

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2016**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2016 calendar year, or tax year beginning **JUL 1, 2016** and ending **JUN 30, 2017**

<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>COMMUNITY FOUNDATION OF TAMPA BAY, INC.</b>		<b>D</b> Employer identification number <b>59-3001853</b>	
	Doing business as		<b>E</b> Telephone number <b>(813) 282-1975</b>	
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>103,234,832.</b>	
	<b>4300 W CYPRESS ST</b>	<b>700</b>	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
City or town, state or province, country, and ZIP or foreign postal code <b>TAMPA, FL 33607</b>		<b>H(c)</b> Group exemption number ▶		
<b>F</b> Name and address of principal officer: <b>MARLENE M. SPALTEN</b> <b>SAME AS C ABOVE</b>				
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J</b> Website: ▶ <b>WWW.CFTAMPABAY.ORG</b>				
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: <b>1989</b> <b>M</b> State of legal domicile: <b>FL</b>	

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO BE THE CONNECTING RESOURCE FOR CHARITABLE GIVING FOR BOTH DONORS AND NONPROFIT ORGANIZATIONS IN</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>23</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>23</b>
	<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<b>5</b>	<b>22</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>75</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>-2,740.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>-2,740.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>14,460,764.</b>	<b>33,169,930.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>40,903.</b>	<b>57,105.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>6,603,411.</b>	<b>8,150,653.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>-147,601.</b>	<b>512,537.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>20,957,477.</b>	<b>41,890,225.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>12,684,614.</b>	<b>10,326,164.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>1,352,206.</b>	<b>1,699,703.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>583,336.</b>	<b>0.</b>	<b>0.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>1,559,135.</b>	<b>1,473,342.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>15,595,955.</b>	<b>13,499,209.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>5,361,522.</b>	<b>28,391,016.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>181,273,921.</b>	<b>224,033,958.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>31,753,731.</b>	<b>37,601,350.</b>
		<b>149,520,190.</b>	<b>186,432,608.</b>

**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.

<b>Sign Here</b>	▶ Signature of officer		Date
	▶ <b>KORY BURKLEY, CFO</b> Type or print name and title		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JAMES K. O'CONNOR</b>	Preparer's signature	Date
	Firm's name ▶ <b>RIVERO, GORDIMER &amp; COMPANY, P.A.</b>	Firm's EIN ▶ <b>59-3040705</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P01345914</b>
Firm's address ▶ <b>P. O. BOX 172359</b> <b>TAMPA, FL 33672</b>		Phone no. (813) <b>875-7774</b>	

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 [X]

1 Briefly describe the organization's mission: TO BUILD A BETTER COMMUNITY THROUGH CREATIVE PHILANTHROPY, VISION AND LEADERSHIP IN PARTNERSHIP AND COLLABORATION WITH DONORS, NONPROFITS, COMMUNITY AND BUSINESS LEADERS, PROFESSIONAL ADVISORS, VOLUNTEERS AND THE RESIDENTS OF OUR FIVE-COUNTY REGION.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

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 \$ 114,058. including grants of \$ 66,400.) (Revenue \$ 16,580.) GIVE DAY TAMPA BAY - THE EVENT HELD MAY 2, 2017 WAS PART OF A NATIONAL DAY OF GIVING MOVEMENT TO RAISE THE PROFILE OF CHARITABLE GIVING IN THE TAMPA BAY REGION. THE EVENT ESPECIALLY TARGETS FIRST-TIME DONORS AND MILLENNIAL DONORS. THE ONE-DAY EVENT DEPENDS LAREGLY ON SOCIAL MEDIA TO SPREAD THE WORD. SECURE DONATIONS ARE COLLECTED ONLINE. IN ITS FOURTH YEAR, GIVE DAY TAMPA BAY GENERATED \$1.75 MILLION FOR 525 REGISTERED NONPROFITS. CONTRIBUTIONS CAME FROM 10,400 INDIVIDUAL DONORS.

4b (Code: ) (Expenses \$ 86,029. including grants of \$ ) (Revenue \$ 31,000.) LEADERSHIP DEVELOPMENT - THE COMMUNITY FOUNDATION OF TAMPA BAY IS DEDICATED TO BUILDING NONPROFIT CAPACITY THROUGH LEADERSHIP DEVELOPMENT FOR CEOS AND TRUSTEES. CFTB'S CEO LEADERSHIP PROGRAM, IN ITS SIXTH YEAR, ANNUALLY PROVIDES 21 NONPROFIT EXECUTIVES WITH AN INTENSIVE, YEAR-LONG PROGRAM TO BETTER UNDERSTAND THEIR LEADERSHIP STYLES, STRENGTHS AND AREAS FOR DEVELOPMENT. THE PROGRAM BRINGS TOGETHER THE CEOS FOR PEER GROUP SESSIONS ONE DAY A MONTH WITH AN ADDITIONAL MONTHLY ONE-ON-ONE COACHING SESSION THAT FOCUSES ON SPECIFIC ISSUES RELATED TO LEADING A NONPROFIT ORGANIZATION. THE SESSIONS ARE DESIGNED TO CREATE A CONFIDENTIAL, SUPPORTIVE AND SAFE ENVIRONMENT TO DISCUSS CHALLENGE SUCH AS ISOLATION, FUNDRAISING, AND BOARD DEVELOPMENT. PRACTICAL SOLUTIONS OFTEN ARISE THAT CAN BE APPLIED BACK AT THE OFFICE. PARTICIPANTS ALSO

4c (Code: ) (Expenses \$ 94,665. including grants of \$ ) (Revenue \$ ) LEAP, HILLSBOROUGH COLLEGE ACCESS NETWORK - THE COMMUNITY FOUNDATION OF TAMPA BAY JOINED NUMEROUS PUBLIC AND PRIVATE COMMUNITY STAKEHOLDERS TO LAUNCH LEAP, HILLSBOROUGH'S COLLEGE ACCESS NETWORK. THE GOAL OF LEAP IS TO ENSURE THAT 60% OF HILLSBOROUGH'S WORKING-AGED ADULTS SECURE A POSTSECONDARY DEGREE OR CREDENTIAL BY THE YEAR 2025. LEAP IS THE NINTH LOCAL COLLEGE ACCESS NETWORK, OPERATING UNDER THE GUIDANCE OF THE FLORIDA COLLEGE ACCESS NETWORK. CFTB ACTS AS THE BACKBONE AGENCY OF THE COLLABORATIVE. THE CREATION OF LEAP, HILLSBOROUGH'S COLLEGE ACCESS NETWORK, RALLIES CIVIC AND BUSINESS LEADERS ALONGSIDE EDUCATORS TO REACH THE COMMUNITY GOAL OF INCREASING THE NUMBER OF WORKING-AGED ADULTS WHO HAVE A HIGH-QUALITY POSTSECONDARY DEGREE TO 60 PERCENT BY THE YEAR 2025.

4d Other program services (Describe in Schedule O.) (Expenses \$ 10,968,536. including grants of \$ 10,259,764.) (Revenue \$ 9,525.)

4e Total program service expenses 11,263,288.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....	X	
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....	X	
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....	X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note.** All Form 990 filers are required to complete Schedule O .....

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

Input box for Schedule O check

Main table with columns for question number, description, and Yes/No checkboxes. Includes rows 1a-14b with various tax-related questions and numerical inputs.

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	<b>1a</b> 23		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> 23		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?	X	
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	X	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **FL**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **KORY BURKLEY - (813) 282-1975**  
**4300 W. CYPRESS ST., SUITE 700, TAMPA, FL 33607**

**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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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) DONNA L. LONGHOUSE CHAIR	10.00	X		X				0.	0.	0.
(2) BETTY CASTOR CHAIR ELECT	2.00	X		X				0.	0.	0.
(3) ROBERT H. MOHR TREASURER	1.00	X		X				0.	0.	0.
(4) SUSANNA GRADY SECRETARY	1.00	X		X				0.	0.	0.
(5) PATRICIA L. DOUGLAS PAST CHAIR	1.00	X		X				0.	0.	0.
(6) ANESTA P. BOICE TRUSTEE	1.00	X						0.	0.	0.
(7) MILES S. CAPRON TRUSTEE	1.00	X						0.	0.	0.
(8) PHILLIP E. CASEY TRUSTEE	1.00	X						0.	0.	0.
(9) BILL FRIES TRUSTEE	1.00	X						0.	0.	0.
(10) LINDA C. HANNA TRUSTEE	1.00	X						0.	0.	0.
(11) LINDA D. HARTLEY TRUSTEE	1.00	X						0.	0.	0.
(12) LYDA T. LINDELL TRUSTEE	1.00	X						0.	0.	0.
(13) MARY ANNE REILLY TRUSTEE	1.00	X						0.	0.	0.
(14) RICHARD J. RIOS TRUSTEE	1.00	X						0.	0.	0.
(15) LINDA SUAL-SENNA TRUSTEE	1.00	X						0.	0.	0.
(16) LANSING C. SCRIVEN TRUSTEE	1.00	X						0.	0.	0.
(17) JOEL H. SHANE TRUSTEE	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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) JAMES R. STANGER TRUSTEE	1.00	X						0.	0.	0.
(19) MIKE STARKEY TRUSTEE	1.00	X						0.	0.	0.
(20) SARAH O. WATKINS TRUSTEE	1.00	X						0.	0.	0.
(21) JILL WILKINSON TRUSTEE	1.00	X						0.	0.	0.
(22) JENNIFER WILLIAMS TRUSTEE	1.00	X						0.	0.	0.
(23) SUE S. WILLIAMS TRUSTEE	1.00	X						0.	0.	0.
(24) MARLENE M. SPALTEN PRESIDENT/CEO	60.00			X				266,288.	0.	21,461.
(25) GEORGE E. W. HARDY VP/CFO	55.00			X				131,228.	0.	16,688.
(26) BEVERLEY J. MCLAIN VP- PHILANTHROPY	50.00				X			104,008.	0.	7,770.
<b>1b Sub-total</b>								501,524.	0.	45,919.
<b>c Total from continuation sheets to Part VII, Section A</b>								115,217.	0.	1,697.
<b>d Total (add lines 1b and 1c)</b>								616,741.	0.	47,616.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> 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? If "Yes," complete Schedule J for such individual	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
AGW CAPITAL ADVISORS, 511 W BAY STREET, SUITE 310, TAMPA, FL 33606	INVESTMENT MANAGEMENT	156,933.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

SEE PART VII, SECTION A CONTINUATION SHEETS





**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	33,169,930.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		5,020,841.				
	<b>h Total.</b> Add lines 1a-1f		33,169,930.				
<b>Program Service Revenue</b>	<b>2 a</b> PROGRAM REGISTRATION FEES	<b>Business Code</b>	611710	57,105.	57,105.		
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			57,105.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			4,321,608.		4,321,608.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties			2,701.		2,701.	
	<b>6 a</b> Gross rents	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses					
		<b>c</b> Rental income or (loss)					
		<b>d</b> Net rental income or (loss)					
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses					
		<b>c</b> Gain or (loss)					
		<b>d</b> Net gain or (loss)			3,829,045.		3,829,045.
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>					
		<b>b</b> Less: direct expenses					
		<b>c</b> Net income or (loss) from fundraising events					
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
<b>b</b> Less: direct expenses							
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold						
	<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> CHANGE IN VALUE- SPLIT INTEREST A		900099	388,999.			388,999.	
<b>b</b> TRUSTEE FEES- CRTS		900099	56,874.	56,874.			
<b>c</b> CHANGE IN VALUE- PARTNERSHIPS		900099	34,561.		-2,740.	37,301.	
<b>d</b> All other revenue		900099	29,402.	29,402.			
<b>e Total.</b> Add lines 11a-11d			509,836.				
<b>12 Total revenue.</b> See instructions.			41,890,225.	143,381.	-2,740.	8,579,654.	

**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	9,966,239.	9,966,239.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	359,925.	359,925.		
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	649,878.	139,230.	302,378.	208,270.
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	895,420.	322,267.	344,880.	228,273.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	26,626.	11,879.	9,115.	5,632.
9 Other employee benefits	72,276.	26,229.	27,158.	18,889.
10 Payroll taxes	55,503.	20,675.	20,996.	13,832.
11 Fees for services (non-employees):				
a Management	4,400.			4,400.
b Legal	6,221.		6,221.	
c Accounting	22,375.		22,375.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	587,260.		587,260.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	150,113.	129,197.	18,108.	2,808.
12 Advertising and promotion	149,040.	57,575.	88,967.	2,498.
13 Office expenses	48,843.	21,024.	16,046.	11,773.
14 Information technology	82,859.	32,522.	36,160.	14,177.
15 Royalties				
16 Occupancy	118,879.	43,236.	46,078.	29,565.
17 Travel	13,554.	4,008.	4,324.	5,222.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	132,108.	88,178.	28,800.	15,130.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	58,900.	21,422.	22,830.	14,648.
23 Insurance	19,346.	1,195.	17,060.	1,091.
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 MISCELLANEOUS	43,793.	6,818.	30,157.	6,818.
b TRADE ASSN. DUES	35,651.	11,669.	23,672.	310.
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	13,499,209.	11,263,288.	1,652,585.	583,336.
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  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 X

		(A)		(B)	
		Beginning of year		End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	156.	<b>1</b>	141.	
	<b>2</b> Savings and temporary cash investments .....	1,398,776.	<b>2</b>	1,373,776.	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>		
	<b>4</b> Accounts receivable, net .....	11,302.	<b>4</b>	0.	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....	52,696.	<b>9</b>	60,214.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 351,390.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 181,707.			
	<b>11</b> Investments - publicly traded securities .....	149,826,070.	<b>11</b>	181,811,016.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	20,580,020.	<b>12</b>	27,225,074.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	9,200,246.	<b>15</b>	13,394,054.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	181,273,921.	<b>16</b>	224,033,958.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	198,314.	<b>17</b>	255,616.	
	<b>18</b> Grants payable .....	688,278.	<b>18</b>	787,831.	
	<b>19</b> Deferred revenue .....		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> 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 .....	30,867,139.	<b>25</b>	36,557,903.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	31,753,731.	<b>26</b>	37,601,350.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	143,444,987.	<b>27</b>	175,716,468.	
	<b>28</b> Temporarily restricted net assets .....	6,075,203.	<b>28</b>	10,716,140.	
	<b>29</b> Permanently restricted net assets .....		<b>29</b>		
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
<b>33</b> Total net assets or fund balances .....	149,520,190.	<b>33</b>	186,432,608.		
<b>34</b> Total liabilities and net assets/fund balances .....	181,273,921.	<b>34</b>	224,033,958.		

**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	41,890,225.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,499,209.
3	Revenue less expenses. Subtract line 2 from line 1	3	28,391,016.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	149,520,190.
5	Net unrealized gains (losses) on investments	5	14,414,535.
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	-5,893,133.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	186,432,608.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
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:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	X	
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:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?	X	
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?		X
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		

Form 990 (2016)

Public Disclosure Copy



**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 fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	8613620.	13514120.	14612462.	14460764.	33199680.	84400646.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	8613620.	13514120.	14612462.	14460764.	33199680.	84400646.
<b>5</b> 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) .....						10967414.
<b>6 Public support.</b> Subtract line 5 from line 4.						73433232.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>7</b> Amounts from line 4 .....	8613620.	13514120.	14612462.	14460764.	33199680.	84400646.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	3766861.	5033142.	7219152.	8508752.	4320306.	28848213.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....			157,322.	100,539.	59,257.	317,118.
<b>11 Total support.</b> Add lines 7 through 10						113565977
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> 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 .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	64.66 %
<b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14 .....	<b>15</b>	64.63 %
<b>16a 33 1/3% support test - 2016.</b> 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 .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2015.</b> 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 .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2016.</b> 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 .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2015.</b> 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 .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

**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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2015 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2016.** 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 - 2015.** 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 in line 12 on 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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 10b below.</i>		
<b>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? 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.		
<b>2</b> 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? 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.		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? 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).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> 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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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? 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.	Yes	No
<b>b</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? 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.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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? Provide details in Part VI.		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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):		
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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> 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)

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2016 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2016</b>	<b>(iii) Distributable Amount for 2016</b>
<b>1</b> Distributable amount for 2016 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
<b>3</b> Excess distributions carryover, if any, to 2016:			
<b>a</b>			
<b>b</b>			
<b>c</b> From 2013			
<b>d</b> From 2014			
<b>e</b> From 2015			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2016 distributable amount			
<b>i</b> Carryover from 2011 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2016 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2016 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
<b>6</b> Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
<b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b> Excess from 2013			
<b>c</b> Excess from 2014			
<b>d</b> Excess from 2015			
<b>e</b> Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

**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.)

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**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Name of the organization

COMMUNITY FOUNDATION OF TAMPA BAY, INC.

Employer identification number

59-3001853

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization <b>COMMUNITY FOUNDATION OF TAMPA BAY, INC.</b>	Employer identification number <b>59-3001853</b>
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ <u>2,060,497.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>1,389,020.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>7,475,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>6,140,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>667,696.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>2,676,369.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Name of organization  <b>COMMUNITY FOUNDATION OF TAMPA BAY, INC.</b>	Employer identification number  <b>59-3001853</b>
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**Part II Noncash Property** (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
2	46,000 SYKES ENTERPRISES, INC.	\$ 1,350,000.	12/12/16
4	ESTIMATE OF VALUE OF ESTATE BEQUEST OF 1/3RD OWNERSHIP IN KIRKLAND RANCH, INC., BASED ON APPRAISAL	\$ 6,140,000.	07/24/16
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

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Name of organization <b>COMMUNITY FOUNDATION OF TAMPA BAY, INC.</b>	Employer identification number <b>59-3001853</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

Public Disclosure Copy

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990.**

▶ **Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

**Name of the organization** COMMUNITY FOUNDATION OF TAMPA BAY, INC. **Employer identification number** 59-3001853

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	325	
2 Aggregate value of contributions to (during year) .....	19,979,281.	
3 Aggregate value of grants from (during year) .....	6,306,084.	
4 Aggregate value at end of year .....	89,825,712.	
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? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....	▶ \$ _____
(ii) Assets included in Form 990, Part X .....	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....	▶ \$ _____
b Assets included in Form 990, Part X .....	▶ \$ _____

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Schedule D (Form 990) 2016

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	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 on 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	100,079,687.	107,657,675.	111,090,252.	96,505,307.	84,341,732.
b Contributions	5,371,634.	2,723,199.	2,705,679.	4,188,921.	6,598,408.
c Net investment earnings, gains, and losses	12,566,287.	-2,131,138.	-687,570.	15,509,650.	10,426,234.
d Grants or scholarships	4,020,956.	4,158,168.	4,487,610.	4,192,331.	4,052,699.
e Other expenditures for facilities and programs		3,084,481.			
f Administrative expenses	998,405.	927,400.	963,076.	921,295.	808,368.
g End of year balance	112,998,247.	100,079,687.	107,657,675.	111,090,252.	96,505,307.

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

- a Board designated or quasi-endowment  100.00 %
- 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)		X
3a(ii)		X
3b		

b If "Yes" on line 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	5,000.			5,000.
b Buildings				
c Leasehold improvements		22,259.	20,664.	1,595.
d Equipment		135,305.	74,724.	60,581.
e Other		188,826.	86,319.	102,507.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				169,683.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) COMMONFUND GLOBAL PRIVATE		
(B) EQUITY FUNDS	3,525,266.	END-OF-YEAR MARKET VALUE
(C) THE BURTON PARTNERSHIP		
(D) (QP)	1,380,900.	END-OF-YEAR MARKET VALUE
(E) UNDEVELOPED LAND - SUNSET		
(F) ISLE, LTD.	29,606.	COST
(G) GREAT BAY PARTNERSHIP	140,600.	COST
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<b>27,225,074.</b>	

**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)		
<b>Total.</b> (Col. (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) ESTATES IN PROCESS	6,715,853.
(2) INVESTMENTS HELD FOR CHARITABLE REMAINDER TRUSTS	4,634,457.
(3) RESIDUAL INTEREST IN SURVIVOR TRUSTS	1,923,411.
(4) CSV LIFE INSURANCE	12,990.
(5) ACCRUED INTEREST RECEIVABLE	44,343.
(6) MINERAL RIGHTS	63,000.
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	<b>13,394,054.</b>

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LIABILITY FOR CHARITABLE GIFT	
(3) ANNUITIES	1,777,102.
(4) LIABILITY UNDER CHARITABLE	
(5) REMAINDER TRUSTS	2,557,581.
(6) LIABILITY FOR AGENCY FUNDS	32,009,019.
(7) TRANSFERS IN PROCESS	214,201.
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>36,557,903.</b>

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	48,895,666.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	14,414,535.	
	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	14,414,535.
3	Subtract line 2e from line 1		3	34,481,131.
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	587,260.	
	b Other (Describe in Part XIII.)	4b	6,821,834.	
	c Add lines 4a and 4b		4c	7,409,094.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	41,890,225.

**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	11,983,248.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	11,983,248.
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	587,260.	
	b Other (Describe in Part XIII.)	4b	928,701.	
	c Add lines 4a and 4b		4c	1,515,961.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	13,499,209.

**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.

**PART V, LINE 4:**

AGENCY FUNDS PAY GRANTS TO AGENCIES THAT ESTABLISHED THE FUND. DESIGNATED FUNDS PAY GRANTS TO SPECIFIC CHARITABLE AGENCIES DESIGNATED BY THE DONOR(S) TO THE FUNDS. THESE FUNDS CAN ONLY BE UTILIZED FOR THE PURPOSE(S) DESIGNATED IN THE FUND AGREEMENT. SCHOLARSHIP FUNDS ARE SET UP TO BENEFIT STUDENTS IN SPECIFIC FIELDS OR STUDENTS FROM SPECIFIC HIGH SCHOOLS. OTHER ENDOWED FUNDS INCLUDE FIELD-OF-INTEREST FUNDS WHICH ARE ADMINISTERED BY THE FOUNDATION'S GRANTS COMMITTEE TO PROVIDED GRANTS TO GENERAL FIELDS OF A DONOR'S INTEREST, SUCH AS PERFORMING ARTS, FEEDING THE HUNGRY, ANIMAL CARE, ETC.

**PART X, LINE 2:**

**Part XIII** Supplemental Information (continued)

THE FOUNDATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE FOUNDATION IS A NOT-FOR-PROFIT FLORIDA CORPORATION AND THEREFORE IS NOT SUBJECT TO STATE INCOME TAXES. MANAGEMENT IS NOT AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE THE FOUNDATION'S TAX EXEMPT STATUS. THE FOUNDATION IS NOT AWARE OF ANY TAX POSITIONS IT HAS TAKEN THAT ARE SUBJECT TO A SIGNIFICANT DEGREE OF UNCERTAINTY. TAX YEARS AFTER JUNE 30, 2013 REMAIN SUBJECT TO EXAMINATION BY TAXING AUTHORITIES.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT INCOME OF AGENCY FUNDS	3,442,776.
CONTRIBUTIONS TO AGENCY FUNDS	3,557,910.
ADMINISTRATIVE FEES - AGENCY FUNDS	-178,852.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	6,821,834.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

GRANTS PAID FROM AGENCY FUNDS	928,701.
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Public Disclosure Copy



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization **COMMUNITY FOUNDATION OF TAMPA BAY, INC.** Employer identification number **59-3001853**

**Part I General Information on Grants and Assistance**

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

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

1 (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
ABE BROWN MINISTRIES 2921 29TH STREET TAMPA, FL 33605	59-2410601	501(C)(3)	21,457.	0.			SUPPORT OF MISSION
ACADEMY PREP CENTER OF TAMPA 1407 E COLUMBUS DR, TAMPA, FL 33605	59-3622978	501(C)(3)	254,212.	0.			SUPPORT OF MISSION
ALPHA HOUSE OF TAMPA 201 S TAMPANIA TAMPA, FL 33609	59-2655523	501(C)(3)	67,270.	0.			SUPPORT OF MISSION
AMERICAN HEART ASSOCIATION P.O. BOX 4002900 DES MOINES, IA 50340	13-5613797	501(C)(3)	134,000.	0.			SUPPORT OF MISSION
ADMIRAL FARRAGUT ACADEMY FOUNDATION - 501 PARK STREET N. - ST. PETERSBURG, FL 33710	31-1506065	501(C)(3)	5,300.	0.			SUPPORT OF MISSION
AMERICAN STAGE, INC. P.O. BOX 1560 ST. PETERSBURG, FL 33731	59-1777189	501(C)(3)	7,993.	0.			SUPPORT OF MISSION

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

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Schedule I (Form 990) (2016)



**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAY AREA LEGAL SERVICES 829 W MARTIN LUTHER KING BLVD TAMPA, FL 33603	59-1171886	501(C)(3)	18,594.	0.			SUPPORT OF MISSION
BERKELEY PREPARATORY SCHOOL 4811 KELLY RD TAMPA, FL 33615	59-1292802	501(C)(3)	40,631.	0.			SUPPORT OF MISSION
BIG CAT RESCUE 7106 RIVERWOOD BLVD TAMPA, FL 33615	59-3330495	501(C)(3)	39,665.	0.			SUPPORT OF MISSION
BOYS & GIRLS CLUB OF TAMPA BAY, INC - 1307 N MACDILL AVE - TAMPA, FL 33607	59-0624368	501(C)(3)	36,500.	0.			SUPPORT OF MISSION
CITY OF CLEARWATER P.O. BOX 4748 CLEARWATER, FL 33758	59-6000289	CITY OF CLEARWAT	197,550.	0.			PROJECT SUPPORT
CYPRESS INITIATIVE, INC 5509 W GARY ST, 100 TAMPA, FL 33609	20-8378337	501(C)(3)	191,000.	0.			GENERAL OPERATING SUPPORT
DALLAS THEOLOGICAL SEMINARY 3909 SWISS AVE DALLAS, TX 75204	75-0827421	501(C)(3)	25,000.	0.			SUPPORT OF MISSION
DAVID A STRAZ, JR CENTER FOR THE PERFORMING ARTS - P.O. BOX 518 - TAMPA, FL 33601	59-2037085	501(C)(3)	185,792.	0.			SUPPORT OF MISSION
DIOCESE OF ST PETERSBURG P.O. BOX 40200 ST. PETERSBURG, FL 33743	59-1213195	501(C)(3)	44,088.	0.			PROJECT SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
ECKERD COLLEGE 4200 54TH AVE S ST. PETERSBURG, FL 33711	59-0859121	501(C)(3)	7,500.	0.			SUPPORT OF MISSION
CHURCH OF THE ASCENSION 701 ORANGE AVE CLEARWATER, FL 33756	59-0721414	501(C)(3)	19,000.	0.			SUPPORT OF MISSION
FEEDING TAMPA BAY 4702 TRANSPORATION DR, BLDG 6 TAMPA, FL 33605	59-2116576	501(C)(3)	52,500.	0.			SUPPORT OF MISSION
FLORIDA HOLOCAUST MUSEUM 55 5TH ST S ST. PETERSBURG, FL 33701	59-2981494	501(C)(3)	23,344.	0.			SUPPORT OF MISSION
FLORIDA SHERIFFS YOUTH RANCHES, INC - P.O. BOX 2000 - BOYS RANCH, FL 32064	23-7303117	501(C)(3)	10,914.	0.			SUPPORT OF MISSION
FREEDOM PLAZA SCHOLARSHIP FUND 1010 AMERICAN EAGLE BLVD, BOX 752 SUN CITY CENTER, FL 33573	59-3214388	501(C)(3)	13,731.	0.			SUPPORT OF MISSION
ALL SPORTS COMMUNITY SERVICE, INC. P.O. BOX 271506 TAMPA, FL 33688	59-3184150	501(C)(3)	8,000.	0.			SUPPORT OF MISSION
GOOD SAMARITAN FUND OF GREATER SUN CITY, INC - 916 N PEBBLE BEACH BLVD - SUN CITY CENTER, FL 33573	59-2615679	501(C)(3)	16,496.	0.			SUPPORT OF MISSION
GOOD SAMARITAN HEALTH CLINIC OF PASCO COUNTY - 5334 ASPEN ST - NEW PORT RICHEY, FL 34652	59-3072334	501(C)(3)	8,155.	0.			SUPPORT OF MISSION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
JEWISH FEDERATION OF PINELLAS COUNTY AND PASCO COUNTY, INC - 13191 STARKEY RD, STE 8 - LARGO, FL 33773	59-0697685	501(C)(3)	8,500.	0.			SUPPORT OF MISSION
JUDEO CHRISTIAN HEALTH CLINIC INC 4118 N MCDILL AVE TAMPA, FL 33607	59-1605647	501(C)(3)	31,266.	0.			SUPPORT OF MISSION
LIONS CLUB OF CEDAR KEY, INC P.O. BOX 68 CEDAR KEY, FL 32625	23-7047751	501(C)(4)	34,864.	0.			SUPPORT OF CHARITABLE GRANTS OF THE CLUB
MEALS ON WHEELS OF TAMPA 550 W HILLSBOROUGH AVE TAMPA, FL 33603	59-1679915	501(C)(3)	438,188.	0.			SUPPORT OF MISSION
METROPOLITAN MINISTRIES 2002 N FLORIDA AVE TAMPA, FL 33602	59-1477007	501(C)(3)	92,064.	0.			SUPPORT OF MISSION
MUSEUM OF SCIENCE AND INDUSTRY 4801 E FOWLER AVE TAMPA, FL 33617	59-2657399	501(C)(3)	28,198.	0.			SUPPORT OF MISSION
NORTHWESTERN UNIVERSITY 2020 RIDGE AVE EVANSTON, IL 60208	36-2167817	501(C)(3)	67,354.	0.			SCHOLARSHIP FUND
AMERICAN CANCER SOCIETY 3709 W. JETTON AVENUE TAMPA, FL 33629	13-1788491	501(C)(3)	5,132.	0.			SUPPORT OF MISSION
PACT INC 1111 MCMULLEN BOOTH RD CLEARWATER, FL 33759	59-1803628	501(C)(3)	15,658.	0.			SUPPORT OF MISSION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
PALMA CEIA PRESBYTERIAN CHURCH 3501 SAN JOSE TAMPA, FL 33629	59-0767700	501(C)(3)	43,946.	0.			SUPPORT OF MISSION
AMERICAN CIVIL LIBERTIES UNION FOUNDATION - 125 BROAD STREET, 18TH FLOOR - NEW YORK, NY 10004	13-6213516	501(C)(3)	25,500.	0.			SUPPORT OF MISSION
READY FOR LIFE 4000 GATEWAY CENTRE BLVD PINELLAS PARK, FL 33782	26-4032979	501(C)(3)	27,000.	0.			SUPPORT OF MISSION
REDEEMER PRESBYTERIAN CHURCH 12404 BOYETTE RD RIVERVIEW, FL 33569	59-3524523	501(C)(3)	22,800.	0.			SUPPORT OF MISSION
REDLANDS CHRISTIAN MIGRANT ASSOCIATION, INC. - 402 W MAIN STREET - IMMOKALEE, FL 34142	59-1221966	501(C)(3)	22,674.	0.			SUPPORT OF MISSION
RONALD MCDONALD HOUSE CHARITIES OF TAMPA BAY, INC - 35 COLUMBIA DRIVE - TAMPA, FL 33606	59-1835985	501(C)(3)	6,278.	0.			SUPPORT OF MISSION
RUTH ECKERD HALL, INC. 1111 MCMULLEN BOOTH RD CLEARWATER, FL 33759	59-1803628	501(C)(3)	77,874.	0.			SUPPORT OF MISSION
AMERICAN CIVIL LIBERTIES UNION FOUNDATION OF FLORIDA, INC. - 4500 BISCAYNE BOULEVARD, SUITE 340 - MIAMI, FL 33137	23-7137529	501(C)(3)	6,000.	0.			SUPPORT OF MISSION
SHRINERS HOSPITAL FOR CRIPPLED CHILDREN - 12502 USF PINE DRIVE - TAMPA, FL 33612	36-2193608	501(C)(3)	57,802.	0.			SUPPORT OF MISSION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
SOUTHEASTERN GUIDE DOGS, INC. 4210 77TH ST EAST PALMETTO, FL 34221	59-2252352	501(C)(3)	67,550.	0.			SUPPORT OF MISSION
ST JOSEPH'S HOSPITAL OF TAMPA FOUNDATION - 2700 W MARTIN LUTHER KING BLVD, STE 300 - TAMPA, FL 33607	59-1100828	501(C)(3)	46,232.	0.			SUPPORT OF MISSION
ST PETERSBURG FREE CLINIC, INC. 863 THIRD AVENUE NORTH ST. PETERSBURG, FL 33701	23-7208280	501(C)(3)	157,242.	0.			SUPPORT OF MISSION
SUN CITY CENTER EMERGENCY SQUAD 101 RAY WATSON DR SUN CITY CENTER, FL 33573	59-1147811	501(C)(3)	25,815.	0.			SUPPORT OF MISSION
SUN CITY CENTER LIBRARY 1011 N. PEBBLE BEACH BLVD SUN CITY CENTER, FL 33573	59-2746620	501(C)(3)	12,858.	0.			SUPPORT OF MISSION
TAMPA BAY HISTORY CENTER 801 OLD WATER ST TAMPA, FL 33602	59-3058652	501(C)(3)	203,724.	0.			SUPPORT OF MISSION
TAMPA BAY PERFORMING ARTS CENTER FOUNDATION, INC - P.O. BOX 518 - TAMPA, FL 33601	59-3524613	501(C)(3)	185,858.	0.			SUPPORT OF MISSION
TAMPA GENERAL HOSPITAL FOUNDATION P.O. BOX 1289, ROOM G-141 TAMPA, FL 33601	23-7354477	501(C)(3)	26,862.	0.			SUPPORT OF MISSION
TAMPA JCC FEDERATION, INC. 13009 COMMUNITY CAMPUS DR TAMPA, FL 33625	23-7182057	501(C)(3)	20,750.	0.			SUPPORT OF MISSION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TAMPA METROPOLITAN AREA YMCA 110 E OAK AVE TAMPA, FL 33602	59-1742909	501(C)(3)	11,124.	0.			PROJECT SUPPORT
TFTSP YOUTH GOLF COUNCIL ST PETERSBURG, FL, INC - P.O. BOX 55913 - ST. PETERSBURG, FL 33732	27-0855397	501(C)(3)	15,000.	0.			SUPPORT OF MISSION
THE CHILDREN'S HOME, INC P.O. BOX 262229 TAMPA, FL 33685	59-0696284	501(C)(3)	20,545.	0.			SUPPORT OF MISSION
THE FLORIDA ORCHESTRA, INC 244 2ND AVE N, STE 420 ST. PETERSBURG, FL 33701	59-1223691	501(C)(3)	210,633.	0.			SUPPORT OF MISSION
AMERICAN FRIENDS OF MIGDAL TORAH, INC. - 1191 E 18TH STREET - BROOKLYN, NY 11230	11-3036558	501(C)(3)	5,300.	0.			SUPPORT OF MISSION
SALVATION ARMY 1424 NE EXPRESSWAY ATLANTA, GA 30329	58-0660607	501(C)(3)	15,835.	0.			SUPPORT OF MISSION
THE SPRING OF TAMPA BAY P.O. BOX 5147 TAMPA, FL 33675	59-1777135	501(C)(3)	25,902.	0.			SUPPORT OF MISSION
TRINITY COLLEGE OF FLORIDA 2430 WELBILT BLVD TRINITY, FL 34655	59-6155069	501(C)(3)	145,600.	0.			PROJECT SUPPORT
UNITED WAY OF SUNCOAST 5201 W KENNEDY BLVD, STE 600 TAMPA, FL 33609	59-3725701	501(C)(3)	69,500.	0.			SUPPORT OF MISSION

Schedule I (Form 990)

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UNIVERSITY OF FLORIDA FOUNDATION P.O. BOX 14425 GAINESVILLE, FL 32604	59-0974739	501(C)(3)	20,914.	0.			PROJECT SUPPORT
UNIVERSITY OF TAMPA 401 W KENNEDY BLVD TAMPA, FL 33606	59-0624459	501(C)(3)	149,610.	0.			SUPPORT OF MISSION
ARCHDIOCESE OF MIAMI 9401 BISCAYNE BOULEVARD MIAMI SHORES, FL 33138	65-0909504	501(C)(3)	40,000.	0.			SUPPORT OF MISSION
WORD OF LIFE FELLOWSHIP, INC P.O. BOX 600 SCHROON LAKE, NY 12870	13-5648615	501(C)(3)	25,000.	0.			SUPPORT OF MISSION
WUSF PUBLIC MEDIA 4202 E FOWLER AVE TAMPA, FL 33620	59-0879015	501(C)(3)	33,738.	0.			SUPPORT OF MISSION
YBOR CITY ROTARY FOUNDATION, INC P.O. BOX 5931 TAMPA, FL 33675	59-2998020	501(C)(3)	6,330.	0.			SUPPORT OF MISSION
A.T. STILL UNIVERSITY OF HEALTH SCIENCES - 800 WEST JEFFERSON ST - KIRKSVILLE, MO 63501	43-0356250	501(C)(3)	10,000.	0.			SUPPORT OF MISSION
ACADEMY PREP CENTER OF ST. PETERSBURG, INC. - P.O. BOX 530512 - ST. PETERSBURG, FL 33747	59-3623000	501(C)(3)	33,719.	0.			SUPPORT OF MISSION
JESUIT HIGH SCHOOL 4701 NORTH HIMES AVE TAMPA, FL 33614	59-0914207	501(C)(3)	10,000.	0.			SUPPORT OF MISSION

Schedule I (Form 990)

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CONGREGATION B'NAI ISRAEL 300 58TH STREET N ST PETERSBURG, FL 33710	59-0747302	501(C)(3)	76,300.	0.			SUPPORT OF MISSION
AMIKIDS, INC. 5915 BENJAMIN CENTER DR TAMPA, FL 33634	23-7440836	501(C)(3)	5,000.	0.			SUPPORT OF MISSION
BEAT NB CANCER FOUNDATION, INC. 13014 N. DALE MABRY HIGHWAY, SUITE TAMPA, FL 33618	27-2314549	501(C)(3)	16,000.	0.			SUPPORT OF MISSION
NONPROFIT LEADERSHIP CENTER OF TAMPA BAY, INC. - 1111 NORTH WESTSHORE BLVD., STE 215 - TAMPA, FL 33607	59-3671047	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
FRIENDS OF THE FESTIVAL P.O. BOX 75590 TAMPA, FL 33675	59-3617240	501(C)(3)	8,229.	0.			SUPPORT OF MISSION
MUSEUM OF FINE ARTS 255 BEACH DRIVE NE ST. PETERSBURG, FL 33701	59-0949278	501(C)(3)	49,954.	0.			SUPPORT OF MISSION
BOLEY FOUNDATION, INC. 445 31ST NORTH ST. PETERSBURG, FL 33713	59-2230228	501(C)(3)	10,193.	0.			SUPPORT OF MISSION
CHAMPIONS FOR CHILDREN 3108 W AZEELE ST TAMPA, FL 33609	59-1807551	501(C)(3)	19,496.	0.			SUPPORT OF MISSION
H LEE MOFFITT CANCER CENTER FOUNDATION - 12902 MAGNOLIA DRIVE UTC-FOUND - TAMPA, FL 33612	59-3238636	501(C)(3)	15,186.	0.			SUPPORT OF MISSION

Schedule I (Form 990)



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MORTON PLANT MEASE HEALTH CARE FOUNDATION, INC. - 1200 DRUID RD S - CLEARWATER, FL 33756	59-1751535	501(C)(3)	7,500.	0.			SUPPORT OF MISSION
UNITED COMMUNITY CHURCH OF SUN CITY CENTER - 1501 LA JOLLA AVE - SUN CITY CENTER, FL 33573	59-1161580	501(C)(3)	117,907.	0.			PROJECT SUPPORT
WHEELS OF SUCCESS 9309 N. FLORIDA AVE SUITE 109 TAMPA, FL 33612	56-2372792	501(C)(3)	10,125.	0.			SUPPORT OF MISSION
CONGREGATION SCHAARAI ZEDEK 3303 W. SWANN AVE TAMPA, FL 33609	59-1394424	501(C)(3)	13,451.	0.			SUPPORT OF MISSION
IDLEWILD BAPTIST CHURCH P.O. BOX 44 LUTZ, FL 33548	59-0774190	501(C)(3)	20,500.	0.			SUPPORT OF MISSION
PALMA CEIA UNITED METHODIST CHURCH 3723 W. BAY TO BAY BLVD TAMPA, FL 33629	59-0996450	501(C)(3)	20,198.	0.			SUPPORT OF MISSION
BLINKNOW FOUNDATION P.O. BOX 453 MENDHAM, NJ 07945	26-0819262	501(C)(3)	60,000.	0.			PROJECT SUPPORT
FRAMEWORKS OF TAMPA BAY, INC. 402 EAST OAK AVE TAMPA, FL 33602	20-8776228	501(C)(3)	21,000.	0.			SUPPORT OF MISSION
HUMANE SOCIETY OF TAMPA BAY 3607 N. ARMENIA AVE TAMPA, FL 33607	59-0799907	501(C)(3)	64,921.	0.			SUPPORT OF MISSION

Schedule I (Form 990)

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LOWRY PARK ZOOLOGICAL SOCIETY OF TAMPA, INC - 1101 W SLIGH AVE - TAMPA, FL 33604	59-2328289	501(C)(3)	7,800.	0.			SUPPORT OF MISSION
FLORIDA WEST COAST PUBLIC BROADCASTING, INC. - P.O. BOX 4033 - TAMPA, FL 33677	59-0840626	501(C)(3)	152,057.	0.			SUPPORT OF MISSION
MARY HELP OF CHRISTIAN SCHOOL FOUNDATION - 6400 EAST CHELSEA STREET - TAMPA, FL 33601-5699	59-1910867	501(C)(3)	5,598.	0.			SUPPORT OF MISSION
VIRGINIA ATHLETICS FOUNDATION P.O. BOX 400833 CHARLOTESVILLE, VA 22904-4833	54-0517188	501(C)(3)	25,000.	0.			SUPPORT OF MISSION
CARES 12417 CLOCK TOWER PARKWAY HUDSON, FL 34667-2411	23-7348090	501(C)(3)	5,738.	0.			SUPPORT OF MISSION
BOWLING GREEN STATE UNIVERSITY FOUNDATION, INC. - MILETI ALUMNI CENTER - BOWLING GREEN, OH 43403	34-6007199	501(C)(3)	20,000.	0.			SUPPORT OF MISSION
MARY AND MARTHA HOUSE P.O. BOX 1251 RUSKIN, FL 33570-1251	59-2788323	501(C)(3)	35,086.	0.			SUPPORT OF MISSION
R'CLUB CHILD CARE, INC. 4140 49TH STREET N ST PETERSBURG, FL 33709-5736	59-1704870	501(C)(3)	11,000.	0.			SUPPORT OF MISSION
GFWC SUN CITY CENTER WOMEN'S CLUB, INC. - P.O. BOX 5434 - SUN CITY CENTER, FL 33571-5434	59-6159390	501(C)(3)	5,818.	0.			SUPPORT OF MISSION

Schedule I (Form 990)

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CAMPUS CRUSADE FOR CHRIST 100 LAKE HART DRIVE, 2400 ORLANDO, FL 32832	95-6006173	501(C)(3)	5,900.	0.			SUPPORT OF MISSION
BRYN MAWR COLLEGE 101 NORTH MERION AVENUE BRYN MAWR, PA 19010	23-1352621	501(C)(3)	5,500.	0.			PROJECT SUPPORT
CARROLLWOOD PLAYERS, INC. P.O. BOX 270116 TAMPA, FL 33688	59-2136203	501(C)(3)	5,200.	0.			SUPPORT OF MISSION
LETS GO BOYS & GIRLS 3800 THOMAS POINT ROAD ANNAPOLIS, MD 21403	61-1612453	501(C)(3)	15,000.	0.			SUPPORT OF MISSION
ROTARY'S CAMP FLORIDA, INC. 1915 CAMP FLORIDA ROAD BRANDON, FL 33510	59-3096120	501(C)(3)	18,623.	0.			SUPPORT OF MISSION
SUN CITY CENTER ROTARY CLUB FOUNDATION, INC. - 3920 UPPER CREEK DRIVE - SUN CITY CENTER, FL 33573	59-2737622	501(C)(3)	7,500.	0.			PROJECT SUPPORT
YOUTH AND FAMILY ALTERNATIVES, INC. - 7524 PLATHE ROAD - NEW PORT RICHEY, FL 34653	59-1545990	501(C)(3)	8,631.	0.			SUPPORT OF MISSION
CASA P.O. BOX 414 ST. PETERSBURG, FL 33731	59-2114359	501(C)(3)	11,500.	0.			SUPPORT OF MISSION
FIREHOUSE CULTURAL CENTER 101 1ST AVENUE NE RUSKIN, FL 33570	45-4649764	501(C)(3)	22,200.	0.			SUPPORT OF MISSION

Schedule I (Form 990)

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TAMPA MUSEUM OF ART 120 W. GASPARILLA PLAZA TAMPA, FL 33602	59-1934721	501(C)(3)	66,350.	0.			SUPPORT OF MISSION
CATHOLIC FOUNDATION, DIOCESE OF ST. PETERSBURG - P.O. BOX 40200 - ST. PETERSBURG, FL 33743	59-3519543	501(C)(3)	14,588.	0.			SUPPORT OF MISSION
CENTER FOR CREATIVE CHANGE 4115 WISCONSIN AVENUE NW, SUITE LL1 WASHINGTON, DC 20016	31-1801544	501(C)(3)	20,000.	0.			SUPPORT OF MISSION
GASPARILLA MUSIC FOUNDATION, INC. P.O. BOX 172986 TAMPA, FL 33672	45-2392256	501(C)(3)	35,000.	0.			SUPPORT OF MISSION
LEGACY INSTITUTE FOR NATURE AND CULTURE - P.O. BOX 1802 - TAMPA, FL 33601	20-1822793	501(C)(3)	53,850.	0.			SUPPORT OF MISSION
STAGEWORKS, INC. 120 ADRIATIC AVE. TAMPA, FL 33606	59-2465234	501(C)(3)	11,200.	0.			SUPPORT OF MISSION
CHABAD OF CLEARWATER 2280 BELLEAIR ROAD CLEARWATER, FL 33764	45-3674404	501(C)(3)	11,000.	0.			SUPPORT OF MISSION
FLORIDA COUNCIL ON ECONOMIC EDUCATION - 1211 N WESTSHORE BLVD - TAMPA, FL 33607	59-1643458	501(C)(3)	10,850.	0.			SUPPORT OF MISSION
JUNIOR ACHIEVEMENT OF TAMPA BAY, INC. - 13805 58TH STREET NORTH, STE 140 - CLEARWATER, FL 33760	84-1267604	501(C)(3)	72,200.	0.			SUPPORT OF MISSION

Schedule I (Form 990)

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CHILDREN'S HOME NETWORK 10909 MEMORIAL HIGHWAY TAMPA, FL 33615	59-0696284	501(C)(3)	9,163.	0.			SUPPORT OF MISSION
ST. VINCENT DE PAUL REGIONAL SEMINARY - 10701 SOUTH MILITARY TRAIL - BOYNTON BEACH, FL 33436	59-1028326	501(C)(3)	10,000.	0.			SUPPORT OF MISSION
TAMPA BAY WATCH 3000 PINELLAS BAYWAY SOUTH TIERRA VERDE, FL 33715-2516	59-3191962	501(C)(3)	16,352.	0.			PROJECT SUPPORT
FISH AND WILDLIFE FOUNDATION OF FLORIDA - P.O. BOX 11010 - TALLAHASSEE, FL 32302	59-3277808	501(C)(3)	85,000.	0.			PROJECT SUPPORT
CHRIST ANGLICAN CHURCH P.O. BOX 2461 CASHIERS, NC 28717	65-1213861	501(C)(3)	15,000.	0.			SUPPORT OF MISSION
UNIVERSITY COMMUNITY HOSPITAL FOUNDATION - 3100 EAST FLETCHER AVENUE - TAMPA, FL 33613-4688	59-2554889	501(C)(3)	26,498.	0.			PROJECT SUPPORT
BIG BROTHERS & BIG SISTERS OF TAMPA BAY, INC. - 711 S DALE MABRY HWY SUITE 300 - TAMPA, FL 33609	59-2173085	501(C)(3)	29,986.	0.			SUPPORT OF MISSION
CHAPTERS HEALTH SYSTEM 12470 TELECOM PARKWAY, SUITE 300 W TEMPLE TERRACE, FL 33637	59-2264957	501(C)(3)	84,908.	0.			SUPPORT OF MISSION
DAYSTAR LIFE CENTER, INC. 226 6TH ST. S ST. PETERSBURG, FL 33701-4116	65-0523539	501(C)(3)	10,550.	0.			SUPPORT OF MISSION

Schedule I (Form 990)

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CHRIST THE KING CATHOLIC CHURCH 821 SOUTH DALE MABRY HIGHWAY TAMPA, FL 33609	59-0966385	501(C)(3)	113,000.	0.			SUPPORT OF MISSION
COMMITTEE TO PROTECT JOURNALISTS 330 7TH AVENUE, 11TH FLOOR NEW YORK, NY 10001	13-3081500	501(C)(3)	25,000.	0.			SUPPORT OF MISSION
HOPE INTERNATIONAL MINISTRIES 11415 HOPE INTERNATIONAL DR TAMPA, FL 33625	62-0879012	501(C)(3)	16,030.	0.			SUPPORT OF MISSION
QUANTUM LEAP FARM, INC. 10504 WOODSTOCK ROAD ODESSA, FL 33556	59-3469464	501(C)(3)	10,000.	0.			SUPPORT OF MISSION
STREATOR YMCA-YWCA 710 OAKLEY AVE STREATOR, IL 61364	36-2205999	501(C)(3)	5,413.	0.			SUPPORT OF MISSION
COMMUNITY STEPPING STONES, INC. 1101 EAST RIVER COVE STREET TAMPA, FL 33604	59-3547077	501(C)(3)	11,000.	0.			SUPPORT OF MISSION
AFP, SUNCOAST CHAPTER P.O. BOX 1134 ST. PETERSBURG, FL 33731	59-2943551	501(C)(3)	7,500.	0.			SUPPORT OF MISSION
SOCIAL VENTURE PARTNERS 1601 2ND AVENUE, SUITE 615 SEATTLE, WA 98101-1539	91-1894424	501(C)(3)	6,000.	0.			SUPPORT OF MISSION
UNITED WAY OF PASCO COUNTY 17230 CAMELOT COURT LAND O' LAKES, FL 34638	59-2193178	501(C)(3)	12,000.	0.			SUPPORT OF MISSION

Schedule I (Form 990)

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DISABLED AMERICAN VETERANS P.O. BOX 14301 CINCINNATI, OH 45231	31-0263158	501(C)(3)	6,220.	0.			SUPPORT OF MISSION
MILITARY FAMILY SUPPORT TRUST 1010 AMERICAN EAGLE BLVD SUN CITY CENTER, FL 33573	59-3141377	501(C)(3)	9,318.	0.			SUPPORT OF MISSION
PARALYZED VETERANS OF AMERICA 7 MILL BROOK ROAD WILTON, NH 03086	13-1946868	501(C)(3)	6,220.	0.			SUPPORT OF MISSION
COPARTNERS OF CAMPESINAS 901 SECOND STREET ALEXANDRIA, VA 22314	56-1973794	501(C)(3)	15,000.	0.			SUPPORT OF MISSION
PASS-A-GRILLE BEACH COMMUNITY CHURCH - 107 16TH AVE - ST. PETERSBURG, FL 33706	59-1000585	501(C)(3)	6,000.	0.			SUPPORT OF MISSION
A KIDS PLACE OF TAMPA BAY 1715 LITHIA PINECREST ROAD BRANDON, FL 33511	26-2757636	501(C)(3)	19,575.	0.			SUPPORT OF MISSION
ACADEMY OF THE HOLY NAMES FOUNDATION, INC. - 3319 BAYSHORE BLVD. - TAMPA, FL 33629	59-0910354	501(C)(3)	10,000.	0.			SUPPORT OF MISSION
CORPORATION TO DEVELOP COMMUNITIES OF TAMPA, INC. - 1907 E. HILLSBOROUGH AVENUE, SUITE 100 - TAMPA, FL 33610	59-3150608	501(C)(3)	6,500.	0.			SUPPORT OF MISSION
CREATIVE CLAY, INC. 1114 CENTRAL AVENUE ST. PETERSBURG, FL 33705	59-3338595	501(C)(3)	14,520.	0.			SUPPORT OF MISSION

Schedule I (Form 990)

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BOYS & GIRLS CLUB OF TAMPA BAY FOUNDATION - 1307 N MACDILL AVE - TAMPA, FL 33607	59-3049838	501(C)(3)	105,849.	0.			SUPPORT OF MISSION
BROOKWOOD FLORIDA, INC. 901 7TH AVENUE SOUTH ST PETERSBURG, FL 33705	59-0624387	501(C)(3)	17,178.	0.			SUPPORT OF MISSION
CREATIVE SERVICES, INC. P.O. BOX 2193 Ocala, FL 34478	59-1876422	501(C)(3)	30,000.	0.			SUPPORT OF MISSION
CENTRAL PARK VILLAGE YOUTH SERVICE, INC. - 1320 EAST 9TH AVENUE - TAMPA, FL 33605	59-3478148	501(C)(3)	35,500.	0.			SUPPORT OF MISSION
CHILD, INC. D/B/A BAY AREA PREGNANCY CENTER - 2380 DREW STREET, SUITE 6 - CLEARWATER, FL 33765	59-2606601	501(C)(3)	8,000.	0.			SUPPORT OF MISSION
CHILDREN'S ATHLETIC NETWORK AND DANCE OPPORTUNITIES - 13621 N. FLORIDA AVENUE - TAMPA, FL 33613	59-3193026	501(C)(3)	5,559.	0.			SUPPORT OF MISSION
EARLY LEARNING COALITION OF PINELLAS COUNTY, INC. - 2536 COUNTRYSIED BOULEVARD, SUITE 500 - CLEARWATER, FL 33763	59-3726679	501(C)(3)	15,000.	0.			SUPPORT OF MISSION
CHILDREN'S HOME SOCIETY OF FLORIDA 1485 S. SEMORAN BLVD. SUITE 1448 WINTER PARK, FL 32792-5508	59-0192430	501(C)(3)	151,117.	0.			SUPPORT OF MISSION
CHILDREN'S MUSEUM OF TAMPA, INC. 110 W. GASPARILLA PLAZA TAMPA, FL 33602	59-2637851	501(C)(3)	6,500.	0.			SUPPORT OF MISSION

Schedule I (Form 990)



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COMMUNITY FOUNDATION OF TAMPA BAY, INC. - 550 NORTH REO STREET STE 301 - TAMPA, FL 33609	59-3001853	501(C)(3)	80,716.	0.			SUPPORT OF MISSION
ELMIRA'S WILDLIFE SANCTUARY P.O. BOX 63 WIMAUMA, FL 33598	20-3338451	501(C)(3)	17,544.	0.			SUPPORT OF MISSION
ENTERPRISING LATINAS, INC. 18240 U.S. HIGHWAY 301 S. WIMAUMA, FL 33598	27-1247381	501(C)(3)	25,481.	0.			SUPPORT OF MISSION
FLORIDA STATE FAIR / ANTIQUE STEAM ENGINE DISPLAY - PO BOX 11766 - TAMPA, FL 33680	59-0651848	501(C)(3)	6,177.	0.			SUPPORT OF MISSION
FIRST PRESBYTERIAN CHURCH 701 BEACH DRIVE NE ST. PETERSBURG, FL 33701	59-0640061	501(C)(3)	30,000.	0.			SUPPORT OF MISSION
FLORIDA A&M UNIVERSITY FOUNDATION 625 E. TENNESSEE STREET, SUITE 100 TALLAHASSEE, FL 32308	59-6175096	501(C)(3)	7,858.	0.			SUPPORT OF MISSION
FLORIDA IMPACT, INC. 1331 EAST LAFAYETTE STREET, SUITE A TALLAHASSEE, FL 32301	59-2859151	501(C)(3)	15,000.	0.			SUPPORT OF MISSION
FLORIDA MUSEUM OF PHOTOGRAPHIC ART 400 NORTH ASHLEY DRIVE, CUBE 200 TAMPA, FL 33602	59-3737687	501(C)(3)	30,000.	0.			SUPPORT OF MISSION
FRIENDS OF THE LIBRARY OF TAMPA HILLSBOROUGH COUNTY, INC. - PO BOX 172608 - TAMPA, FL 33672	59-6174497	501(C)(3)	21,299.	0.			SUPPORT OF MISSION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GLOBAL REFUGE COMMUNITY CHURCH PO BOX 290263 TAMPA, FL 33687	46-2902122	501(C)(3)	9,000.	0.			SUPPORT OF MISSION
GREAT EXPLORATIONS, INC. 1925 4TH STREET NORTH ST PETERSBURG, FL 33704	59-2763359	501(C)(3)	5,500.	0.			SUPPORT OF MISSION
HYDE PARK UNITED METHODIST CHURCH 500 W. PLATT STREET TAMPA, FL 33606	59-0714823	501(C)(3)	8,300.	0.			SUPPORT OF MISSION
IOWA STATE UNIVERSITY OFFICE OF STUDENT FINANCIAL AID 0210 BEARDSHEAR HALL - AMES, IA 50011-2028	42-6004224	501(C)(3)	42,076.	0.			SUPPORT OF MISSION
MOODY BIBLE INSTITUTE 820 NORTH LASALLE BLVD. CHICAGO, IL 60610	36-2167792	501(C)(3)	10,741.	0.			SUPPORT OF MISSION
NCCC FOUNDATION, INC. 3111 SAUNDERS SETTLEMENT ROAD SANBORN, NY 14132	16-1315885	501(C)(3)	40,000.	0.			SUPPORT OF MISSION
NEW LIFE SOLUTIONS 1910 EAST BAY DRIVE LARGO, FL 33771	59-2588366	501(C)(3)	9,774.	0.			SUPPORT OF MISSION
FLORIDA PHILANTHROPIC NETWORK 1211 N WESTSHORE, SUITE 314 TAMPA, FL 33607	20-1328734	501(C)(3)	5,500.	0.			SUPPORT OF MISSION
FOUNDATION FOR THE CAROLINAS 220 N TRYON STREET CHARLOTTE, NC 28202	56-6047886	501(C)(3)	50,000.	0.			SUPPORT OF MISSION

Schedule I (Form 990)

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FREEFALL THEATRE COMPANY 6099 CENTRAL AVENUE ST. PETERSBURG, FL 33710	26-4251761	501(C)(3)	27,750.	0.			SUPPORT OF MISSION
FRIENDS OF ANIMAL SERVICES, INC. P.O. BOX 215 ELFERS, FL 34680	26-1076656	501(C)(3)	12,000.	0.			SUPPORT OF MISSION
THE FLORIDA AQUARIUM 701 CHANNELSIDE DRIVE TAMPA, FL 33602	59-2807815	501(C)(3)	12,800.	0.			SUPPORT OF MISSION
FRIENDS OF JOSHUA HOUSE FOUNDATION, INC. - P.O. BOX 26333 - TAMPA, FL 33623	20-0597719	501(C)(3)	17,000.	0.			SUPPORT OF MISSION
TRINITY CAFE P.O. BOX 320146 TAMPA, FL 33679	59-3733387	501(C)(3)	23,000.	0.			SUPPORT OF MISSION
GERSON INSTITUTE P.O. BOX 161358 SAN DIEGO, CA 92176	95-3284919	501(C)(3)	6,500.	0.			SUPPORT OF MISSION
UNIVERSITY OF GEORGIA FOUNDATION OFFICE OF DEVELOPMENT UNIVERSITY OF ATHENS, GA 30602-5582	58-6033837	501(C)(3)	10,000.	0.			SUPPORT OF MISSION
UNIVERSITY OF SOUTH FLORIDA FOUNDATION, INC. - 4202 E. FOWLER AVENUE, ALC 100 - TAMPA, FL 34620	59-0879015	501(C)(3)	150,156.	0.			SUPPORT OF MISSION
GLOBAL GOOD FUND 2101 L STREET NW, SUITE 800 WASHINGTON, DC 20037	46-1495972	501(C)(3)	10,000.	0.			SUPPORT OF MISSION

Schedule I (Form 990)

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GRACEPOINT FOUNDATION 5707 N. 22ND STREET TAMPA, FL 33610	59-1622729	501(C)(3)	35,534.	0.			SUPPORT OF MISSION
GREATER ST. PETERSBURG AREA ECONOMIC DEVELOPMENT CORPORATION - 100 SECOND AVENUE NORTH, SUITE 130 - ST. PETERSBURG, FL 33701	81-2129283	501(C)(3)	10,000.	0.			SUPPORT OF MISSION
GREATER TAMPA BAY AREA COUNCIL, INC. - 11046 JOHNSON BOULEVARD - SEMINOLE, FL 33772	59-0637815	501(C)(3)	5,312.	0.			SUPPORT OF MISSION
HANOVER COLLEGE P.O. BOX 108 HANOVER, IN 47243	35-0868096	501(C)(3)	10,000.	0.			SUPPORT OF MISSION
HELPING HAITIAN ANGELS 15550 ALDERBROOK DRIVE HAYMARKET, VA 20169	26-4545377	501(C)(3)	6,000.	0.			SUPPORT OF MISSION
HUMANE SOCIETY OF PINELLAS, INC. 3040 STATE ROAD 590 CLEARWATER, FL 33759	59-0781650	501(C)(3)	8,220.	0.			SUPPORT OF MISSION
HYDE PARK PRESBYTERIAN CHURCH 1309 W. SWANN AVENUE TAMPA, FL 33606	59-0711177	501(C)(3)	16,060.	0.			SUPPORT OF MISSION
INITIATIVE FOR A COMPETITIVE INNER CITY, INC. (ICIC) - 56 WARREN STREET, 3RD FLOOR - ROXBURY, MA 02119	13-3772904	501(C)(3)	10,000.	0.			SUPPORT OF MISSION
INTERNATIONAL COOPERATING MINISTRIES - 1901 N ARMISTEAD AVENUE - HAMPTON, VA 23666	54-6338714	501(C)(3)	11,000.	0.			SUPPORT OF MISSION

Schedule I (Form 990)

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JOBSITE THEATER, INC. PO BOX 7975 TAMPA, FL 33673	59-3561564	501(C)(3)	15,950.	0.			SUPPORT OF MISSION
JUNIOR LEAGUE OF TAMPA 87 COLUMBIA DRIVE TAMPA, FL 33606	59-0693993	501(C)(3)	7,000.	0.			SUPPORT OF MISSION
KITTY CITY FOUNDATION 5321 GUNN HIGHWAY TAMPA, FL 33624	59-3745785	501(C)(3)	10,000.	0.			SUPPORT OF MISSION
LIFECARE NETWORK, INC. 122 N MOON AVENUE BRANDON, FL 33510	59-3229320	501(C)(3)	14,000.	0.			SUPPORT OF MISSION
CHAIRSCHOLARS FOUNDATION, INC. 16101 CARENIA LANE ODESSA, FL 33556	65-0442193	501(C)(3)	9,729.	0.			SUPPORT OF MISSION
CHURCH WORLD SERVICES, INC. P.O. BOX 968 ELKHART, IN 46515	13-4080201	501(C)(3)	5,288.	0.			SUPPORT OF MISSION
LOVE INC. OF METRO TAMPA, INC. 6005 N. 9TH STREET TAMPA, FL 33604	81-2456286	501(C)(3)	12,000.	0.			SUPPORT OF MISSION
MARINE CORPS-LAW ENFORCEMENT FOUNDATION, INC. - 273 COLUMBUS AVENUE, SUITE 10 - TUCKAHOE, NY 10707	22-3357410	501(C)(3)	10,000.	0.			SUPPORT OF MISSION
MARY HELP OF CHRISTIANS 6400 EAST CHELSEA STREET TAMPA, FL 33610	59-1201330	501(C)(3)	12,500.	0.			SUPPORT OF MISSION

Schedule I (Form 990)

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MARY LEE'S HOUSE 2806 NORTH ARMENIA AVENUE TAMPA, FL 33607	65-1096929	501(C)(3)	6,150.	0.			SUPPORT OF MISSION
MASONIC VILLAGES OF THE GRAND LODGE OF PENNSYLVANIA - 1 MASONIC DRIVE - ELIZABETHTOWN, PA 17022	23-0846955	501(C)(3)	5,508.	0.			SUPPORT OF MISSION
MILITARY ORDER OF THE WORLD WARS, CHAPTER 226 - P.O. BOX 6309 - SUN CITY CENTER, FL 33571	53-0109990	501(C)(3)	7,000.	0.			SUPPORT OF MISSION
MODERN WIDOWS CLUB, INC. 2218 LAKESIDE DRIVE ORLANDO, FL 32803	46-1440059	501(C)(3)	5,550.	0.			SUPPORT OF MISSION
COUNCIL FOR EDUCATIONAL CHANGE 3265 MERIDIAN PARKWAY, SUITE 130 WESTON, FL 33331	01-0638224	501(C)(3)	105,000.	0.			SUPPORT OF MISSION
CRISTO REY TAMPA HIGH SCHOOL AT MARY HELP OF CHRISTIANS INC. - 6400 EAST CHELSEA STREET - TAMPA, FL 33610	47-3494960	501(C)(3)	21,000.	0.			SUPPORT OF MISSION
NAPLES CHILDREN & EDUCATION FOUNDATION - 4305 EXCHANGE AVENUE - NAPLES, FL 34104	65-1001650	501(C)(3)	100,000.	0.			SUPPORT OF MISSION
DISABLED AMERICAN VETERANS CHARITABLE SERVICE TRUST - 3725 ALEXANDRA PIKE - COLDSRING, KY 41076	52-1521276	501(C)(3)	20,000.	0.			SUPPORT OF MISSION
NATHAN B. STUBBLEFIELD FOUNDATION, INC. - WMNF RADIO - 1210 E. MARTIN LUTHER KING BOULEVARD - TAMPA, FL 33603	59-1619213	501(C)(3)	6,764.	0.			SUPPORT OF MISSION

Schedule I (Form 990)

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NATIONAL MULTIPLE SCLEROSIS SOCIETY, VIRGINIA-WV CHAPTER - 4200 INNSLAKE DRIVE, SUITE 301 - GLEN ALLEN, VA 23060	54-0633474	501(C)(3)	10,000.	0.			SUPPORT OF MISSION
NATIONAL REVIEW INSTITUTE 215 LEXINGTON AVENUE, 11TH FLOOR NEW YORK, NY 10016	13-3649537	501(C)(3)	6,000.	0.			SUPPORT OF MISSION
NEW DRAMATISTS 424 WEST 44TH STREET NEW YORK, NY 10036	13-1601093	501(C)(3)	10,000.	0.			SUPPORT OF MISSION
PARENTS & CHILDREN ADVANCE TOGETHER LITERACY MINISTRIES, INC - 913 NEWBERGER ROAD - LUTZ, FL 33549	27-2313001	501(C)(3)	24,262.	0.			SUPPORT OF MISSION
PELICAN PLAYERS 1245 CORINTH GREENS DRIVE SUN CITY CENTER, FL 33573	59-2170051	501(C)(3)	20,000.	0.			SUPPORT OF MISSION
PEPIN ACADEMIES OF PASCO COUNTY, INC. - 9804 LITTLE ROAD - NEW PORT RICHEY, FL 34654	46-4199842	501(C)(3)	6,000.	0.			SUPPORT OF MISSION
PINELLAS EX OFFENDER RE-ENTRY COALITION, INC. - 6160 ULMERTON ROAD, SUITE 10 - CLEARWATER, FL 33760	59-3643636	501(C)(3)	50,000.	0.			SUPPORT OF MISSION
FIRST UNITED METHODIST CHURCH 72 LAKE MORTON DRIVE LAKELAND, FL 33801	59-0657325	501(C)(3)	7,000.	0.			SUPPORT OF MISSION
PLANT HIGH SCHOOL ACADEMIC FOUNDATION - 2415 S. HIMES AVENUE - TAMPA, FL 33629	59-2348164	501(C)(3)	32,700.	0.			SUPPORT OF MISSION

Schedule I (Form 990)

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PROJECT HOPE OF MARION COUNTY, INC. - P.O. BOX 5548 - OCALA, FL 34478	20-8657795	501(C)(3)	100,000.	0.			SUPPORT OF MISSION
PROJECT PROSPER, INC. 13575 58TH STREET NORTH, SUITE 107 CLEARWATER, FL 33760	20-8936475	501(C)(3)	11,000.	0.			SUPPORT OF MISSION
REDDICK ELEMENTARY SCHOOL 325 WEST LAKE DRIVE WIMAUMA, FL 33598	59-6000660	501(C)(3)	7,843.	0.			SUPPORT OF MISSION
RENAISSANCE CHARITABLE FOUNDATION, INC. - 8910 PURDUE ROAD, SUITE 555 - INDIANAPOLIS, IN 46268	35-2129262	501(C)(3)	23,820.	0.			SUPPORT OF MISSION
RESTORE AMERICA'S ESTUARIES 2300 CLARENDON BOULEVARD, SUITE 603 ARLINGTON, VA 22201	54-1965304	501(C)(3)	20,000.	0.			SUPPORT OF MISSION
ROTARY DISTRICT 5170 FOUNDATION 2570 W EL CAMINO REAL, SUITE 150 MOUNTAIN VIEW, CA 94040	94-3016176	501(C)(3)	15,000.	0.			SUPPORT OF MISSION
SALESIAN YOUTH CENTER OF TAMPA BAY 315 W. COLUMBUS DRIVE TAMPA, FL 33602	53-0196617	501(C)(3)	15,000.	0.			SUPPORT OF MISSION
SAMARITAN'S PURSE P.O. BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	5,500.	0.			SUPPORT OF MISSION
SENIORS IN SERVICE OF TAMPA BAY, INC. - 1306 W. SLIGH AVENUE - TAMPA, FL 33604	59-2422975	501(C)(3)	17,691.	0.			SUPPORT OF MISSION

Schedule I (Form 990)



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HILLSBOROUGH COMMUNITY COLLEGE FOUNDATION - 39 COLOMBIA DRIVE - TAMPA, FL 33606	59-1810717	501(C)(3)	24,200.	0.			SUPPORT OF MISSION
HILLSBOROUGH COUNTY SCHOOL DISTRICT - 8602 NORTH ARMENIA AVENUE - TAMPA, FL 33604	59-6000660	501(C)(3)	25,000.	0.			SUPPORT OF MISSION
HILLSBOROUGH EDUCATION FOUNDATION 2306 N. HOWARD AVENUE TAMPA, FL 33607	59-2883361	501(C)(3)	7,320.	0.			SUPPORT OF MISSION
SHINING LIGHT BAPTIST CHURCH 4231 TRACKROCK GAP ROAD BLAIRSVILLE, GA 30512	68-0611938	501(C)(3)	6,500.	0.			SUPPORT OF MISSION
SHORECREST PREPARATORY SCHOOL 5101 1ST ST. N.E. ST. PETERSBURG, FL 33703	23-7412158	501(C)(3)	6,000.	0.			SUPPORT OF MISSION
SOUTH SHORE ARTS COUNCIL, INC. P. O. BOX 1613 SUN CITY CENTER, FL 33575	72-1582347	501(C)(3)	18,725.	0.			SUPPORT OF MISSION
SOUTHERN POVERTY LAW CENTER, INC. 400 WASHINGTON AVENUE MONTGOMERY, AL 36104	63-0598743	501(C)(3)	25,500.	0.			SUPPORT OF MISSION
SPCA TAMPA BAY 9099 - 130TH AVENUE NORTH LARGO, FL 33773	59-0715928	501(C)(3)	6,065.	0.			SUPPORT OF MISSION
ST. ANDREW'S EPISCOPAL CHURCH 509 TWIGGS STREET EAST TAMPA, FL 33602	59-0816461	501(C)(3)	6,400.	0.			SUPPORT OF MISSION

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JUDSON BAPTIST CHURCH 4900 FRANKLIN ROAD NASHVILLE, TN 37220	62-0582664	501(C)(3)	8,000.	0.			SUPPORT OF MISSION
ST. JOHN'S EPISCOPAL PARISH DAY SCHOOL, INC. - 906 S ORLEANS AVE - TAMPA, FL 33606	74-2986047	501(C)(3)	10,250.	0.			SUPPORT OF MISSION
LIGHTHOUSE OF PINELLAS, INC. 6925 112TH CIRCLE NORTH, SUITE 103 LARGO, FL 33773	23-7042938	501(C)(3)	12,500.	0.			SUPPORT OF MISSION
LINCOLN UNIVERSITY 300 KEOKUK ST. LINCOLN, IL 62656	37-0661227	501(C)(3)	62,500.	0.			SUPPORT OF MISSION
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	9,054.	0.			SUPPORT OF MISSION
ST. LAWRENCE CATHOLIC CHURCH 5225 N. HIMES AVENUE TAMPA, FL 33614	59-6046493	501(C)(3)	15,000.	0.			SUPPORT OF MISSION
ST. PAUL'S SCHOOL, INC. 1600 ST. PAUL'S DRIVE CLEARWATER, FL 33764	59-1220745	501(C)(3)	6,000.	0.			SUPPORT OF MISSION
MAYO CLINIC 200 FIRST STREET SW ROCHESTER, MN 55905	41-6011702	501(C)(3)	69,526.	0.			SUPPORT OF MISSION
MINNEAPOLIS COMMUNITY KOLLEL 2930 INGLEWOOD AVENUE ST. LOUIS PARK, MN 55416	41-1903600	501(C)(3)	18,000.	0.			SUPPORT OF MISSION

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ST. PETER CLAVER CATHOLIC SCHOOL 1401 NORTH GOVERNOR STREET TAMPA, FL 33602	53-0196617	501(C)(3)	5,748.	0.			SUPPORT OF MISSION
MORNING STAR TAMPA FOUNDATION, INC. - 210 E LINEBAUGH AVE. - TAMPA, FL 33612	59-3363777	501(C)(3)	18,998.	0.			SUPPORT OF MISSION
ST. PETERSBURG COLLEGE FOUNDATION, INC. - P.O. BOX 13489 - ST. PETERSBURG, FL 33733	59-1954362	501(C)(3)	60,250.	0.			SUPPORT OF MISSION
STREATOR UNLIMITED, INC. 305 N. STERLING STREET STREATOR, IL 61364	36-2558089	501(C)(3)	16,029.	0.			SUPPORT OF MISSION
NOMADSTUDIO INC. P.O. BOX 782 ST. PETERSBURG, FL 33731	46-4322352	501(C)(3)	75,731.	0.			SUPPORT OF MISSION
TAMPA BAY NETWORK TO END HUNGER 4532 W. KENNEDY BOULEVARD, SUITE 25 TAMPA, FL 33706	36-4758155	501(C)(3)	25,000.	0.			SUPPORT OF MISSION
TAMPA BAY PARTNERSHIP FOR REGIONAL RESEARCH & EDUCATION FDN. - 4300 W. CYPRESS STREET, SUITE 700 - TAMPA, FL 33607	59-3414776	501(C)(3)	20,000.	0.			SUPPORT OF MISSION
TAMPA BAY WAVE, INC. 500 E KENNEDY BOULEVARD, SUITE 300 TAMPA, FL 33602	27-4779851	501(C)(3)	26,500.	0.			SUPPORT OF MISSION
TAMPA THEATRE, INC. 711 N. FRANKLIN STREET TAMPA, FL 33602	59-3191311	501(C)(3)	69,390.	0.			SUPPORT OF MISSION

Schedule I (Form 990)

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TAMPABAY-JOB-LINKS 4100 W. KENNEDY BOULEVARD, SUITE 20 TAMPA, FL 33609	27-4629468	501(C)(3)	30,000.	0.			SUPPORT OF MISSION
PINELLAS COUNTY URBAN LEAGUE, INC. 333 31ST STREET NORTH ST. PETERSBURG, FL 33713	59-1665523	501(C)(3)	24,580.	0.			SUPPORT OF MISSION
PINELLAS EDUCATION FOUNDATION 12090 STARKEY ROAD LARGO, FL 33773	59-2688253	501(C)(3)	16,497.	0.			SUPPORT OF MISSION
PINELLAS OPPORTUNITY COUNCIL, INC. 501 FIRST AVENUE NORTH SUITE 517 ST. PETERSBURG, FL 33701	59-1227051	501(C)(3)	6,000.	0.			SUPPORT OF MISSION
TEMPLE BETH SHALOM 1109 NE 8TH AVENUE OCALA, FL 34470	59-1019247	501(C)(3)	35,000.	0.			SUPPORT OF MISSION
THE CENTRE FOR WOMEN, INC. 305 S. HYDE PARK AVENUE TAMPA, FL 33606	59-1787902	501(C)(3)	7,994.	0.			SUPPORT OF MISSION
ROTARY FOUNDATION OF ROTARY INTERNATIONAL - 14280 COLLECTIONS CENTER DRIVE - CHICAGO, IL 60693	36-3245072	501(C)(3)	6,000.	0.			SUPPORT OF MISSION
THE CRISIS CENTER OF TAMPA BAY, INC. - ONE CRISIS CENTER PLAZA - TAMPA, FL 33613	59-1785265	501(C)(3)	12,500.	0.			SUPPORT OF MISSION
SALESIAN YOUTH CENTER 659 BELMONT AVENUE NORTH HALEDON, NJ 07508	22-6043753	501(C)(3)	33,043.	0.			SUPPORT OF MISSION

Schedule I (Form 990)

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SALVATION ARMY SARASOTA COMMAND P.O. BOX 2792 SARASOTA, FL 34230	58-0660607	501(C)(3)	6,220.	0.			SUPPORT OF MISSION
THE FIRST TEE OF TAMPA BAY 7910 N. 30TH STREET TAMPA, FL 33610	59-1742909	501(C)(3)	14,668.	0.			SUPPORT OF MISSION
THE SALVATION ARMY 5550 PRAIRIE STONE PARKWAY HOFFMAN ESTATES, IL 60192	36-2167910	501(C)(3)	8,712.	0.			SUPPORT OF MISSION
THE STUDIO @ 620, INC. 620 1ST AVENUE SOUTH ST. PETERSBURG, FL 33701	52-2398308	501(C)(3)	9,584.	0.			SUPPORT OF MISSION
SPECIAL OPERATIONS WARRIOR FOUNDATION - P.O. BOX 89367 - TAMPA, FL 33689	52-1183585	501(C)(3)	8,500.	0.			SUPPORT OF MISSION
ST. PAUL CATHOLIC CHURCH 12708 NORTH DALE MABRY HWY TAMPA, FL 33618	59-1213195	501(C)(3)	16,498.	0.			SUPPORT OF MISSION
ST. PAUL UNITED METHODIST CHURCH 1199 S. HIGHLAND AVENUE LARGO, FL 33770	59-1031675	501(C)(3)	13,000.	0.			SUPPORT OF MISSION
THE UNIVERSITY OF ALABAMA 101 DOSTER HALL, BOX 870158 TUSCALOOSA, AL 35487	63-6001138	501(C)(3)	10,000.	0.			SUPPORT OF MISSION
ST. PETERSBURG WAREHOUSE ARTS DISTRICT INC . - 515 22ND STREET SOUTH - ST. PETERSBURG, FL 33712	46-0826859	501(C)(3)	29,584.	0.			SUPPORT OF MISSION

Schedule I (Form 990)

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UNITARIAN UNIVERSALIST CHURCH OF TAMPA - 11400 MORRIS BRIDGE ROAD - TAMPA, FL 33637	59-2928193	501(C)(3)	5,958.	0.			SUPPORT OF MISSION
SUN CITY CENTER SECURITY PATROL, INC. - 1005 N. PEBBLE BEACH BLVD. - SUN CITY CENTER, FL 33573	59-2169618	501(C)(3)	12,858.	0.			SUPPORT OF MISSION
UNITARIAN UNIVERSALISTS OF CLEARWATER - 2470 NURSEY ROAD - CLEARWATER, FL 33764	59-0995436	501(C)(3)	10,000.	0.			SUPPORT OF MISSION
TEMPLE BETH-EL OF ST. PETERSBURG, INC. - 400 PASADENA AVENUE S. - ST. PETERSBURG, FL 33707	59-0711184	501(C)(3)	7,900.	0.			SUPPORT OF MISSION
TEMPLE TERRACE FIRST BAPTIST CHURCH - 10002 N. 56TH ST. - TEMPLE TERRACE, FL 33617	59-6045682	501(C)(3)	7,000.	0.			SUPPORT OF MISSION
UNITED STATES ARMY RANGER ASSOCIATION, INC. - P.O. BOX 52126 - FORT BENNING, GA 31995	58-2002582	501(C)(3)	30,000.	0.			SUPPORT OF MISSION
UNIVERSITY OF SOUTH FLORIDA P.O. BOX 864568 ORLANDO, FL 32886	59-3102112	501(C)(3)	17,693.	0.			SUPPORT OF MISSION
UNIVERSITY OF WEST GEORGIA 115 AYCOCK HALL CARROLLTON, GA 30118	58-6002055	501(C)(3)	6,000.	0.			SUPPORT OF MISSION
US IAS MEMBER'S TRUST 4751 FOUNTAIN AVENUE LOS ANGELES, CA 90029	52-1840679	501(C)(3)	20,000.	0.			SUPPORT OF MISSION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
VALOR SERVICE DOGS 5347 BAYWAYER DRIVE TAMPA, FL 33615	47-5374265	501(C)(3)	10,000.	0.			SUPPORT OF MISSION
VETERINARY CARE FOUNDATION, INC. 16550 NW 46TH STREET MORRISTON, FL 32668	26-1074767	501(C)(3)	8,000.	0.			SUPPORT OF MISSION
VOICES FOR CHILDREN OF TAMPA BAY, INC. - P.O. BOX 2694 - TAMPA, FL 33601	59-2737702	501(C)(3)	8,353.	0.			SUPPORT OF MISSION
WAKE FOREST UNIVERSITY P. O. BOX 7227 WINSTON-SALEM, NC 27109	56-0532138	501(C)(3)	55,000.	0.			SUPPORT OF MISSION
WASHINGTON & LEE UNIVERSITY OFFICE OF UNIVERSITY DEVELOPMENT - DEVELOPMENT BUILDING - LEXINGTON, VA 2445	54-0505977	501(C)(3)	7,786.	0.			SUPPORT OF MISSION
WELLESLEY COLLEGE 106 CENTRAL STREET WELLESLEY, MA 02481	04-2103637	501(C)(3)	100,000.	0.			SUPPORT OF MISSION
WESTMINSTER COLLEGE 319 SOUTH MARKET STREET, OLD MAIN - ROOM 106 - NEW WILMINGTON, PA 16172	25-0981156	501(C)(3)	11,016.	0.			SUPPORT OF MISSION
WESTMINSTER RETIREMENT COMMUNITIES FOUNDATION - 125 56TH AVENUE SOUTH - ST. PETERSBURG, FL 33705	23-7414048	501(C)(3)	6,000.	0.			SUPPORT OF MISSION
UNIVERSITY OF SOUTH FLORIDA RESEARCH FOUNDATION - 3802 SPECTRUM BOULEVARD, SUITE 100 - TAMPA, FL 33612	59-2959590	501(C)(3)	49,447.	0.			SUPPORT OF MISSION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
WIMAUMA ELEMENTARY SCHOOL 5709 HICKMAN STREET WIMAUMA, FL 33598	59-6000660	501(C)(3)	7,843.	0.			SUPPORT OF MISSION
YOUNG LIFE AFRICA 420 N. CASCADE AVENUE COLORADO SPRINGS, CO 80903	84-0385934	501(C)(3)	10,000.	0.			SUPPORT OF MISSION
YOUNG LIFE TAMPA URBAN 2121 131ST AVENUE E. TAMPA, FL 33612	84-0385934	501(C)(3)	10,750.	0.			SUPPORT OF MISSION
YMCA OF GREATER ST. PETERSBURG 600 FIRST AVENUE NORTH, SUITE 201 ST. PETERSBURG, FL 33701	59-0624468	501(C)(3)	7,000.	0.			SUPPORT OF MISSION
YMCA OF THE SUNCOAST 2469 ENTERPRISE ROAD CLEARWATER, FL 33763	59-0810731	501(C)(3)	15,000.	0.			SUPPORT OF MISSION

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**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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	154	359,925.	0.		

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

SCHEDULE I, PART I, LINE 2: THE FOUNDATION REVIEWS THE NONPROFIT'S 501(C)(3) STATUS BEFORE DISBURSING THE GRANT. FOR GRANTS INVOLVING SELECTION BY THE GRANT'S COMMITTEE, THE FOUNDATION ADDS THE REQUIREMENT THAT THE ORGANIZATION COMPLETE A PROGRESS REPORT, INCLUDING AN ACCOUNTING FOR THE USE OF FUNDS, AND STAFF OR GRANT COMMITTEE MEMBERS MAKE A SITE VISIT TO A SAMPLE OF THE ORGANIZATIONS. FOR GRANTS FROM DONOR ADVISED FUNDS, EACH GRANT RECOMMENDATION IS REVIEWED AND APPROVED BY FOUNDATION STAFF PRIOR TO PAYMENT BEING MADE. THE BOARD OF TRUSTEES REVIEWS ALL GRANTS

**Part IV** Supplemental Information

THAT WERE COMPLETED.

Public Disclosure Copy

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2016**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

COMMUNITY FOUNDATION OF TAMPA BAY, INC.

Employer identification number

59-3001853

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use          |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence          |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef)       |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee          | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>		X
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2016

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MARLENE M. SPALTEN PRESIDENT/CEO	(i)	235,620.	25,000.	5,668.	21,200.	261.	287,749.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**PART I, LINE 1A - BENEFITS PROVIDED TO CEO**

THE FOUNDATION BOARD APPROVED PAYING THE DUES AT THE CITY CLUB (SOCIAL CLUB) FOR USE BY THE CEO FOR BUSINESS MEETINGS AND FOUNDATION EVENTS.

THE CLUB HAS BEEN USED ONLY FOR BUSINESS PURPOSES. SHOULD PERSONAL USE OF THE CLUB ARISE, THE CEO WILL REIMBURSE THE FOUNDATION FOR SUCH CHARGES.

Public Disclosure Copy

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2016**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization **COMMUNITY FOUNDATION OF TAMPA BAY, INC.** Employer identification number **59-3001853**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art .....				
2	Art - Historical treasures .....				
3	Art - Fractional interests .....				
4	Books and publications .....				
5	Clothing and household goods .....				
6	Cars and other vehicles .....				
7	Boats and planes .....				
8	Intellectual property .....				
9	Securities - Publicly traded .....	X	50	5,020,841	ACTIVE MARKET QUOTES
10	Securities - Closely held stock .....				
11	Securities - Partnership, LLC, or trust interests .....				
12	Securities - Miscellaneous .....				
13	Qualified conservation contribution - Historic structures .....				
14	Qualified conservation contribution - Other .....				
15	Real estate - Residential .....				
16	Real estate - Commercial .....				
17	Real estate - Other .....				
18	Collectibles .....				
19	Food inventory .....				
20	Drugs and medical supplies .....				
21	Taxidermy .....				
22	Historical artifacts .....				
23	Scientific specimens .....				
24	Archeological artifacts .....				
25	Other ▶ ( .....				
26	Other ▶ ( .....				
27	Other ▶ ( .....				
28	Other ▶ ( .....				

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2016)

**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.

SCHEDULE M, LINE 30B:

THE COUNT REPORTED IN PART 1, LINE 10, COLUMN (B) IS THE NUMBER OF CONTRIBUTIONS RECEIVED. A SINGLE CONTRIBUTION MAY HAVE CONSISTED OF MORE THAN ONE PUBLICLY TRADED SECURITY.

Public Disclosure Copy

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization

COMMUNITY FOUNDATION OF TAMPA BAY, INC.

Employer identification number

59-3001853

**FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

THE TAMPA BAY AREA.

**FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:**

ATTEND A TWO-DAY LEADERSHIP SEMINAR AT ECKERD COLLEGE'S LEADERSHIP DEVELOPMENT INSTITUTE, WHICH INCLUDES ELEMENTS SUCH AS A 360 DEGREE ASSESSMENT OF LEADERSHIP STYLE AND BEHAVIOR, THE VIDEOTAPING OF EACH CEO ENGAGING IN A FUNDRAISING CONVERSATION, AND PEER FEEDBACK GIVING INSIGHT INTO HOW THE LEADERS ARE PERCEIVED BY ONE ANOTHER. IN ADDITION TO THE CEO LEADERSHIP PROGRAM, CFTB CONDUCTS A NONPROFIT GOVERNANCE INITIATIVE, WHICH SENT NINE LOCAL NONPROFIT TRUSTEES TO HARVARD BUSINESS SCHOOL'S "GOVERNING FOR NONPROFIT EXCELLENCE" PROGRAM AS AN EXPANSION OF ITS NONPROFIT LEADERSHIP TRAINING.

THE BOARD MEMBERS PARTICIPATING IN THE HARVARD PROGRAM ALL CAME FROM NONPROFITS WHO'S CEOS ARE GRADUATES OF THE NONPROFIT CEO LEADERSHIP PROGRAM. WHEN THEY RETURNED FROM HARVARD, THEY SHARED WHAT THEY LEARNED WITH OTHER NONPROFIT BOARD MEMBERS IN A SERIES OF COLLABORATIVE SESSIONS.

**FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:**

THE COMPOSITION OF 4D IS AS FOLLOWS - \$10,968,536 OF EXPENSES INCLUDING GRANTS OF \$10,259,764 WHICH ARE EXPLAINED BELOW:

UNALLOCATED PROGRAM SERVICE AND GRANTS ADMINISTRATIVE EXPENSES -  
\$708,772 OF EXPENSES

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16



Name of the organization COMMUNITY FOUNDATION OF TAMPA BAY, INC.	Employer identification number 59-3001853
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SCHOLARSHIPS - \$359,925 OF EXPENSES INCLUDING GRANTS OF \$359,925

GRANTS TO CHARTIABLE ORGANIZATIONS - \$9,899,839 OF EXPENSES INCLUDING GRANTS OF \$9,899,839

EXPENSES \$ 10,968,536. INCL GRANTS OF \$ 10,259,764. REVENUE \$ 9,525.

FORM 990, PART VI, SECTION B, LINE 11B:

ALL MEMBERS OF THE BOARD OF TRUSTEES WERE PROVIDED ACCESS TO A COMPLETE COPY OF FORM 990 VIA THE FOUNDATION'S INTRANET AND A BOARD LOG-IN PORTAL PRIOR TO FILING THE FORM. THE FOUNDATION'S VICE PRESIDENT AND CHIEF FINANCIAL OFFICER PRESENTED THE FORM 990 TO A MEETING OF THE FINANCE COMMITTEE PRIOR TO FILING THE RETURN AND RESPONDED TO THE TRUSTEES' QUESTIONS. THE COMMITTEE APPROVED THE RETURN AS PREPARED AND PRESENTED, AND MOVED THAT THE RETURN BE FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

EVERY MEMBER OF THE BOARD OF TRUSTEES, AS WELL AS EVERY STAFF MEMBER, IS REQUIRED TO COMPLETE AND SIGN A CONFLICT OF INTEREST POLICY. IT IS ALSO ON THE AGENDA FOR EACH BOARD OF TRUSTEE'S MEETING AND ANYONE WHO MIGHT HAVE A CONFLICT IS EXPECTED TO DISCLOSE THE POTENTIAL CONFLICT AND RECUSE THEMSELVES FROM VOTING.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION OF THE PRESIDENT AND CEO IS DETERMINED BY THE FOUNDATION'S EXECUTIVE COMMITTEE (AN INDEPENDENT BODY) ACTING AS THE COMPENSATION COMMITTEE. THIS COMMITTEE USES COMPARABILITY DATA WHICH IS OBTAINED FROM THE FLORIDA PHILANTHROPIC NETWORK, THE COUNCIL ON FOUNDATIONS, AND FROM REVIEW OF FORM 990'S FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS. SUPPORTING

Name of the organization

COMMUNITY FOUNDATION OF TAMPA BAY, INC.

Employer identification number

59-3001853

DOCUMENTATION IS RETAINED AND DELIBERATIONS AND DECISIONS OF THE EXECUTIVE COMMITTEE ARE DOCUMENTED IN ITS MINUTES. THE PROCESS WAS LAST UNDERTAKEN DURING AUGUST 2016. COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES IS DETERMINED BY THE PRESIDENT AND CEO BASED ON USE OF COMPARABILITY DATA OBTAINED FROM FLORIDA PHILANTHROPIC NETWORK, THE COUNCIL ON FOUNDATIONS, AND FROM REVIEW OF THE FORM 990'S FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS. SUPPORTING DOCUMENTATION IS RETAINED. THE PROCESS WAS LAST UNDERTAKEN DURING THE YEAR ENDED JUNE 30, 2017.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAINTAINS ITS MOST RECENT IRS FROM 990 AND AUDITED FINANCIAL STATEMENTS ON ITS WEB SITE. THESE DOCUMENTS AND A LISTING OF INVESTMENT FUND MANAGERS, FOUNDATION FEE SCHEDULE, INVESTMENT COMMITTEE MEMBERS, AND INVESTMENT PERFORMANCE MAY BE REQUESTED BY CONTACTING THE ORGANIZATION'S CFO. THE COMMUNITY FOUNDATION NOTES IT IS NOT REQUIRED TO MAKE ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

INVESTMENT LOSS OF AGENCY FUNDS	-3,442,776.
ADMINISTRATIVE FEES OF AGENCY FUNDS	178,852.
AGENCY FUNDS EXCESS GIFTS OVER GRANTS	-2,629,209.
TOTAL TO FORM 990, PART XI, LINE 9	-5,893,133.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public Inspection

Name of the organization **COMMUNITY FOUNDATION OF TAMPA BAY, INC.** Employer identification number **59-3001853**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CFTB REALTY, LLC 550 N REO ST., SUITE 301 TAMPA, FL 33609	HOLDING REAL ESTATE	FLORIDA			COMMUNITY FOUNDATION OF TAMPA BAY

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CHARITABLE REMAINDER TRUSTS (6)	TRUST ADMINISTRATION	FL	COMMUNITY FOUNDATION OF TAMPA BAY	TRUST					X
CHARITABLE LEAD TRUSTS (1)	TRUST ADMINISTRATION	FL	COMMUNITY FOUNDATION OF TAMPA BAY	TRUST					X

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				





# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868) .**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>COMMUNITY FOUNDATION OF TAMPA BAY, INC.</b>	Employer identification number (EIN) or <b>59-3001853</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>4300 W CYPRESS ST, NO. 700</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>TAMPA, FL 33607</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**KORY BURKLEY**

• The books are in the care of ▶ **4300 W. CYPRESS ST., SUITE 700 - TAMPA, FL 33607**  
Telephone No. ▶ **(813) 282-1975** Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year \_\_\_\_\_ or  
▶  tax year beginning **JUL 1, 2016**, and ending **JUN 30, 2017**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.