

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
GIVEWELL COMMUNITY FOUNDATION INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1501 S FLORIDA AVENUE

City or town, state or province, country, and ZIP or foreign postal code
LAKELAND, FL 33803

D Employer identification number
59-3649871

E Telephone number
(863) 683-3131

F Name and address of principal officer:
JOHN ATTAWAY
1501 S FLORIDA AVENUE
LAKELAND, FL 33803

G Gross receipts \$ 28,618,623

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: ▶ HTTP://WWW.GIVECF.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 2000 **M** State of legal domicile: FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
THE MISSION OF GIVEWELL COMMUNITY FOUNDATION IS TO CHAMPION CHARITABLE GIVING TO IMPROVE THE QUALITY OF LIFE IN THE AREAS WE SERVE, BOTH NOW AND FOR FUTURE GENERATIONS.

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	23
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	23
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	8
6 Total number of volunteers (estimate if necessary)	6	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 39	7b	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	27,010,946	33,278,824
9 Program service revenue (Part VIII, line 2g)		0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,228,084	6,227,587
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-7,649,470	-10,951,005
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	24,589,560	28,555,406
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	15,524,341	20,228,803
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	635,681	671,164
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	960,016	781,947
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	17,120,038	21,681,914
19 Revenue less expenses. Subtract line 18 from line 12	7,469,522	6,873,492

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	192,493,129	199,717,123
21 Total liabilities (Part X, line 26)	18,439,247	18,236,300
22 Net assets or fund balances. Subtract line 21 from line 20	174,053,882	181,480,823

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: 2020-09-03

JOHN ATTAWAY PRESIDENT/CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Preparer's signature: Date: 2020-10-21
 Check if self-employed PTIN: P00372273

Firm's name ▶ DAVID R RAMOS CPA Firm's EIN ▶ 59-3041038

Firm's address ▶ 4215 OLD ROAD 37 LAKELAND, FL 33813 Phone no. (863) 701-7885

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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:

THE MISSION OF GIVEWELL COMMUNITY FOUNDATION IS TO CHAMPION CHARITABLE GIVING TO IMPROVE THE QUALITY OF LIFE IN THE AREAS WE SERVE, BOTH FOR NOW AND FOR FUTURE GENERATIONS.

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 \$ 20,606,908 including grants of \$ 20,228,803) (Revenue \$)
See Additional Data

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

(Code:) (Expenses \$ including grants of \$) (Revenue \$)
WE HELP DONORS AND CHARITABLE ORGANIZATIONS BUILD A BETTER COMMUNITY.

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 20,606,908

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a-f for items 10, 11, 12, and 14. Each row has a corresponding 'Yes' or 'No' in the rightmost column.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, and tax-exempt status.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Form with sections 2a through 16, including questions about employee reporting, federal employment tax returns, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, deductible contributions, and sponsoring organizations.

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (23), 1b (23), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 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.
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:

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) TERRY SIMMERS PAST PRESIDE	40.00			X			122,527	0	0	
(2) JOHN ATTAWAY PRESIDENT/CE	40.00			X			37,162	0	0	
(3) BARNEY BARNETT EXEC COMMITT	1.00	X					0	0	0	
(4) WESLEY BARNETT DIRECTOR	1.00	X					0	0	0	
(5) BO BOYTE DIRECTOR	1.00	X					0	0	0	
(6) JAMES E CHAFFIN EXEC COMMITT	1.00	X					0	0	0	
(7) BRUCE DAVIS DIRECTOR	1.00	X					0	0	0	
(8) BILL DORMAN EXEC COMMITT	1.00	X					0	0	0	
(9) KIMBERLY ELMHORST DIRECTOR	1.00	X					0	0	0	
(10) ANNE FURR SECRETARY	1.00	X		X			0	0	0	
(11) JAY GRAY TREASURER	1.00	X		X			0	0	0	
(12) ED GROSSMAN EXEC COMMITT	1.00	X					0	0	0	
(13) JACK HOLLIS BOARD VICE-C	1.00	X		X			0	0	0	
(14) ROGER INGLEY DIRECTOR	1.00	X					0	0	0	
(15) TIM PUTNAM JR DIRECTOR	1.00	X					0	0	0	
(16) DOUG MCPHERSON DIRECTOR	1.00	X					0	0	0	
(17) SUZANNE MORACO IMMEDIATE PA	1.00	X		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) TOM OLDT DIRECTOR	1.00	X						0	0	0
(19) RENEE POBJECKY DIRECTOR	1.00	X						0	0	0
(20) LINDA RICH DIRECTOR	1.00	X						0	0	0
(21) SANDY SHEETS DIRECTOR	1.00	X						0	0	0
(22) JILLIAN SPANGLER DIRECTOR	1.00	X						0	0	0
(23) JEFFREY COX SR BOARD CHAIR	1.00	X			X			0	0	0
(24) RICK STEPHENS DIRECTOR	1.00	X						0	0	0
(25) MARK TURNER DIRECTOR	1.00	X						0	0	0
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							159,689			

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 **▶ 1**

	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>		No
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

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 **▶**

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	33,278,824		
	g Noncash contributions included in lines 1a - 1f:\$	1g	17,056,984		
h Total. Add lines 1a-1f		33,278,824			

Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f.							

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			6,227,587	6,227,587			
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents		(i) Real	(ii) Personal				
			6a					
		b Less: rental expenses	6b					
		c Rental income or (loss)	6c					
	d Net rental income or (loss)							
	7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
			7a					
		b Less: cost or other basis and sales expenses	7b					
		c Gain or (loss)	7c					
	d Net gain or (loss)							
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18							
			8a	136,907				
		b Less: direct expenses	8b	63,217				
	c Net income or (loss) from fundraising events				73,690			
	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 CONTR APPLIC TO AGENCY FUNDS				-11,024,695	-11,024,695			
b								
c								
d All other revenue								
e Total. Add lines 11a-11d				-11,024,695				
12 Total revenue. See instructions				28,555,406	-4,797,108			

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	20,228,803	20,228,803		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
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				
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	565,048	291,678	273,370	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	41,037	21,183	19,854	
9 Other employee benefits	25,202	13,009	12,193	
10 Payroll taxes	39,877	20,585	19,292	
11 Fees for services (non-employees):				
a Management				
b Legal	6,889		6,889	
c Accounting	15,885		15,885	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	510,731		510,731	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	12,866		12,866	
12 Advertising and promotion	17,894	13,109	4,785	
13 Office expenses	51,453	5,591	45,862	
14 Information technology	50,360	2,518	47,842	
15 Royalties				
16 Occupancy	30,868		30,868	
17 Travel	3,854		3,854	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	22,797	2,280	20,517	
23 Insurance	12,163		12,163	
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 DUES & SUBSCRIPTIONS	29,237		29,237	
b MISCELLANEOUS	10,982	8,152	2,830	
c MEETINGS	5,507		5,507	
d TAXES & LICENSES	461		461	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	21,681,914	20,606,908	1,075,006	0
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	6,575,751	1	30,576,578
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	2,464,345	4	2,353,424
	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	26,275	9	20,741
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	967,428		
	b Less: accumulated depreciation	216,414		
		770,317	10c	751,014
	11 Investments—publicly traded securities	182,629,866	11	165,987,760
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	26,575	15	27,606	
16 Total assets. Add lines 1 through 15 (must equal line 34)	192,493,129	16	199,717,123	
Liabilities	17 Accounts payable and accrued expenses	12,160	17	2,629
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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	100,942
	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	18,427,087	25	18,132,729
	26 Total liabilities. Add lines 17 through 25	18,439,247	26	18,236,300
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	171,589,537	27	179,127,399
	28 Net assets with donor restrictions	2,464,345	28	2,353,424
	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	174,053,882	32	181,480,823	
33 Total liabilities and net assets/fund balances	192,493,129	33	199,717,123	

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	28,555,406
2	Total expenses (must equal Part IX, column (A), line 25)	2	21,681,914
3	Revenue less expenses. Subtract line 2 from line 1	3	6,873,492
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	174,053,882
5	Net unrealized gains (losses) on investments	5	553,449
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	181,480,823

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		
3a		
3b		

Additional Data

Software ID:

Software Version:

EIN: 59-3649871

Name: GIVEWELL COMMUNITY FOUNDATION INC

Form 990 (2019)

Form 990, Part III, Line 4a:

THE COMMUNITY FOUNDATION EMBRACES AN UMBRELLA CONCEPT. ITS GOAL IS TO IMPROVE THE QUALITY OF LIFE IN ALL AREAS OF POLK, HARDEE, AND HIGHLANDS COUNTIES. IT DOES THIS BY SERVING THREE CONSTITUENCIES: 1) DONORS: FOR PEOPLE WHO LOVE THE COMMUNITY AND HAVE A DESIRE TO GIVE SOMETHING BACK TO THEIR COMMUNITY, THE FOUNDATION PROVIDES QUALIFIED COUNSEL, GUIDANCE AND STEWARDSHIP IN HELPING THEM MEET THEIR CHARITABLE GOALS; 2) LOCAL NON- PROFIT CHARITIES: THE FOUNDATION DISTRIBUTES MONIES IN ACCORDANCE WITH DONOR DESIRES. IN ADDITION, IT PROVIDES SUPPORT FOR SPECIFIC PROGRAMS AND OFFERS ASSISTANCE IN MANAGING INDIVIDUAL ENDOWMENT FUNDS. 3) THE COMMUNITY AT LARGE: THE FOUNDATION AND ITS BOARD SERVE AS A CATALYST WITH POLK, HARDEE,AND HIGHLANDS COUNTIES IN ADDRESSING THE NEEDS OF OUR COMMUNITY. THROUGH GRANT MAKING BY DONORS, THE FOUNDATION REACHES OUT TO A BROAD SPECTRUM INCLUDING THE ARTS, YOUTH, EDUCATION, HEALTH, SOCIAL SERVICES AND MORE.

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

Name of the organization
GIVEWELL COMMUNITY FOUNDATION INC

Employer identification number
59-3649871

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.") . . .	22,402,221	22,241,082	25,753,526	27,010,946	33,278,824	130,686,599
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	22,402,221	22,241,082	25,753,526	27,010,946	33,278,824	130,686,599
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). . .						61,772,022
6	Public support. Subtract line 5 from line 4.						68,914,577

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. . . .	22,402,221	22,241,082	25,753,526	27,010,946	33,278,824	130,686,599
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,236,641	3,931,732	5,069,255	4,871,182	3,314,082	20,422,892
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . . .						
11	Total support. Add lines 7 through 10						151,109,491
12	Gross receipts from related activities, etc. (see instructions)					12	-5,214,565

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	45.610 %
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	69.070 %

- 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>		
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>		
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>		
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>		
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>		
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>		
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>		
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>		
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>		
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?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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>		
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>		
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>		
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>		
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>		
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>		
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>		
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>		

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: 59-3649871

Name: GIVEWELL COMMUNITY FOUNDATION 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
GIVEWELL COMMUNITY FOUNDATION INC

Employer identification number
59-3649871

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	149	200
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

- 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	934,898	902,537	706,964	11,359,411	7,879,133
b Contributions	2,555,414	107,503	174,991	-10,974,977	4,328,707
c Net investment earnings, gains, and losses	135,867	61,859	59,888	1,295,238	39,168
d Grants or scholarships	-195,049	-122,094	-25,898	-730,618	-682,243
e Other expenditures for facilities and programs	-47,570	-14,907	-13,408	-242,090	-205,354
f Administrative expenses					
g End of year balance	3,383,560	934,898	902,537	706,964	11,359,411

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶
- 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		442,195		442,195
b Buildings		411,674	119,635	292,039
c Leasehold improvements				
d Equipment		90,028	73,685	16,343
e Other		23,531	23,094	437
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				751,014

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

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	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	18,132,729

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	28,598,123
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	553,449	
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	553,449
3	Subtract line 2e from line 1		3	28,044,674
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	510,732	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	510,732
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	28,555,406

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	21,171,182
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	
3	Subtract line 2e from line 1		3	21,171,182
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	510,732	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	510,732
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	21,681,914

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	
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Part XIII **Supplemental Information (continued)**

Return Reference	Explanation
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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ 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

Name of the organization
GIVEWELL COMMUNITY FOUNDATION INC

Employer identification number
59-3649871

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a)Event #1	(b) Event #2	(c)Other events	(d) Total events
		VARIOUS (event type)	(event type)	4 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	136,907			136,907
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	136,907			136,907
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	63,217			63,217
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				63,217
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				73,690	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶					

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
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Note: To capture the full content of this document as Filed, 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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization GIVEWELL COMMUNITY FOUNDATION INC

Employer identification number 59-3649871

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 435
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)					
(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

Additional Data

Software ID:

Software Version:

EIN: 59-3649871

Name: GIVEWELL COMMUNITY FOUNDATION 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
A WOMAN'S CHOICE 1234 EAST LIME STREET LAKELAND, FL 33801			11,113				GENERAL CONTRIBUTION
ACHIEVEMENT ACADEMY 716 EAST BELLA VISTA STREET LAKELAND, FL 33805			27,750				GENERAL CONTRIBUTION

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 SAINTS ACADEMY 5001 FLORIDA 540 WINTER HAVEN, FL 33880			47,000				GENERAL CONTRIBUTION
ALL SAINTS EPISCOPAL CHURCH 202 SOUTH MASSACHUSETTS AVENUE LAKELAND, FL 33801			161,297				GENERAL CONTRIBUTION

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
ALLIANCE FOR INDEPENDENCE 1038 SUNSHINE DR E LAKELAND, FL 33801			18,358				VARIOUS PROGRAMS
ALZHEIMER'S ASSOCIATION 14010 ROOSEVELT BLVD SUITE 709 CLEARWATER, FL 33762			14,285				VARIOUS PROGRAMS

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 1920 SOUTH FLORIDA AVENUE LAKELAND, FL 33803			20,323				GENERAL CONTRIBUTION
AMERICAN RED CROSS 147 AVENUE A NW WINTER HAVEN, FL 33881			8,885				GENERAL CONTRIBUTION

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
ANCHOR HOUSE MINISTRIES PO BOX 625 AUBURNDALE, FL 33823			10,000				IMPACT POLK 2017
ANGEL CARE CENTER OF ELOISE INC 960 SNIVELY AVENUE ELOISE, FL 33880			17,321				GENERAL CONTRIBUTION

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
ARTHRITIS FOUNDATION 14499 NORTH DALE MABRY HWY SUITE 1 TAMPA, FL 33618			13,538				GENERAL CONTRIBUTION
BIG BROTHERS BIG SISTERS OF TAMPA B 711 S DALE MABRY HWY 300 TAMPA, FL 33609			17,219				GENERAL CONTRIBUTION

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
BOK TOWER GARDENS FOUNDATIONS 1151 TOWER BLVD LAKE WALES, FL 33853			5,900				VARIOUS PROGRAMS
BONNET SPRINGS PARK 1025 GEORGE JENKINS BLVD LAKELAND, FL 33815			2,404,951				GENERAL FUNDS

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 AND GIRLS CLUBS OF LAKELAND PO BOX 763 LAKELAND, FL 33802			33,518				GENERAL CONTRIBUTION
CAMP FIRE USA SUNSHINE COUNCIL 2600 BUCKINGHAM AVENUE LAKELAND, FL 33803			14,547				GENERAL CONTRIBUTION

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
CAMP GILEAD CBM MINISTRIES OF FL 1444 CAMP GILEAD DRIVE POLK CITY, FL 33868			5,300				SCHOLARSHIP FUND
CATAPULT LAKELAND INC 331 S FLORIDA AVENUE LAKELAND, FL 33801			780,100				GENERAL OPERATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES OF CENTRAL FL 1819 N SEMORAN BLVD ORLANDO, FL 32807			752,499				GENERAL OPERATIONS
CENTRAL FLORIDA HEALTH CARE INC 1129 N MISSOURI AVE LAKELAND, FL 33805			17,000				GENERAL PURPOSE

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
CENTRAL FLORIDA SPEECH & HEARING 3020 LAKELAND HIGHLANDS ROAD LAKELAND, FL 33803			44,350				GENERAL CONTRIBUTION
CENTRAL MISSIONARY CLEARING HOUSE PO BOX 219228 HOUSTON, TX 77218			10,000				GENERAL CONTRIBUTION

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 SOCIETY OF FLORIDA 1010 E ROSE ST LAKELAND, FL 33801			11,400				GENERAL CONTRIBUTION
CHRIST ANGLICAN CHURCH PO BOX 2461 CASHIERS, NC 28741			6,000				GENERAL CONTRIBUTION

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
CHURCH OF THE RESURRECTION 3855 SOUTH FLORIDA AVE LAKELAND, FL 33813			12,000				GENERAL CONTRIBUTION
CIRCLE OF FRIENDS MINISTRY INC 105 E STUART ST LAKE WALES, FL 33853			44,500				GENERAL CONTRIBUTION

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
CLEVELAND HEIGHTS 4-BAL INVITATION PO BOX 2884 LAKELAND, FL 33806			15,000				GENERAL CONTRIBUTION
COLLEGE HEIGHTS UM CHURCH 942 SOUTH BLVD LAKELAND, FL 33803			40,000				GENERAL CONTRIBUTION

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
CORNERSTONE HOSPICE FOUNDATION 2140 E CR 540 A LAKELAND, FL 33813			6,200				GENERAL CONTRIBUTION
CRYSTAL SPRINGS FOUNDATION 40 RANCH ROAD THONOTOSASSA, FL 33592			55,000				GENERAL CONTRIBUTION

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
DESIRE STREET MINISTRIES PO BOX 1328 DECATUR, GA 30031			125,000				STRATEGIC PARTNERSHI
EARLY CHILDHOOD INITIATIVE INC 3250 SW 3 AVENUE 6TH FLOOR MIAMI, FL 33129			347,500				VARIOUS PROGRAMS

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
EMORY UNIVERSITY 201 DOWMAN DRIVE ATLANTA, GA 30322			10,300				OPERATIONS
EXPLORATIONS V CHILDREN'S MUSEUM 109 NORTH KENTUCKY AVE LAKELAND, FL 33801			22,500				GENERAL CONTRIBUTION

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
FAITH IN ACTION OF NORTH LAKELAND 1123 OMOHUNDRO AVE LAKELAND, FL 33805			15,000				HELPING HAND FEEDING
FAITH WITHOUT WORKS 5100 US HIGHWAY 98 NORTH LAKELAND, FL 33809			10,000				GENERAL CONTRIBUTION

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
FAITH XTREME INC 1450 34TH STREET NW WINTER HAVEN, FL 33881			10,000				GENERAL CONTRIBUTION
FAMILY LITERACY ACADEMY OF LW 999 AVENUE H NE WINTER HAVEN, FL 33881			8,500				GENERAL CONTRIBUTION

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

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FIRST UNITED METHODIST CHURCH 72 LAKE MORTON DRIVE LAKELAND, FL 33801			130,590				GROWTH SUPPORT
FLORENCE VILLA CDC 111 AVENUE R NE WINTER HAVEN, FL 33881			7,200				GENERAL CONTRIBUTION

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

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FLORIDA AQUARIUM INC 701 CHANNELSIDE DRIVE TAMPA, FL 33602			50,000				GENERAL OPERATIONS
FLORIDA BAPTIST CHILDREN'S HOME PO BOX 8190 LAKELAND, FL 33602			14,319				GENERAL CONTRIBUTION

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

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FLORIDA DANCE THEATER PO BOX 831 LAKELAND, FL 33802			15,000				GENERAL CONTRIBUTION
FLORIDA POLYTECHNIC UNIV FOUNDATION 4700 RESEARCH WAY LAKELAND, FL 33805			11,554				SCHOLARSHIPS

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

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FLORIDA SOUTHERN COLLEGE 111 LAKE HOLLINGSWORTH DRIVE LAKELAND, FL 33803			1,487,469				GENERAL OPERATIONS
FPC OF LAKELAND 175 LAKE HOLLINGSWORTH DR LAKELAND, FL 33801			48,864				GENERAL CONTRIBUTION

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

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FPC OF WINTER HAVEN 637 6TH STREET NW WINTER HAVEN, FL 33881			16,890				GENERAL CONTRIBUTION
FRIENDS OF THE WINTER HAVEN LIBRARY 335 AVE A NW WINTER HAVEN, FL 33881			12,297				GENERAL CONTRIBUTION

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

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GENEVA CLASSICAL ACADEMY 4204 LAKELAND HIGHLANDS ROAD LAKELAND, FL 33813			48,500				TUITION SCHOLARSHIPS
GIRL SCOUT OF WEST CENTRAL FLORIDA 4610 EISENHOWER BLVD TAMPA, FL 33634			7,000				GENERAL CONTRIBUTION

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

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GIRLS INC OF LAKELAND PO BOX 1975 LAKELAND, FL 33802			11,000				GENERAL CONTRIBUTION
GIRLS INC OF WINTER HAVEN PO BOX 7285 WINTER HAVEN, FL 33883			10,640				GENERAL CONTRIBUTION

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

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GOOD SHEPARD HOSPICE - AUBURNDALE 105 ARNESON AVE AUBURNDALE, FL 33823			40,888				GENERAL CONTRIBUTION
GOOD SHEPHERD HOSPICE 3470 LAKELAND HILLS BLVD LAKELAND, FL 33805			26,600				VARIOUS PROGRAMS

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

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GOODWILL INDUSTRIES - SUNCOAST 10596 GANDY BLVD ST PETERSBURG, FL 33702			14,338				GENERAL CONTRIBUTION
GOSPEL INC PO BOX 3278 LAKELAND, FL 33802			20,000				INTERNSHIP

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

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GREATER TAMPA BAY BOY SCOUTS 13228 NORTH CENTRAL AVE TAMPA, FL 33612			36,312				GENERAL CONTRIBUTION
H LEE MOFFIT CANCER CENTER 12902 MAGNOLIA DR TAMPA, FL 33612			6,416				GENERAL CONTRIBUTION

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

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HEALTHY START COALITION OF HARDEE 650 E DAVIDSON ST BARTOW, FL 33830			10,000				GENERAL CONTRIBUTION
HEART OF FLORIDA UNITED WAY 1940 TRAYLOR BLVD ORLANDO, FL 32804			42,500				VARIOUS PROGRAMS

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

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HEARTLAND FOR CHILDREN 1239 EAST MAIN STREET BARTOW, FL 33830			19,950				GENERAL CONTRIBUTION
HELP OF FT MEADE 202 W BROADWAY FORT MEADE, FL 33841			10,000				GENERAL CONTRIBUTION

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

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HERITAGE BAPTIST CHURCH 4202 PIPKIN CREEK ROAD LAKELAND, FL 33813			5,500				GENERAL CONTRIBUTION
HOLY CROSS CHURCH OF WINTER HAVEN 201 KIPLING LN SE WINTER HAVEN, FL 33884			10,000				GENERAL CONTRIBUTION

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

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HUMANE SOCIETY OF POLK COUNTY 5850 BRANNEN ROAD LAKELAND, FL 33813			10,835				GENERAL OPERATIONS
IDOLS ASIDE MINISTRIES INC 214 ORANGE ST AUBURNDALE, FL 33823			11,000				GENERAL CONTRIBUTION

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

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IMPERIAL POLK OBEDIENCE CLUB PO BOX 5455 LAKELAND, FL 33807			15,628				GENERAL CONTRIBUTION
IMPERIAL SYMPHONY ORCHESTRA PO BOX 2623 LAKELAND, FL 33806			99,804				GENERAL CONTRIBUTION

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

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INHERITANCE OF HOPE PO BOX 90 PISGAH FOREST, NC 28768			16,500				GENERAL CONTRIBUTION
KIDSPACK INC 3725 FRONTAGE RD N SUITE 1 LAKELAND, FL 33810			24,000				GENERAL CONTRIBUTION

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

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LAKELAND CHRISTIAN SCHOOL 1111 FOREST PARK STREET LAKELAND, FL 33801			62,500				OPERATIONS
LAKELAND COMMUNITY THEATER PO BOX 2603 LAKELAND, FL 33803			21,269				GENERAL CONTRIBUTION

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

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LAKELAND HABITAT FOR HUMANITY 1317 GEORGE JENKINS BLVD LAKELAND, FL 33815			60,000				REPAIRS
LAKELAND KIWANIS CHARITABLE FDN PO BOX 5146 LAKELAND, FL 33807			14,638				STUFF THE BUS

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

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LAKELAND REGIONAL HEALTH FNDN 1324 LAKELAND HILLS LAKELAND, FL 33805			176,000				GENERAL CONTRIBUTION
LAKELAND VOLUNTEERS IN MEDICINE 1021 LAKELAND HILLS BLVD LAKELAND, FL 33805			26,791				VARIOUS PROGRAMS

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

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LEARNING RESOURCE CENTER OF POLK CT 1628 S FLORIDA AVE LAKELAND, FL 33803			20,566				GENERAL CONTRIBUTION
LIGHTHOUSE MINISTRIES INC 519 N KENTUCKY AVENUE LAKELAND, FL 33801			11,250				GENERAL OPERATIONS

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

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LOWRY PARK ZOOLOGICAL SOCIETY 1101 W SLIGH AVE TAMPA, FL 33604			26,000				GENERAL CONTRIBUTION
MARCH OF DIMES 1550 CRYSTAL DR STE 1300 ARLINGTON, VA 22202			19,000				GENERAL CONTRIBUTION

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MEALS ON WHEELS OF POLK COUNTY 620 6TH STREET NW WINTER HAVEN, FL 33881			13,751				GENERAL CONTRIBUTION
MUSEUM OF SCIENCE & INDUSTRY 4801 E FOWLER AVE TAMPA, FL 33617			7,500				GENERAL CONTRIBUTION

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NATIONAL BASEBALL HALL OF FAME PO BOX 590 COOPERSTOWN, NY 13326			10,000				GENERAL CONTRIBUTION
NEMOURS FOUNDATION 10140 CENTURION PKWY NORTH JACKSONVILLE, FL 32256			10,000				GENERAL CONTRIBUTION

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NEW LIFE CENTER 516 LAKE BONNY DR E LAKELAND, FL 33801			10,000				GENERAL CONTRIBUTION
NGA INC 3918 CANYON LAKE POINT LAKELAND, FL 33813			10,000				GENERAL CONTRIBUTION

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OUNCE OF PREVENTION FUND OF FLORIDA 111 N GADSDEN ST TALLAHASSEE, FL 32301			10,000				GENERAL CONTRIBUTION
PACE CENTER FOR GIRLS 101 WEST MAIN STREET SUITE 140 LAKELAND, FL 33805			10,599				GENERAL CONTRIBUTION

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PARKER STREET MINISTRIES INC 719 N MASSACHUSETTS AVENUE LAKELAND, FL 33801			132,000				GENERAL OPERATIONS
PEACE RIVER CENTER 1239 EAST MAIN STREET BARTOW, FL 33830			39,391				OPERATIONS

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PLATFORM ART INC 120 E PINE STREET SUITE 3 LAKELAND, FL 33801			14,000				GENERAL CONTRIBUTION
POLICE ATHLETIC LEAGUE OF LAKELAND PO BOX 1095 LAKELAND, FL 33802			10,250				GENERAL CONTRIBUTION

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POLK COUNTY PUBLIC SCHOOLS 1915 S FLORAL AVENUE BARTOW, FL 33831			18,000				GENERAL CONTRIBUTION
POLK EDUCATION FOUNDATION 1530 SHUMATE DR BARTOW, FL 33830			53,787				GENERAL CONTRIBUTION

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POLK MUSEUM OF ART 800 E PALMETTO STREET LAKELAND, FL 33801			47,269				VARIOUS PROGRAMS
POLK STATE COLLEGE FOUNDATION INC 3425 WINTER LAKE RD LAKELAND, FL 33803			45,700				SCHOLARSHIPS

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POLK THEATER INC 139 S FLORIDA AVE LAKELAND, FL 33801			7,469				GENERAL CONTRIBUTION
PROJECT HARMONY 11949 Q STREET OMAHA, NE 68137			13,000				GENERAL CONTRIBUTION

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

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RANDY ROBERTS FOUNDATION PO BOX 2753 LAKELAND, FL 33806			11,458				GENERAL CONTRIBUTION
RESURRECTION CATHOLIC SCHOOL 3720 OLD ROAD 37 LAKELAND, FL 33813			6,000				GENERAL CONTRIBUTION

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

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SAFE PLACE AND RAPE CRISIS CENTER 2139 MAIN STREET SARASOTA, FL 34237			12,500				GENERAL CONTRIBUTION
SANTA FE CATHOLIC HS 3110 HIGHWAY 92 EAST LAKELAND, FL 33801			6,000				GENERAL CONTRIBUTION

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SEE JESUS PO BOX 197 TELFORD, PA 18969			10,000				GENERAL CONTRIBUTION
SOUTHEASTERN GUIDE DOGS 4210 77TH STREET EAST PALMETTO, FL 34221			130,200				GENERAL CONTRIBUTION

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

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SOUTHERN SCHOLARSHIP FOUNDATION 322 STADIUM DR TALLAHASSEE, FL 32304			7,000				SCHOLARSHIP
SOUTHSIDE BAPTIST CHURCH - LAKELAND 5330 LAKELAND HIGHLANDS ROAD LAKELAND, FL 33813			20,300				GENERAL CONTRIBUTION

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

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ST JOSEPH'S CATHOLIC CHURCH PO BOX 30 LAKELAND, FL 33802			6,250				GENERAL CONTRIBUTION
ST JOSEPH'S ROMAN CATHOLIC CHURCH 532 AVE M NW WINTER HAVEN, FL 33881			10,890				GENERAL CONTRIBUTION

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

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ST LEO UNIVERSITY PO BOX 6665 ST LEO, FL 33574			33,500				GENERAL CONTRIBUTION
STETSON UNIVERSITY 1401 61ST STREET ST PETERSBURY, FL 33701			50,000				GENERAL

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TAKE HEART PROJECT 248 N KENTUCKY AVE LAKELAND, FL 33801			11,000				GENERAL CONTRIBUTION
TALBOT HOUSE MINISTRIES 814 N KENTUCKY AVE LAKELAND, FL 33801			36,351				GENERAL CONTRIBUTION

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

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THE SALVATION ARMY 830 N MASSACHUSETTS AVE LAKELAND, FL 33801			236,024				GENERAL OPERATIONS
THE SALVATION ARMY - WINTER HAVEN 1898 HIGHWAY 17 NORTH WINTER HAVEN, FL 33881			39,477				GENERAL CONTRIBUTION

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

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THEATER WINTER HAVEN PO DRAWER 1230 WINTER HAVEN, FL 33882			19,620				GENERAL CONTRIBUTION
TRI-COUNTY HUMAN SERVICES 1815 CRYSTAL LAKE DRIVE LAKELAND, FL 33801			14,424				GENERAL CONTRIBUTION

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

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TRINITY PRESBYTERIAN CHURCH 301 N FLORIDA AVE LAKELAND, FL 33801			124,850				GENERAL CONTRIBUTION
UNITED WAY OF BROWARD COUNTY 1300 S ANDREWS AVENUE FT LAUDERDALE, FL 33316			40,000				VARIOUS PROGRAMS

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

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UNITED WAY OF CENTRAL FLORIDA PO BOX HIGHLAND CITY, FL 33846			590,034				VARIOUS PROGRAMS
UNITED WAY OF CITRUS COUNTY 1205 NE 5TH ST CRYSTAL RIVER, FL 34429			52,500				VARIOUS PROGRAMS

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

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UNITED WAY OF LEE HENDRY GLADES 7273 CONCOURSE DRIVE FORT MYERS, FL 33908			52,500				VARIOUS PROGRAMS
UNITED WAY OF MARION COUNTY 1401 NE 2ND STREET OCALA, FL 34470			40,000				VARIOUS PROGRAMS

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

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UNITED WAY OF MIAMI-DADE COUNTY 3250 SW 3RD AVENUE MIAMI, FL 33129			30,000				VARIOUS PROGRAMS
UNITED WAY OF NORTH CENTRAL FLORIDA 6031 NW 1ST PLACE GAINESVILLE, FL 32607			30,000				VARIOUS PROGRAMS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF NORTHEAST FLORIDA 1301 RIVERPLACE BLVD JACKSONVILLE, FL 32207			30,000				VARIOUS PROGRAMS
UNITED WAY OF ST LUCIE COUNTY 4800 US 1 FORT PIERCE, FL 34982			85,000				GENERAL CONTRIBUTION

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UNITED WAY OF SUWANNEE VALLEY 325 NE HERNANDO AVE LAKE CITY, FL 32055			42,500				VARIOUS PROGRAMS
UNITED WAY OF THE BIG BEND 307 E 7TH AVENUE TALLAHASSEE, FL 32303			30,000				VARIOUS PROGRAMS

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UNITED WAY OF VOLUSIA-FLAGLER COUNT 3747 W INTERNATIONAL SPEEDWAY BLVD DAYTONA BEACH, FL 32124			23,806				VARIOUS PROGRAMS
UNITED WAY SUNCOAST 5201 W KENNEDY BLVD 600 TAMPA, FL 33609			60,000				READING PALS

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VOLUNTEERS IN SERVICE TO ELDERLY 1232 E MAGNOLIA STREET LAKELAND, FL 33801			55,510				GENERAL SUPPORT
WAKE FOREST UNIVERSITY PO BOX 7227 WINSTONSALEM, NC 27109			250,600				GENERAL CONTRIBUTION

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WINTER HAVEN HOSPITAL FOUNDATION 200 AVE F NE WINTER HAVEN, FL 33881			21,483				GENERAL CONTRIBUTION
WOMEN'S RESOURCE CENTER OF FLORIDA 165 AVE A NW WINTER HAVEN, FL 33881			15,541				GENERAL CONTRIBUTION

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

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YMCA OF WEST CENTAL FLORIDA 3620 CLEVELAND HEIGHTS LAKELAND, FL 33813			65,000				GENERAL OPERATIONS
YOUTH FOR CHRIST USA INC PO BOX 2584 WINTER HAVEN, FL 33883			11,000				GENERAL CONTRIBUTION

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FAITH BAPTIST CHURCH OF WINTER HAVE 2140 CRYSTAL BEACH ROAD WINTER HAVEN, FL 33880			150,000				GENERAL CONTRIBUTION
CANAAN LAND FOUNDATION 2001 SEMINOLE TRAIL LAKELAND, FL 33803			110,000				GENERAL CONTRIBUTION

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

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UNITED WAY EMERALD COAST 112 TUPELO AVENUE SE FORT WALTON BEACH, FL 32548			85,000				GENERAL CONTRIBUTION
AEROSPACE CENTER FOR EXCELLENCE 4175 MEDULLA ROAD LAKELAND, FL 33811			53,000				GENERAL CONTRIBUTION

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UNITED WAY OF WEST FLORIDA 1301 W GOVERNMENT ST PENSACOLA, FL 32502			43,595				GENERAL CONTRIBUTION
FEEDING TAMPA BAY 4702 TRANSPORT DRIVE BLDG 6 TAMPA, FL 33605			40,000				GENERAL CONTRIBUTION

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THE MISSION 180 EAST CENTRAL AVENUE WINTER HAVEN, FL 33882			34,309				GENERAL CONTRIBUTION
BOB JONES UNIVERSITY 1700 WADE HAMPTON BLVD GREENVILLE, SC 29614			25,000				GENERAL CONTRIBUTION

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KIDS NEED BOTH 820 VISTABULA LAKELAND, FL 33801			22,666				GENERAL CONTRIBUTION
FIRST PRESBYTERIAN CHURCH OF BARTOW 355 S FLORIDA AVENUE BARTOW, FL 33830			20,000				GENERAL CONTRIBUTION

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MARSHALL MIDDLE SCHOOL 18 S MARYLAND AVENUE PLANT CITY, FL 33563			19,330				GENERAL CONTRIBUTION
RABUN GAP PRESBYTERIAN CHURCH 8397 WOLFFORK ROAD RABUN GAP, GA 30568			15,050				GENERAL CONTRIBUTION

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LEGACY CHRISTIAN CHURCH 901 W BEACON ROAD LAKELAND, FL 33803			15,000				GENERAL CONTRIBUTION
CHURCH WORLD SERVICES PO BOX 968 ELKHART, IN 46515			11,500				GENERAL CONTRIBUTION

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HOLY TRINITY EPISCOPAL CHURCH 3240 N MCMULLEN BOOTH ROAD CLEARWATER, FL 33761			10,000				GENERAL CONTRIBUTION
OPERATION SMILE 3461 FACULTY BLVD VIRGINIA BEACH, VA 23453			10,000				GENERAL CONTRIBUTION

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PEDRO MARTINEZ FOUNDATION PO BOX 990045 BOSTON, MA 02199			10,000				GENERAL CONTRIBUTION
POLK COUNTY TOYS FOR TOTS PO BOX 303 LAKELAND, FL 33802			10,000				GENERAL CONTRIBUTION

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PRINCE'S TRUST OF AMERICA INC 45 WEST 27TH STREET NEW YORK, NY 10001			10,000				GENERAL CONTRIBUTION
CHRIST COMMUNITY PRESBYTERIAN CHC 6565 S FLORIDA AVENUE LAKELAND, FL 33813			9,000				GENERAL CONTRIBUTION

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FROSTPROOF CARE CENTER FOUNDATION 17 S SCENIC HWY FROSTPROOF, FL 33843			8,329				GENERAL CONTRIBUTION
FUMC OF AUBURNDALE 316 LAKE ARIANA BLVD AUBURNDALE, FL 33823			8,000				GENERAL CONTRIBUTION

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KIDS ARK INTERNATIONAL PO BOX 7361 LAKELAND, FL 33807			8,000				GENERAL CONTRIBUTION
SPRING OBSESSION INC PO BOX 2171 LAKELAND, FL 33806			8,000				GENERAL CONTRIBUTION

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ELDERPOINT MINISTRIES 228 AVE C SW WINTER HAVEN, FL 33880			7,500				GENERAL CONTRIBUTION
THE BARN PLAYERS 1000 E 9TH STREET KANSAS CITY, MO 64106			7,500				GENERAL CONTRIBUTION

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TRACK TO TRAIL 3847 2ND AVE SE NAPLES, FL 34117			7,200				GENERAL CONTRIBUTION
CHRIST COMMUNITY CHURCH BRASELTON 2345 THOMPSON MILL ROAD BUFORD, GA 30519			7,000				GENERAL CONTRIBUTION

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SOUTHEASTERN UNIVERSITY 1000 LONGFELLOW BLVD LAKELAND, FL 33801			7,000				GENERAL CONTRIBUTION
FLAGLER VOLUNTEER SERVICES PO BOX 353755 PALM COAST, FL 32135			6,194				GENERAL CONTRIBUTION

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PENNYBYRN AT MARYFIELD 109 PENNY ROAD HIGH POINT, NC 27260			6,000				GENERAL CONTRIBUTION
ST PAUL LUTHERN CHURCH 4450 HARDEN BLVD LAKELAND, FL 33813			6,000				GENERAL CONTRIBUTION

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LIGHTHOUSE FOR THE BLIND 1106 W PLATT STREET TAMPA, FL 33606			5,041				GENERAL CONTRIBUTION
POLK TRAINING CENTER 111 CREEK ROAD 7123 LAKE ALFRED, FL 33850			5,041				GENERAL CONTRIBUTION

**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.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
GIVEWELL COMMUNITY FOUNDATION INC

Employer identification number
59-3649871

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	97	17,056,984	
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II.		
33 If the organization 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
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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

GIVEWELL COMMUNITY FOUNDATION INC

Employer identification number

59-3649871

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 1, PART I, LINE 6	BOARD MEMBERS AND COMMITTEES ARE ALL VOLUNTEER.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	THE COMMUNITY FOUNDATION EMBRACES AN UMBRELLA CONCEPT. ITS GOAL IS TO IMPROVE THE QUALITY OF LIFE IN ALL AREAS OF POLK, HARDEE, AND HIGHLANDS COUNTIES. IT DOES THIS BY SERVING THREE CONSTITUENCIES: 1) DONORS: FOR PEOPLE WHO LOVE THE COMMUNITY AND HAVE A DESIRE TO GIVE SOMETHING BACK TO THEIR COMMUNITY, THE FOUNDATION PROVIDES QUALIFIED COUNSEL, GUIDANCE AND STEWARDSHIP IN HELPING THEM MEET THEIR CHARITABLE GOALS; 2) LOCAL NON- PROFIT CHARITIES: THE FOUNDATION DISTRIBUTES MONIES IN ACCORDANCE WITH DONOR DESIRES. IN ADDITION, IT PROVIDES SUPPORT FOR SPECIFIC PROGRAMS AND OFFERS ASSISTANCE IN MANAGING INDIVIDUAL ENDOWMENT FUNDS. 3) THE COMMUNITY AT LARGE: THE FOUNDATION AND ITS BOARD SERVE AS A CATALYST WITH POLK, HARDEE, AND HIGHLANDS COUNTIES IN ADDRESSING THE NEEDS OF OUR COMMUNITY. THROUGH GRANT MAKING BY DONORS, THE FOUNDATION REACHES OUT TO A BROAD SPECTRUM INCLUDING THE ARTS, YOUTH, EDUCATION, HEALTH, SOCIAL SERVICES AND MORE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	WE HELP DONORS AND CHARITABLE ORGANIZATIONS BUILD A BETTER COMMUNITY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE 990 IS PROVIDED TO BOARD MEMBERS EITHER AT A MEETING OR VIA EMAIL.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	A CONFLICT OF INTEREST POLICY IS IN PLACE AND ENFORCED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	THE PROCESS FOR DETERMINING COMPENSATION FOR THE CEO - SELF ASSESSMENT AND ASSESSMENT FROM THE BOARD MEMBERS. THE BOARD USES COMPARATIVE SALARY REPORTS FOR NON-PROFITS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	THE BOARD USES COMPARATIVE SALARY REPORTS FOR NON-PROFITS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.