOLIC CHURCH 705 EAST BRANDON BOULEVARD BRANDON, FL 33511	59-1005854	CHURCH	5,348				SUPPORT OF MISSION
NEW DRAMATISTS 424 WEST 44TH STREET NEW YORK, NY 10036	13-1601093	501 (C) (3)	5,250				SUPPORT OF MISSION

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NEW LIFE SOLUTIONS 1910 EAST BAY DRIVE LARGO, FL 33771	59-2588366	501 (C) (3)	8,554				SUPPORT OF MISSION
NEW LIFE WAREHOUSE INC 10741 TAVISTOCK DR TAMPA, FL 33626	85-0505753	501 (C) (3)	5,000				SUPPORT OF MISSION

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NONPROFIT LEADERSHIP CENTER OF TAMPA BAY INC 1408 N WESTSHORE BLVD STE 140 TAMPA, FL 33607	59-3671047	501 (C) (3)	27,000				SUPPORT OF MISSION
NORTH LAWDALE COLLEGE PREPARATORY CHARTER HIGH SCHOOL PO BOX 23400 CHICAGO, FL 60623	36-4229548	501 (C) (3)	5,000				SUPPORT OF MISSION

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

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NORTHWESTERN UNIVERSITY 1201 DAVIS STREET EVANSTON, IL 60208	36-2167817	501 (C) (3)	76,156				SUPPORT OF MISSION
ONE CITY MINISTRIES INC 25344 WESLEY CHAPEL BLVD SUITE 115 LUTZ, FL 33559	26-2996455	501 (C) (3)	5,000				SUPPORT OF MISSION

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

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ONE COMMUNITY NOW INC PO BOX 476 ELFERS, FL 34680	26-4124070	501 (C) (3)	60,000				SUPPORT OF MISSION
OPERATION HEALING FORCES 380 PARK PLACE BLVD SUITE 175 CLEARWATER, FL 33759	45-3798803	501 (C) (3)	300,000				SUPPORT OF MISSION

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

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OUR LADY OF GUADALUPE CATHOLIC MISSION 16650 U S HIGHWAY 301 SOUTH WIMAUMA, FL 33598	59-2945833	CHURCH	8,333				SUPPORT OF MISSION
PACE CENTER FOR GIRLS - HILLSBOROUGH 1933 E HILLSBOROUGH AVENUE SUITE 300 TAMPA, FL 33610	59-2414492	501 (C) (3)	10,000				SUPPORT OF MISSION

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PACT INC RUTH ECKERD HALL 1111 N MCMULLEN BOOTH ROAD CLEARWATER, FL 33759	59-1803628	501 (C) (3)	20,052				SUPPORT OF MISSION
PALMA CEIA PRESBYTERIAN CHURCH 3501 W SAN JOSE ST TAMPA, FL 33629	59-0767700	CHURCH	56,341				SUPPORT OF MISSION

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PALMA CEIA UNITED METHODIST CHURCH 3723 W BAY TO BAY BLVD TAMPA, FL 33629	59-0996450	CHURCH	22,458				SUPPORT OF MISSION
PARALYZED VETERANS OF AMERICA OFFICE OF INDIVIDUAL GIVING DAVID FANNING 801 18TH STREET NW WASHINGTON, DC 20006	13-1946868	501 (C) (3)	6,814				SUPPORT OF MISSION

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PASCO COUNTY HOUSING AUTHORITY 36739 STATE ROAD 52 SUITE 108 DADE CITY, FL 33525	59-1691562	501 (C) (3)	9,000				SUPPORT OF MISSION
PASCO EDUCATION FOUNDATION PO BOX 1248 LAND O LAKES, FL 34629	59-3048717	501 (C) (3)	7,000				SUPPORT OF MISSION

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PINELLAS COMMUNITY FOUNDATION 17755 US HIGHWAY 19 SUITE 150 CLEARWATER, FL 33764	23-7113194	501 (C) (3)	310,746				SUPPORT OF MISSION
PINELLAS COUNTY URBAN LEAGUE INC 333 31ST ST N ST PETERSBURG, FL 33713	59-1665523	501 (C) (3)	25,500				SUPPORT OF MISSION

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PINELLAS EDUCATION FOUNDATION 12090 STARKEY ROAD LARGO, FL 33773	59-2688253	501 (C) (3)	26,696				SUPPORT OF MISSION
PLANT HIGH SCHOOL ACADEMIC FOUNDATION 2415 S HIMES AVENUE TAMPA, FL 33629	59-2348164	501 (C) (3)	5,200				SUPPORT OF MISSION

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PLANT HIGH SCHOOL ATHLETICS FOUNDATION INC 2415 S HIMES AVENUE TAMPA, FL 33629	26-1947755	501 (C) (3)	5,000				SUPPORT OF MISSION
POSITIVE COACHING ALLIANCE 1001 N RENGSTORFF AVE SUITE 100 MOUNTAIN VIEW, CA 94043	77-0485946	501 (C) (3)	25,000				SUPPORT OF MISSION

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POSITIVE COACHING ALLIANCE - TAMPA BAY 1211 N WEST SHORE BOULEVARD SUITE 305 TAMPA, FL 33607	77-0485946	501 (C) (3)	136,030				SUPPORT OF MISSION
PRESERVE VISION FLORIDA INC 9200 SEMINOLE BLVD SECOND FLOOR SEMINOLE, FL 33772	59-6181662	501 (C) (3)	12,456				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
PRISMA HEALTH MIDLANDS FOUNDATION 300 E MCBEE STREET SUITE 503 GAINESVILLE, SC 29601	57-0725699	501 (C) (3)	6,000				SUPPORT OF MISSION
PRODEIN NON PROFIT INC 2315 BERGENLINE AVE UNION CITY, NJ 07087	22-2583117	501 (C) (3)	28,103				SUPPORT OF MISSION

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

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PROJECT LINK INC JUST FULL SERVICE CENTER BLDG 1315 W SPRUCE ST TAMPA, FL 33607	59-2976029	501 (C) (3)	73,000				SUPPORT OF MISSION
PROJECT PROSPER INC 13575 58TH STREET NORTH SUITE 107 CLEARWATER, FL 33760	20-8936475	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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QUANTUM LEAP FARM INC 10401 WOODSTOCK RD ODESSA, FL 33556	59-3469464	501 (C) (3)	28,333				SUPPORT OF MISSION
RAHAB'S DAUGHTERS 970 LAKE CARILLON DR SUITE 300 ST PETERSBURG, FL 33716	47-3954009	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
RAYMOND JAMES CHARITABLE ENDOWMENT FUND PO BOX 23559 ST PETERSBURG, FL 33742	59-3652538	501 (C) (3)	88,078				SUPPORT OF MISSION
REACH SERVICES INC 6157 31ST AVE N ST PETERSBURG, FL 33710	82-4672063	501 (C) (3)	56,733				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
READY FOR LIFE INC 2300 TALL PINES DR STE 100 LARGO, FL 33771	26-4032979	501 (C) (3)	29,500				SUPPORT OF MISSION
RED TENT WOMENS INITIATIVE 535 CENTRAL AVE STE 317 ST PETERSBURG, FL 33701	46-0596084	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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REDEEMER PRESBYTERIAN CHURCH 12404 BOYETTE RD RIVERVIEW, FL 33569	75-3220668	CHURCH	20,500				SUPPORT OF MISSION
REDLANDS CHRISTIAN MIGRANT ASSOCIATION INC 402 WEST MAIN STREET IMMOKALEE, FL 34142	59-1221966	501 (C) (3)	150,997				SUPPORT OF MISSION

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

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RELEVANT CHURCH INC 1704 N 16TH ST TAMPA, FL 33605	20-1365536	501 (C) (3)	5,000				SUPPORT OF MISSION
RELIGIOUS COMMUNITY SERVICES INC 503 S MARTIN LUTHER KING JR AVE CLEARWATER, FL 33756	59-1309186	501 (C) (3)	81,248				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
REUNIONCARE INC THE INNOVATION LAB POYNTER 801 THIRD STREET SOUTH 240 ST PETERSBURG, FL 33701	46-4471364	501 (C) (3)	12,261				SUPPORT OF MISSION
ROBIN HOOD FOUNDATION 826 BROADWAY 9TH FLOOR NEW YORK, NY 10003	13-3441066	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
ROGERS BEHAVIORAL HEALTH 2002 N LOIS AVE SUITE 400 TAMPA, FL 33607	39-1139101	501 (C) (3)	5,000				SUPPORT OF MISSION
RONALD MCDONALD HOUSE CHARITIES OF TAMPA BAY INC 35 DAVIS BLVD TAMPA, FL 33606	59-1835985	501 (C) (3)	42,692				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
ROTARY'S CAMP FLORIDA INC PO BOX 1027 BRANDON, FL 33509	59-3096120	501 (C) (3)	18,617				SUPPORT OF MISSION
RUTH ECKERD HALL INC 1111 N MCMULLEN BOOTH ROAD CLEARWATER, FL 33759	59-1803628	501 (C) (3)	99,424				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
SACRED HEART CATHOLIC CHURCH PO BOX 1524 TAMPA, FL 33601	59-0624441	CHURCH	15,000				SUPPORT OF MISSION
SALESIAN SISTERS 659 BELMONT AVENUE NORTH HALEDON, NJ 07508	22-6043753	CHURCH	152,610				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 SISTERS OF TAMPA BAY 315 W COLUMBUS DRIVE TAMPA, FL 33602	53-0196617	501 (C) (3)	9,506				SUPPORT OF MISSION
SALESIAN YOUTH CENTER 659 BELMONT AVENUE NORTH HALEDON, NJ 07508	22-6043753	CHURCH	33,193				SUPPORT OF MISSION

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

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SALESIAN YOUTH CENTER OF TAMPA BAY 315 W COLUMBUS DRIVE TAMPA, FL 33602	53-0196617	501 (C) (3)	1,000				SUPPORT OF MISSION
SALVATION ARMY PO BOX 2839 TAMPA, FL 33601	58-0660607	501 (C) (3)	9,605				SUPPORT OF MISSION

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

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SALVATION ARMY SARASOTA COMMAND PO BOX 2792 SARASOTA, FL 34230	58-0660607	501 (C) (3)	6,814				SUPPORT OF MISSION
SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607	58-1437002	501 (C) (3)	14,250				SUPPORT OF MISSION

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

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SARASOTA OPERA ASSOCIATION 61 NORTH PINEAPPLE AVENUE SARASOTA, FL 34236	23-7089047	501 (C) (3)	12,885				SUPPORT OF MISSION
SAVING OUR SENIORS INC 4362 16TH AVE ST PETERSBURG, FL 33711	81-3577562	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
SECOND CHANCE LIFE SKILLS INC 1700 34TH ST S ST PETERSBURG, FL 33711	59-3650170	501 (C) (3)	155,000				SUPPORT OF MISSION
SELAH FREEDOM 1800 2ND STREET SUITE 880 SARASOTA, FL 34276	45-5189165	501 (C) (3)	5,000				SUPPORT OF MISSION

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

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SENIORS IN SERVICE OF TAMPA BAY INC 1306 W SLIGH AVENUE TAMPA, FL 33604	59-2422975	501 (C) (3)	23,214				SUPPORT OF MISSION
SHEPHERDS VILLAGE INC 1910 EAST BAY DRIVE LARGO, FL 33771	59-3096209	501 (C) (3)	31,400				SUPPORT OF MISSION

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

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SHOWERED AND EMPOWERED INC 7496 2ND STREET NORTH ST PETERSBURG, FL 33702	81-3596873	501 (C) (3)	50,000				SUPPORT OF MISSION
SHRINERS HOSPITAL FOR CHILDREN 2900 N ROCKY POINT DR TAMPA, FL 33607	36-2193608	501 (C) (3)	85,466				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
SOULSVILLE FOUNDATION 926 E MCLEMORE MEMPHIS, TN 38106	62-1719414	501 (C) (3)	10,000				SUPPORT OF MISSION
SOUTHEASTERN GUIDE DOGS INC 4210 77TH ST E PALMETTO, FL 34221	59-2252352	501 (C) (3)	153,869				SUPPORT OF MISSION

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

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SPCA TAMPA BAY 9099 130TH AVE N LARGO, FL 33773	59-0715928	501 (C) (3)	5,475				SUPPORT OF MISSION
SPECIAL OLYMPICS VIRGINIA 3212 SKIPWITH ROAD SUITE 100 RICHMOND, VA 23294	54-1013637	501 (C) (3)	5,000				SUPPORT OF MISSION

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

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ST ANDREWS LEGACY INC 702 ROCKINGHAM WYLIE, TX 75098	81-2930946	501 (C) (3)	10,000				SUPPORT OF MISSION
ST JOHN'S EPISCOPAL PARISH DAY SCHOOL INC 906 S ORLEANS AVE TAMPA, FL 33606	74-2986047	501 (C) (3)	35,000				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 CATHOLIC CHURCH 3012 W CHERRY ST TAMPA, FL 33607		CHURCH	5,000				SUPPORT OF MISSION
ST JOSEPH'S HOSPITALS FOUNDATION INC 2700 W DR MARTIN LUTHER KING JR BOULEVARD SUITE 310 TAMPA, FL 33607	59-1100828	501 (C) (3)	50,449				SUPPORT OF MISSION

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

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ST JUDE CHILDREN'S RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105	62-0646012	501 (C) (3)	7,718				SUPPORT OF MISSION
ST LAWRENCE CATHOLIC SCHOOL 5225 N HIMES AVENUE TAMPA, FL 33614	59-0875805	501 (C) (3)	11,769				SUPPORT OF MISSION

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

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ST LEO UNIVERSITY UNIVERSITY ADVANCEMENT PO BOX 6665 MC 2354 ST LEO, FL 33574	59-1237047	501 (C) (3)	5,000				SUPPORT OF MISSION
ST MARY OF THE HILLS EPISCOPAL CHURCH 140 CHESTNUT DR BLOWING ROCK, NC 28605		CHURCH	5,000				SUPPORT OF MISSION

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

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ST MARY'S EPISCOPAL DAY SCHOOL 2101 S HUBERT AVE TAMPA, FL 33629	59-1985294	CHURCH	52,500				SUPPORT OF MISSION
ST PAUL CATHOLIC CHURCH 12708 NORTH DALE MABRY HIGHWAY TAMPA, FL 33618	59-1213195	CHURCH	18,095				SUPPORT OF MISSION

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ST PAUL UNITED METHODIST CHURCH 1199 S HIGHLAND AVENUE LARGO, FL 33770	59-1031675	CHURCH	18,500				SUPPORT OF MISSION
ST PAUL'S SCHOOL INC ATTN SAMANTHA KEMMISH 1600 ST PAULS DRIVE CLEARWATER, FL 33764	59-1220745	501 (C) (3)	6,000				SUPPORT OF MISSION

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ST PETER CLAVER CATHOLIC SCHOOL 1401 NORTH GOVERNOR STREET TAMPA, FL 33602	53-0196617	501 (C) (3)	6,964				SUPPORT OF MISSION
ST PETERSBURG ARTS ALLIANCE 100 2ND AVE NORTH SUITE 150 ST PETERSBURG, FL 33701	46-1335413	501 (C) (3)	19,886				SUPPORT OF MISSION

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

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ST PETERSBURG BALLET CONSERVATORY INC 1500 58TH ST S GULFPORT, FL 33707	82-1982169	501 (C) (3)	5,000				SUPPORT OF MISSION
ST PETERSBURG CATHOLIC HIGH SCHOOL 6333 9TH AVENUE NORTH ST PETERSBURG, FL 33710	59-0803197	CHURCH	15,000				SUPPORT OF MISSION

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

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ST PETERSBURG FREE CLINIC INC 863 3RD AVENUE N ST PETERSBURG, FL 33701	23-7208280	501 (C) (3)	97,487				SUPPORT OF MISSION
ST PETERSBURG OPERA COMPANY 2145 1ST AVE S ST PETERSBURG, FL 33712	20-8523525	501 (C) (3)	20,500				SUPPORT OF MISSION

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

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ST PETERSBURG PRESERVATION INC PO BOX 838 ST PETERSBURG, FL 33731	59-1898534	501 (C) (3)	7,500				SUPPORT OF MISSION
ST PETERSBURG WAREHOUSE ARTS DISTRICT INC 515 22ND STREET SOUTH ST PETERSBURG, FL 33712	46-0826859	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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ST VINCENT DE PAUL REGIONAL SEMINARY 10701 SOUTH MILITARY TRAIL BOYNTON BEACH, FL 33436	59-1028326	CHURCH	23,000				SUPPORT OF MISSION
STAGEWORKS INC 1120 E KENNEDY BLVD WEST BUILDING 151 TAMPA, FL 33602	59-2465234	501 (C) (3)	49,483				SUPPORT OF MISSION

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

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STARTING RIGHT NOW 1212 W CASS ST TAMPA, FL 33606	26-3725699	501 (C) (3)	35,100				SUPPORT OF MISSION
STATE UNIVERSITY OF IOWA FOUNDATION PO BOX 4550 IOWA CITY, IA 52244	42-0796760	501 (C) (3)	125,000				SUPPORT OF MISSION

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STREATOR UNLIMITED INC 305 N STERLING STREET STREATOR, IL 61364	36-2558089	501 (C) (3)	5,700				SUPPORT OF MISSION
STREATOR YMCA-YWCA 710 OAKLEY AVENUE STREATOR, IL 61364	36-2205999	501 (C) (3)	6,120				SUPPORT OF MISSION

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

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SUN CITY CENTER EMERGENCY SQUAD 720 RAY WATSON DRIVE SUN CITY CENTER, FL 33573	59-1147811	501 (C) (3)	38,137				SUPPORT OF MISSION
SUN CITY CENTER LIBRARY 1009 N PEBBLE BEACH BOULEVARD SUN CITY CENTER, FL 33573	59-2746620	501 (C) (3)	14,503				SUPPORT OF MISSION

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

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SUN CITY CENTER SECURITY PATROL INC 1225 N PEBBLE BEACH BOULEVARD SUN CITY CENTER, FL 33573	59-2169618	501 (C) (3)	14,503				SUPPORT OF MISSION
SUNCOAST DEVELOPERS GUILD 2220 CENTRAL AVE ST PETERSBURG, FL 33712	82-3204223	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
SUNCOAST VOICES FOR CHILDREN FOUNDATION INC 8550 ULMERTON ROAD SUITE 255 LARGO, FL 33771	20-1133518	501 (C) (3)	11,709				SUPPORT OF MISSION
TAMPA BAY COMMUNITY DEVELOPMENT CORPORATION 2139 NE COACHMAN RD SUITE 1 CLEARWATER, FL 33765	59-2252762	501 (C) (3)	26,076				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 HISTORY CENTER INC 801 OLD WATER ST TAMPA, FL 33602	59-3058652	501 (C) (3)	137,711				SUPPORT OF MISSION
TAMPA BAY NETWORK TO END HUNGER 4532 W KENNEDY BOULEVARD SUITE 252 TAMPA, FL 33706	36-4758155	501 (C) (3)	24,578				SUPPORT OF MISSION

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

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TAMPA BAY PARTNERSHIP FOR REGIONAL RESEARCH & EDU FDN 4300 W CYPRESS STREET SUITE 875 TAMPA, FL 33607	59-3414776	501 (C) (3)	20,000				SUPPORT OF MISSION
TAMPA BAY PERFORMING ARTS CENTER FOUNDATION INC 1010 NORTH WC MACINNES PLACE TAMPA, FL 33602	59-3524613	501 (C) (3)	183,413				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 WATCH INC 3000 PINELLAS BAYWAY S TIERRA VERDE, FL 33715	59-3191962	501 (C) (3)	30,435				SUPPORT OF MISSION
TAMPA BAY WAVE INC 500 E KENNEDY BLVD STE 300 TAMPA, FL 33602	27-4779851	501 (C) (3)	5,000				SUPPORT OF MISSION

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

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TAMPA GENERAL HOSPITAL FOUNDATION INC PO BOX 1289 TAMPA, FL 33601	23-7354477	501 (C) (3)	243,850				SUPPORT OF MISSION
TAMPA JEWISH COMMUNITY CENTER FEDERATION 13009 COMMUNITY CAMPUS DR TAMPA, FL 33625	23-7182057	501 (C) (3)	49,650				SUPPORT OF MISSION

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

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TAMPA JEWISH FAMILY SERVICES 522 N HOWARD AVE TAMPA, FL 33606	59-1549670	501 (C) (3)	19,305				SUPPORT OF MISSION
TAMPA METROPOLITAN AREA YMCA 110 EAST OAK AVENUE TAMPA, FL 33602	59-1742909	501 (C) (3)	52,223				SUPPORT OF MISSION

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

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TAMPA MUSEUM OF ART FOUNDATION INC 120 W GASPARILLA PLAZA TAMPA, FL 33602	31-1650423	501 (C) (3)	15,000				SUPPORT OF MISSION
TAMPA MUSEUM OF ART INC 120 W GASPARILLA PLAZA TAMPA, FL 33602	59-1934721	501 (C) (3)	56,817				SUPPORT OF MISSION

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

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TAMPA PREPARATORY SCHOOL INC 727 W CASS ST TAMPA, FL 33606	59-1618607	501 (C) (3)	35,750				SUPPORT OF MISSION
TAMPA THEATRE INC 711 N FRANKLIN STREET TAMPA, FL 33602	59-3191311	501 (C) (3)	11,431				SUPPORT OF MISSION

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

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TAMPABAY-JOB-LINKS 1211 N WEST SHORE BLVD SUITE 300 TAMPA, FL 33607	27-4629468	501 (C) (3)	58,250				SUPPORT OF MISSION
TANENBAUM CENTER FOR INTERRELIGIOUS UNDERSTANDING 55 BROAD STREET NEW YORK, NY 10004	13-3695475	501 (C) (3)	5,000				SUPPORT OF MISSION

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

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TEACHERS COLLEGE COLUMBIA UNIVERSITY - CAHN FELLOWS PROGRAM ATTN LISA SAHULKA 525 W 120TH STREET 213 NEW YORK, NY 10027	13-1624202	501 (C) (3)	60,000				SUPPORT OF MISSION
TEEN CHALLENGE OF FLORIDA INC 3706 S SANFORD AVE SANFORD, FL 32773	59-2479228	501 (C) (3)	5,000				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
TEMPLE BETH-EL OF ST PETERSBURG INC 400 PASADENA AVE S ST PETERSBURG, FL 33707	59-0711184	CHURCH	7,045				SUPPORT OF MISSION
TEMPLE TERRACE CHURCH OF CHRIST 8001 TEMPLE TERRACE HWY TEMPLE TERRACE, FL 33637	59-2171027	CHURCH	7,800				SUPPORT OF MISSION

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

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TEMPLE TERRACE FIRST BAPTIST CHURCH 10002 N 56TH ST TEMPLE TERRACE, FL 33617	59-6045682	CHURCH	17,000				SUPPORT OF MISSION
TFTSP YOUTH GOLF COUNCIL ST PETERSBURG FLORIDA INC 3790 22ND AVENUE SOUTH ST PETERSBURG, FL 33711	27-0855397	501 (C) (3)	7,295				SUPPORT OF MISSION

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

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THE CENTRE FOR WOMEN INC 305 S HYDE PARK AVENUE TAMPA, FL 33606	59-1787902	501 (C) (3)	40,906				SUPPORT OF MISSION
THE CRISIS CENTER OF TAMPA BAY INC ONE CRISIS CENTER PLAZA TAMPA, FL 33613	59-1785265	501 (C) (3)	17,000				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 913 SOUTH PARSONS AVENUE SUITE C BRANDON, FL 33511	20-8378337	501 (C) (3)	167,000				SUPPORT OF MISSION
THE FAISON SCHOOL FOR AUTISM INC 1701 BYRD AVENUE RICHMOND, VA 23230	03-0387451	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 FIRST TEE OF TAMPA BAY 7910 N 30TH STREET TAMPA, FL 33610	59-1742909	501 (C) (3)	14,500				SUPPORT OF MISSION
THE FLORIDA AQUARIUM 701 CHANNELSIDE DRIVE TAMPA, FL 33602	59-2807815	501 (C) (3)	42,250				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
THE FLORIDA ORCHESTRA INC 244 2ND AVE N STE 420 ST PETERSBURG, FL 33701	59-1223691	501 (C) (3)	486,266				SUPPORT OF MISSION
THE KIND MOUSE PRODUCTIONS INC 1801 16TH STREET NORTH SUITE B ST PETERSBURG, FL 33704	45-2455492	501 (C) (3)	34,939				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)	9,500				SUPPORT OF MISSION
THE NATURE CONSERVANCY 4245 NORTH FAIRFAX DR SUITE 100 ARLINGTON, VA 22203	53-0242652	501 (C) (3)	14,883				SUPPORT OF MISSION

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

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THE NATURE CONSERVANCY - GLOBAL HEADQUARTERS 4245 NORTH FAIRFAX DR SUITE 100 ARLINGTON, VA 22203	53-0242652	501 (C) (3)	21,214				SUPPORT OF MISSION
THE POYNTER INSTITUTE FOR MEDIA STUDIES INC 801 THIRD ST S ST PETERSBURG, FL 33701	59-1630423	501 (C) (3)	7,112				SUPPORT OF MISSION

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

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THE SALVATION ARMY LEGAL DEPARTMENT 5550 PRAIRIE STONE PARKWAY HOFFMAN ESTATES, IL 60192	36-2167910	501 (C) (3)	9,851				SUPPORT OF MISSION
THE SKILLS CENTER INC 6919 N DIXON AVE TAMPA, FL 33604	26-0631467	501 (C) (3)	5,000				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 SPRING OF TAMPA BAY INC PO BOX 5147 TAMPA, FL 33765	59-1777135	501 (C) (3)	73,641				SUPPORT OF MISSION
THE STUDIO 620 INC 620 1ST AVENUE SOUTH ST PETERSBURG, FL 33701	52-2398308	501 (C) (3)	21,583				SUPPORT OF MISSION

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

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THE VILLAGE FOUNDATION OF BLOWING ROCK PO BOX 2716 BLOWING ROCK, NC 28605	27-1826991	501 (C) (3)	5,000				SUPPORT OF MISSION
THE WELL INCORPORATED PO BOX 76031 TAMPA, FL 33675	46-4796993	501 (C) (3)	6,000				SUPPORT OF MISSION

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THINK BIG FOR KIDS INC 1219 ROLLING WOODS LANE LAKELAND, FL 33813	83-3978138	501 (C) (3)	171,000				SUPPORT OF MISSION
TO WRITE LOVE ON HER ARMS TWLOHA INC PO BOX 2203 MELBOURNE, FL 32902	26-0789229	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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TRINITY BAPTIST CHURCH OF SUN CITY 702 DEL WEBB BLVD W SUN CITY CENTER, FL 33573	59-1621926	CHURCH	6,710				SUPPORT OF MISSION
TRINITY COLLEGE OF FLORIDA 2430 WELBILT BOULEVARD TRINITY, FL 34655	59-6155069	501 (C) (3)	157,500				SUPPORT OF MISSION

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TRINITY PRESBYTERIAN CHURCH 14925 N BOULEVARD TAMPA, FL 33613	59-0638496	CHURCH	7,000				SUPPORT OF MISSION
TURNING POINT FOR GOD PO BOX 3838 SAN DIEGO, CA 92163	33-0095805	501 (C) (3)	5,000				SUPPORT OF MISSION

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UNCHARTED MINISTRIES INC C/O TOM AND JOANN DOYLE CHRISTIAN RESOURCE MANAGEMENT INC 4740 GREEN CORONA, CA 92880	82-3329457	501 (C) (3)	5,000				SUPPORT OF MISSION
UNITARIAN UNIVERSALIST CHURCH OF TAMPA 11400 MORRIS BRIDGE ROAD TAMPA, FL 33637	59-2928193	CHURCH	7,450				SUPPORT OF MISSION

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UNITARIAN UNIVERSALISTS OF CLEARWATER 2470 NURSEY ROAD CLEARWATER, FL 33764	59-0995436	CHURCH	5,000				SUPPORT OF MISSION
UNITED FOOD BANK OF PLANT CITY 702 ALSOBROOK STREET SUITE H PLANT CITY, FL 33563	59-3069728	501 (C) (3)	6,375				SUPPORT OF MISSION

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UNITED METHODIST CHURCH OF SUN CITY CENTER 1210 DEL WEBB BLVD WEST SUN CITY CENTER, FL 33573	59-2131662	CHURCH	149,837				SUPPORT OF MISSION
UNITED WAY OF MIAMI-DADE INC 3250 SW THIRD AVE MIAMI, FL 33129	59-0830840	501 (C) (3)	40,500				SUPPORT OF MISSION

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UNITED WAY OF SOUTHERN CHAUTAUQUA COUNTY 208 PINE STREET JAMESTOWN, NY 14701	16-0772743	501 (C) (3)	5,000				SUPPORT OF MISSION
UNITED WAY SUNCOAST INC 5201 W KENNEDY BLVD STE 600 TAMPA, FL 33609	59-3725701	501 (C) (3)	252,918				SUPPORT OF MISSION

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UNIVERSITY AREA COMMUNITY DEVELOPMENT CORPORATION INC 14013 NORTH 22ND STREET TAMPA, FL 33613	31-1624121	501 (C) (3)	12,500				SUPPORT OF MISSION
UNIVERSITY COMMUNITY HOSPITAL FOUNDATION D/B/A FLORIDA HOSPITAL TAMPA FOUNDATION 3100 E FLETCHER AVENUE TAMPA, FL 33613	59-2554889	501 (C) (3)	18,095				SUPPORT OF MISSION

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UNIVERSITY OF FLORIDA FOUNDATION INC P O BOX 14425 GAINESVILLE, FL 32604	59-0974739	501 (C) (3)	8,673				SUPPORT OF MISSION
UNIVERSITY OF PENNSYLVANIA GIFTS ACCOUNTING ADMIN AND RECORDS 2929 WALNUT STREET SUITE 300 PHILADELPHIA, PA 19104	23-1352685	501 (C) (3)	6,000				SUPPORT OF MISSION

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UNIVERSITY OF SOUTH FLORIDA FDN - BRIDGE HEALTHCARE CLINIC USF HEALTH DEVELOPMENT 12901 BRUCE B DOWNS BLVD MDC 70 TAMPA, FL 33612	59-0879015	501 (C) (3)	8,030				SUPPORT OF MISSION
UNIVERSITY OF SOUTH FLORIDA FOUNDATION INC 4202 E FOWLER AVE ALC 100 GIBBONS ALUMNI CENTER TAMPA, FL 33620	59-0879015	501 (C) (3)	300,838				SUPPORT OF MISSION

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UNIVERSITY OF TAMPA DEVELOPMENT AND UNIVERSITY RELATIONS 401 W KENNEDY BOULEVARD B TAMPA, FL 33606	59-0624459	501 (C) (3)	1,225,669				SUPPORT OF MISSION
VANDERBILT UNIVERSITY OFFICE OF ANNUAL GIVING PMB 407727 2301 VANDERBILT PL NASHVILLE, TN 37240	62-0476822	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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VETERANS OF SOUTH PINELLAS COUNTY 7217 GULF BOULEVARD 15-155 ST PETE BEACH, FL 33706	45-2518102	501 (C) (3)	5,000				SUPPORT OF MISSION
VETERINARY CARE FOUNDATION INC 16550 NW 46TH STREET MORRISTON, FL 32668	26-1074767	501 (C) (3)	7,881				SUPPORT OF MISSION

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

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VILLA LA PAZ INC 3637 4TH STREET N SUITE 280 ST PETERSBURG, FL 33704	59-2344266	501 (C) (3)	5,500				SUPPORT OF MISSION
VILLA MADONNA SCHOOL 315 W COLUMBUS DRIVE TAMPA, FL 33602	22-6043753	CHURCH	5,000				SUPPORT OF MISSION

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VOICES FOR CHILDREN OF TAMPA BAY INC 3314 HENDERSON BLVD SUITE 207 TAMPA, FL 33609	59-2737702	501 (C) (3)	21,308				SUPPORT OF MISSION
VOLUNTEER WAY INC 8061 CONGRESS STREET PORT RICHEY, FL 34668	59-3555687	501 (C) (3)	17,667				SUPPORT OF MISSION

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WAKE FOREST UNIVERSITY OFFICE OF UNIVERSITY ADVANCEMENT P O BOX 7227 WINSTONSALEM, NC 27109	56-0532138	501 (C) (3)	10,000				SUPPORT OF MISSION
WARRIOR2WARRIOR FOUNDATION C/O SUSAN ULLMAN 2500 N VAN DORN ST APT 801 ALEXANDRIA, VA 22302	47-1488200	501 (C) (3)	5,000				SUPPORT OF MISSION

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

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WASHINGTON & LEE UNIVERSITY DEVELOPMENT BUILDING 204 W WASHINGTON ST LEXINGTON, VA 24450	54-0505977	501 (C) (3)	29,153				SUPPORT OF MISSION
WE CARE FOOD PANTRY PO BOX 331 HOMOSASSA, FL 34487	80-0552092	501 (C) (3)	16,333				SUPPORT OF MISSION

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

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WEDU FLORIDA WEST COAST PUBLIC BROADCASTING 1300 NORTH BLVD TAMPA, FL 33607	59-0840626	501 (C) (3)	43,450				SUPPORT OF MISSION
WERNLE CHILDREN'S HOME INC PO BOX 1386 RICHMOND, IN 47375	35-0868957	501 (C) (3)	36,197				SUPPORT OF MISSION

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WESTMINSTER COLLEGE 319 S MARKET STREET NEW WILMINGTON, PA 16172	25-0981156	501 (C) (3)	18,869				SUPPORT OF MISSION
WHEELER MISSION 205 E NEW YORK ST INDIANAPOLIS, IN 46204	35-0888771	501 (C) (3)	45,000				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
WILLIAMSON COLLEGE OF THE TRADES 106 S NEW MIDDLETOWN RD MEDIA, PA 19063	23-1352691	501 (C) (3)	10,000				SUPPORT OF MISSION
WNED FOUNDATION INC PO BOX 1263 BUFFALO, NY 14240	16-1613963	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
WORD OF LIFE FELLOWSHIP INC PO BOX 600 SCHROON LAKE, NY 12870	13-5648615	501 (C) (3)	25,000				SUPPORT OF MISSION
WORLD CENTRAL KITCHEN INC 1342 FLORIDA AVE NW WASHINGTON, DC 20009	27-3521132	501 (C) (3)	51,000				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
WOUNDED WARRIOR PROJECT 4899 BELFORT ROAD SUITE 300 JACKSONVILLE, FL 32256	20-2370934	501 (C) (3)	5,000				SUPPORT OF MISSION
WUSF PUBLIC MEDIA UNIVERSITY OF SOUTH FLORIDA FOUNDATION 4202 E FOWLER AVE TVB 10 TAMPA, FL 33620	59-0879015	501 (C) (3)	21,355				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
YBOR CITY ROTARY FOUNDATION INC PO BOX 5931 TAMPA, FL 33675	59-2998020	501 (C) (3)	6,683				SUPPORT OF MISSION
YEAR UP INC 45 MILK STREET 9TH FLOOR BOSTON, MA 02109	04-3534407	501 (C) (3)	18,333				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
YMCA OF GREATER ST PETERSBURG 600 FIRST AVENUE NORTH SUITE 201 ST PETERSBURG, FL 99701	59-0624468	501 (C) (3)	6,000				SUPPORT OF MISSION
YOUNG LIFE AFRICA PO BOX 70065 PRESCOTT, AZ 86304	84-0385934	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
YOUNG LIFE TAMPA URBAN 2121 131ST AVENUE E TAMPA, FL 33612	84-0385934	501 (C) (3)	20,500				SUPPORT OF MISSION
YOUNGSTOWN AREA JEWISH FEDERATION 505 GYPSY LANE DIRECTOR OF DEVELOPMENT YOUNGSTOWN, OH 44504	34-0714442	501 (C) (3)	5,450				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
YOUTH AND FAMILY ALTERNATIVES INC 7524 PLATHE ROAD NEW PORT RICHEY, FL 34653	59-1545990	501 (C) (3)	9,558				SUPPORT OF MISSION

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2019

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 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> <p> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Tax idemnification and gross-up payments <input 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>		
<p>b If any of the boxes on 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 on 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> <p> <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>		
<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 CENTRE 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

2019

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

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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	136	14,924,960	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	
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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 isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		No
31	Yes	
32a		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?

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

b If "Yes," describe in Part II.

33 If the organization didn't 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)**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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019**Open to Public Inspection**

Department of the Treasury

Name of the organization

COMMUNITY FOUNDATION OF TAMPA BAY INC

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.

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	<p>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 IN OCTOBER 2019. 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, 2020.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAINTAINS ITS MOST RECENT IRS FROM 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 ARE POSTED ON THE ORGANIZATION WEBSITE. 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 -1,394,152. INVESTMENT INCOME OF AGENCY FUNDS -362,205. CHANGE IN VALUE - PARTNERSHIPS 6,500. CHANGE IN VALUE - SPLIT INTEREST -40,771. K-1 IN VESTMENTS -102,966.

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

2019

**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.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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	33,177	0	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 (16)	TRUST ADMINISTRATION	FL	COMMUNITY FOUNDATION OF TAMPA BAY	T		6,148,300	100.000 %		No
(2) CHARITABLE LEAD TRUSTS (1)	TRUST ADMINISTRATION	FL	COMMUNITY FOUNDATION OF TAMPA BAY	T		91,467	100.000 %		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).

Return Reference	Explanation