

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2010

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning **JUL 1, 2010** and ending **JUN 30, 2011**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COMMUNITY FOUNDATION OF TAMPA BAY, INC.		D Employer identification number 59-3001853
	Doing Business As		E Telephone number (813) 282-1975
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 68,438,664.
	550 N. REO STREET	301	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
City or town, state or country, and ZIP + 4 TAMPA, FL 33609		F Name and address of principal officer: DAVID J. FISCHER SAME AS C ABOVE	
I 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			
J Website: ▶ WWW.CFTAMPABAY.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1989 M State of legal domicile: FL	

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: BEING THE LEADING FACILITATOR OF PHILANTHROPY IN OUR COMMUNITY THROUGH EFFECTIVE COMMUNITY INVESTING.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	28
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	28
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	12
	6 Total number of volunteers (estimate if necessary)	6	75
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	14,234,285.	7,921,117.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,720,650.	6,865,338.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	133,725.	580,301.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	18,088,660.	15,366,756.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	9,137,219.	11,614,739.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	726,310.	790,024.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 264,409.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	282,253.	920,093.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,145,782.	13,324,856.
19 Revenue less expenses. Subtract line 18 from line 12	7,942,878.	2,041,900.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	130,088,860.	149,501,368.
	22 Net assets or fund balances. Subtract line 21 from line 20	6,622,366.	31,836,903.
		123,466,494.	117,664,465.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	GEORGE E. W. HARDY, IV, VP/CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name MARCUM D. SASSER	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ RIVERO, GORDIMER & COMPANY, P.A.	Firm's EIN ▶	Phone no. (813) 875-7774		
	Firm's address ▶ P. O. BOX 172359 TAMPA, FL 33672				

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 to any question in this Part III [X]

1 Briefly describe the organization's mission: BUILDING A BETTER COMMUNITY THROUGH CREATIVE PHILANTHROPY, VISION AND LEADERSHIP BY BEING THE LEADING FACILITATOR OF PHILANTHROPY IN OUR COMMUNITY AND A RESOURCEFUL LEADER IN MAKING A DIFFERENCE THROUGH EFFECTIVE COMMUNITY INVESTING.

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

4a (Code:) (Expenses \$ 4,732,581. including grants of \$ 4,491,521.) (Revenue \$) EDUCATION - OVER 179 DIFFERENT EDUCATIONAL ORGANIZATIONS RECEIVED GRANTS DURING THE YEAR, INCLUDING HILLSBOROUGH EDUCATION FOUNDATION FOR SOUTH COUNTY CAREER CENTERS, AS WELL AS OVER 118 SCHOLORSHIPS WERE AWARDED DURING THE YEAR.

4b (Code:) (Expenses \$ 1,426,400. including grants of \$ 1,353,744.) (Revenue \$) HEALTH & HUMAN SERVICES - 129 ORGANIZATIONS WERE SUPPORTED. GRANTS WERE GIVEN TO THE ALS ASSOCIATION, THE BOLESTA CENTER, EASTER SEALS FLORIDA, MACDONALD TRAINING CENTER AND THE MAYO CLINIC.

4c (Code:) (Expenses \$ 1,727,728. including grants of \$ 1,639,724.) (Revenue \$) ARTS & CULTURE - GRANTS WERE MADE TO OVER 40 ORGANIZATIONS IN SUPPORT OF THE ARTS. THESE INCLUDED GRANTS TO TAMPA BAY HISTORY CENTER, THE FLORIDA ORCHESTRA AS WELL AS GRANTS TO DAVID A. STRAZ PERFORMING ARTS CENTER IN SUPPORT OF YOUTH PROGRAMS.

4d Other program services. (Describe in Schedule O.) (Expenses \$ 4,244,021. including grants of \$ 4,129,750.) (Revenue \$)

4e Total program service expenses 12,130,730.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 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
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	N/A	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where 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	
7 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
8 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
9 Did the organization report an amount in Part X, line 21; 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
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
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, XII, and XIII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 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
19 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
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

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 to any question in this Part VI

Section A. Governing Body and Management

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

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	X	
10b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	X	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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 **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **GEORGE HARDY - (813) 282-1975**
550 N. REO STREET, SUITE 301, TAMPA, FL 33609

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question 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 (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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			
GENE MARSHALL CHAIRMAN	10.00	X		X				0.	0.	0.
GREGORY A. ROSICA VICE CHAIRMAN	5.00	X		X				0.	0.	0.
PATRICIA L. DOUGLAS TREASURER	5.00	X		X				0.	0.	0.
DONNA L. LONGHOUSE SECRETARY	2.00	X		X				0.	0.	0.
MARTIN B. SOLOMON PAST CHAIR	1.00	X						0.	0.	0.
MONROE BERKMAN TRUSTEE	1.00	X						0.	0.	0.
TONY COLEMAN TRUSTEE	1.00	X						0.	0.	0.
DANIEL M. DOYLE, JR. TRUSTEE	1.00	X						0.	0.	0.
BLYTHE WILLIAMS EBBERT TRUSTEE	1.00	X						0.	0.	0.
VICKI F. FOX TRUSTEE	1.00	X						0.	0.	0.
WAYNE "SKIP" FRASER TRUSTEE	1.00	X						0.	0.	0.
SUSAN F. GRADY TRUSTEE	1.00	X						0.	0.	0.
BEN T. GUZZLE TRUSTEE	1.00	X						0.	0.	0.
ALAN D. HARVILL TRUSTEE	1.00	X						0.	0.	0.
SEAN E. HEGENSACH TRUSTEE	1.00	X						0.	0.	0.
GARY J. HODGES TRUSTEE	1.00	X						0.	0.	0.
GERALD F. HOGAN TRUSTEE	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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			
DANIEL J. HONEGGER TRUSTEE	1.00	X						0.	0.	0.
EVELYN LUNSFORD TRUSTEE	1.00	X						0.	0.	0.
ROBERT H. MOHR TRUSTEE	1.00	X						0.	0.	0.
ADAM H. PALMER TRUSTEE	1.00	X						0.	0.	0.
FRANCI GOLMAN RUDOLPH TRUSTEE	1.00	X						0.	0.	0.
GEOFFREY A. SIMON TRUSTEE	1.00	X						0.	0.	0.
JAY B. "TREY" STARKEY TRUSTEE	1.00	X						0.	0.	0.
JAMES STRNSKI TRUSTEE	1.00	X						0.	0.	0.
JAMES THEMIDES TRUSTEE	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								252,141.	0.	14,079.
d Total (add lines 1b and 1c)								252,141.	0.	14,079.

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

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 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. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns					
	b	Membership dues					
	c	Fundraising events					
	d	Related organizations					
	e	Government grants (contributions)					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 7,921,117.				
	g	Noncash contributions included in lines 1a-1f: \$	2,879,077.				
	h	Total. Add lines 1a-1f	7,921,117.				
	Program Service Revenue	2 a	Business Code				
b							
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	3,201,950.			3201950.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a		(i) Real				
			(ii) Personal				
		b	Gross Rents	1,000.			
		c	Less: rental expenses				
	d	Rental income or (loss)	1,000.				
	e	Net rental income or (loss)	1,000.			1,000.	
	7 a		(i) Securities				
			(ii) Other				
		b	Gross amount from sales of assets other than inventory	56735296			
		c	Less: cost or other basis and sales expenses	53071908			
	d	Gain or (loss)	3663388.				
e	Net gain or (loss)	3,663,388.			3663388.		
8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18						
b	Less: direct expenses						
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19						
b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a	CHANGE IN SPLIT INTERE	900099	579,301.			579,301.	
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		579,301.				
12	Total revenue. See instructions.		15366756.	0.	0.	7445639.	

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U.S. See Part IV, line 21	11,373,369.	11,373,369.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	241,370.	241,370.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	303,985.	149,557.	113,553.	40,875.
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	390,619.	175,001.	102,313.	113,305.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	16,840.	6,759.	5,584.	4,497.
9 Other employee benefits	44,366.	21,307.	12,798.	10,261.
10 Payroll taxes	34,214.	16,089.	8,700.	9,425.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	12,300.		12,300.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	612,205.		612,205.	
g Other	12,723.	6,503.	6,142.	78.
12 Advertising and promotion	57,041.	18,659.		38,382.
13 Office expenses	30,619.	19,062.	6,202.	5,355.
14 Information technology	44,085.	20,546.	13,573.	9,966.
15 Royalties				
16 Occupancy	85,781.	39,973.	26,421.	19,387.
17 Travel	4,498.	3,877.		621.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	16,023.	10,415.	934.	4,674.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	9,502.	4,428.	2,927.	2,147.
23 Insurance	12,059.	5,620.	3,714.	2,725.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a TRADE ASSN. DUES	19,510.	15,608.	1,951.	1,951.
b MISCELLANEOUS	3,747.	2,587.	400.	760.
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	13,324,856.	12,130,730.	929,717.	264,409.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year		
Assets	1 Cash - non-interest-bearing	205.	1	252.		
	2 Savings and temporary cash investments	824,203.	2	685,338.		
	3 Pledges and grants receivable, net		3			
	4 Accounts receivable, net	171,742.	4	47,320.		
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5			
	6 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 instructions)		6			
	7 Notes and loans receivable, net	204,903.	7	189,950.		
	8 Inventories for sale or use		8			
	9 Prepaid expenses and deferred charges	12,571.	9	21,857.		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 113,342.				
	b Less: accumulated depreciation	10b 80,859.				
			10c 27,012.		32,483.	
	11 Investments - publicly traded securities	111,894,203.	11	131,029,876.		
	12 Investments - other securities. See Part IV, line 11	3,377,971.	12	6,790,716.		
	13 Investments - program-related. See Part IV, line 11		13			
	14 Intangible assets		14			
15 Other assets. See Part IV, line 11	13,576,050.	15	10,703,576.			
16 Total assets. Add lines 1 through 15 (must equal line 34)	130,088,860.	16	149,501,368.			
Liabilities	17 Accounts payable and accrued expenses	70,151.	17	65,085.		
	18 Grants payable	924,683.	18	790,576.		
	19 Deferred revenue		19			
	20 Tax-exempt bond liabilities		20			
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21			
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22			
	23 Secured mortgages and notes payable to unrelated third parties		23			
	24 Unsecured notes and loans payable to unrelated third parties		24			
	25 Other liabilities. Complete Part X of Schedule D	5,627,532.	25	30,981,242.		
	26 Total liabilities. Add lines 17 through 25	6,622,366.	26	31,836,903.		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27 Unrestricted net assets	113,660,185.	27	111,699,971.		
	28 Temporarily restricted net assets	9,806,309.	28	5,964,494.		
	29 Permanently restricted net assets		29			
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.					
	30 Capital stock or trust principal, or current funds		30			
	31 Paid-in or capital surplus, or land, building, or equipment fund		31			
	32 Retained earnings, endowment, accumulated income, or other funds		32			
	33 Total net assets or fund balances	123,466,494.	33	117,664,465.		
34 Total liabilities and net assets/fund balances	130,088,860.	34	149,501,368.			

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,366,756.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,324,856.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,041,900.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	123,466,494.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	<7,843,929.>
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	117,664,465.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question 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
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	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.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued 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		
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
3b	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 (2010)

PUBLIC DISCLOSURE PRECOPY

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization COMMUNITY FOUNDATION OF TAMPA BAY, INC.	Employer identification number 59-3001853
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

- The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)
- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
 - 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
 - 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
 - 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
 - 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
 - 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
 - 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
 - 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
 - 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
 - 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
 - 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
 - e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
 - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
 - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11g(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
11g(ii) A family member of a person described in (i) above?		
11g(iii) A 35% controlled entity of a person described in (i) or (ii) above?		
 - h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2010

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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	18277847.	15595651.	12876910.	14234285.	7921117.	68905810.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	18277847.	15595651.	12876910.	14234285.	7921117.	68905810.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						11498120.
6 Public support. Subtract line 5 from line 4.						57407690.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	18277847.	15595651.	12876910.	14234285.	7921117.	68905810.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3018834.	3906968.	2944248.	2672301.	3202950.	15745301.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						84651111.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	67.82	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	67.97	%
16a 33 1/3% support test - 2010. 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 33 1/3% support test - 2009. 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"/>		
17a 10% -facts-and-circumstances test - 2010. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2009. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2010

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support (Add lines 9, 10c, 11, and 12).

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2009 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2009 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2010. 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 - 2009. 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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2010

Name of the organization

Employer identification number

COMMUNITY FOUNDATION OF TAMPA BAY, INC.

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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization 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), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

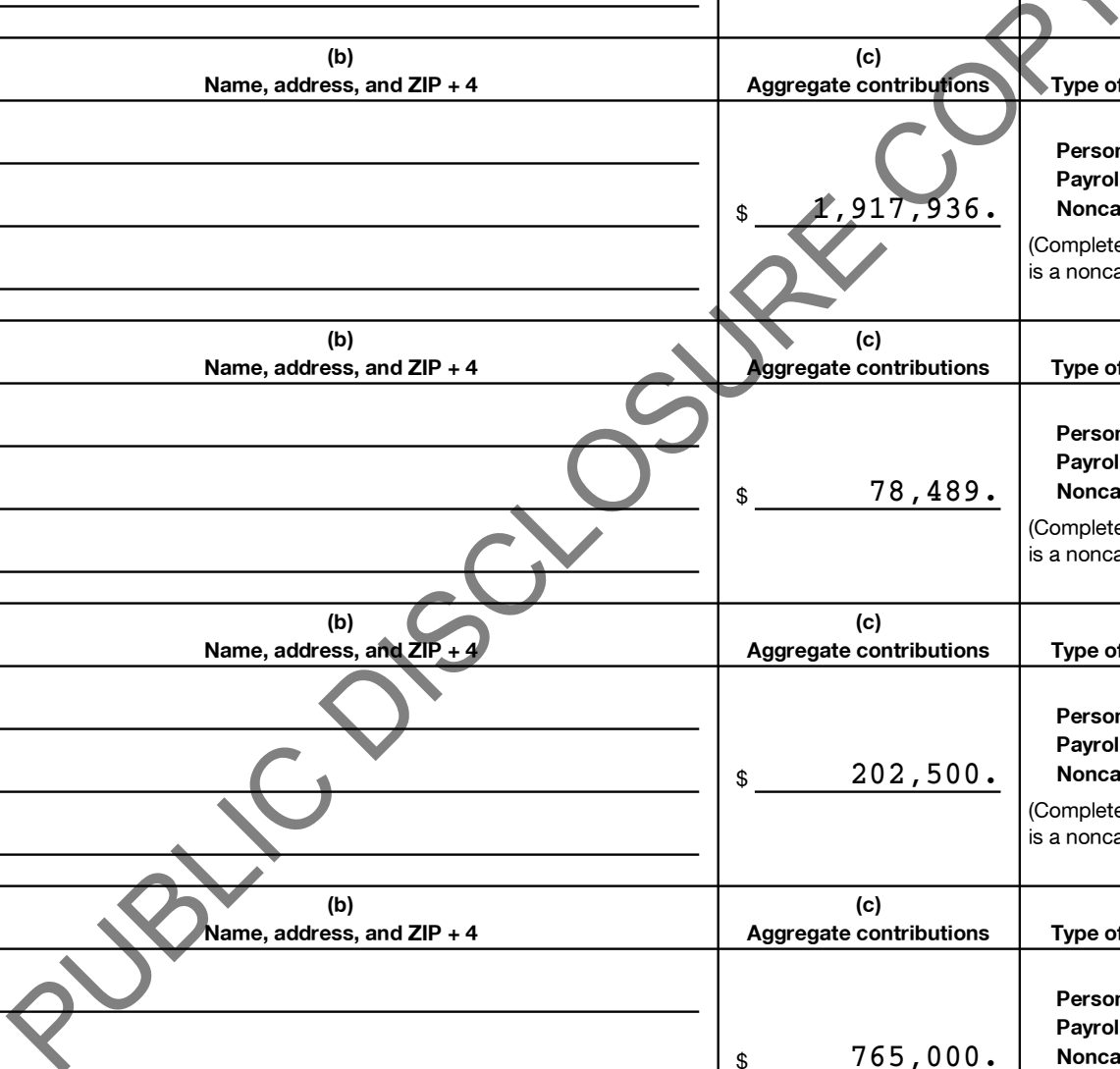
Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not 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) (2010)

Name of organization COMMUNITY FOUNDATION OF TAMPA BAY, INC.	Employer identification number 59-3001853
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Part I Contributors (see instructions)

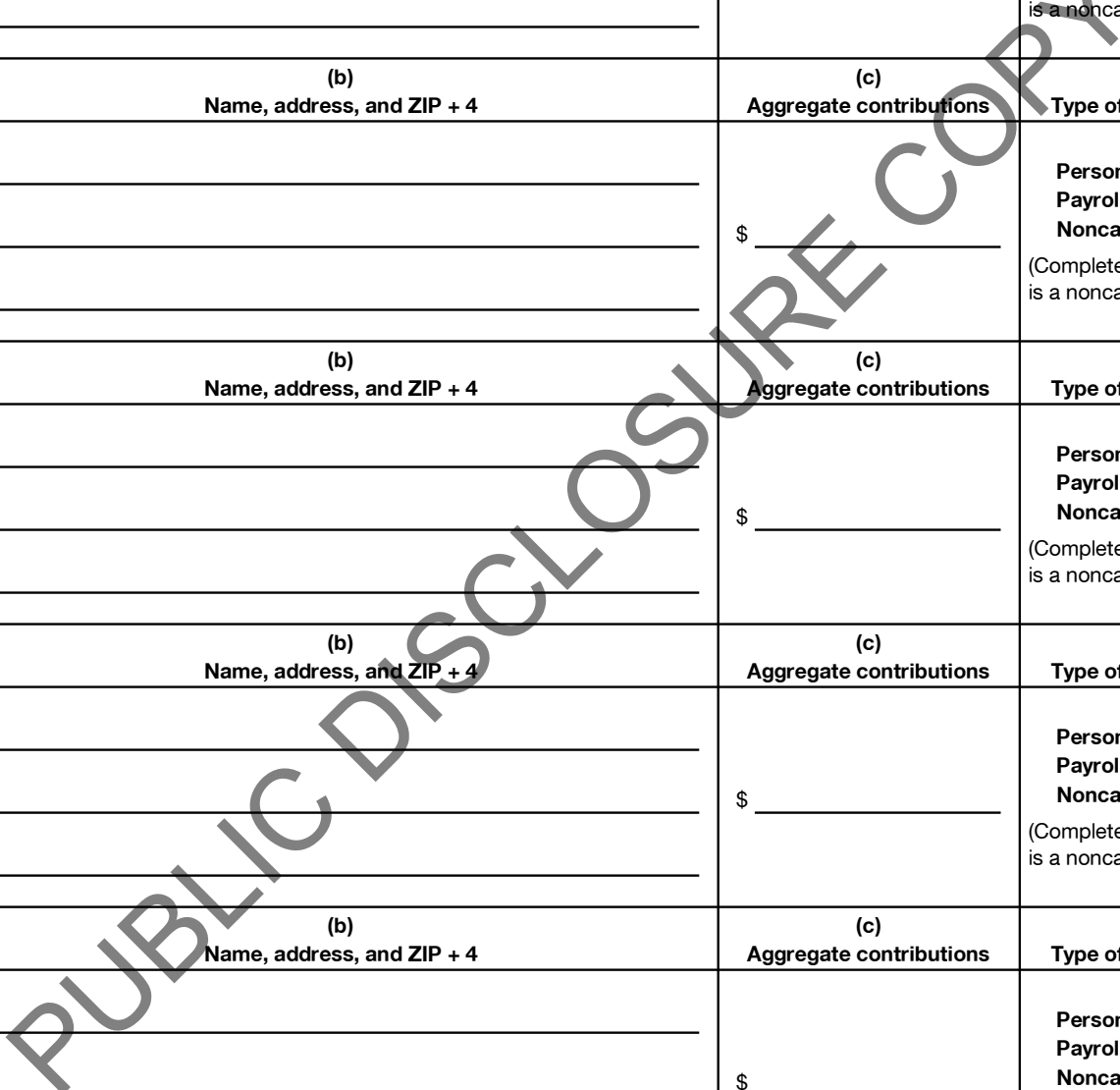
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 254,508.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 1,917,936.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 78,489.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 202,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 765,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



Name of organization COMMUNITY FOUNDATION OF TAMPA BAY, INC.	Employer identification number 59-3001853
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Part I Contributors (see instructions)

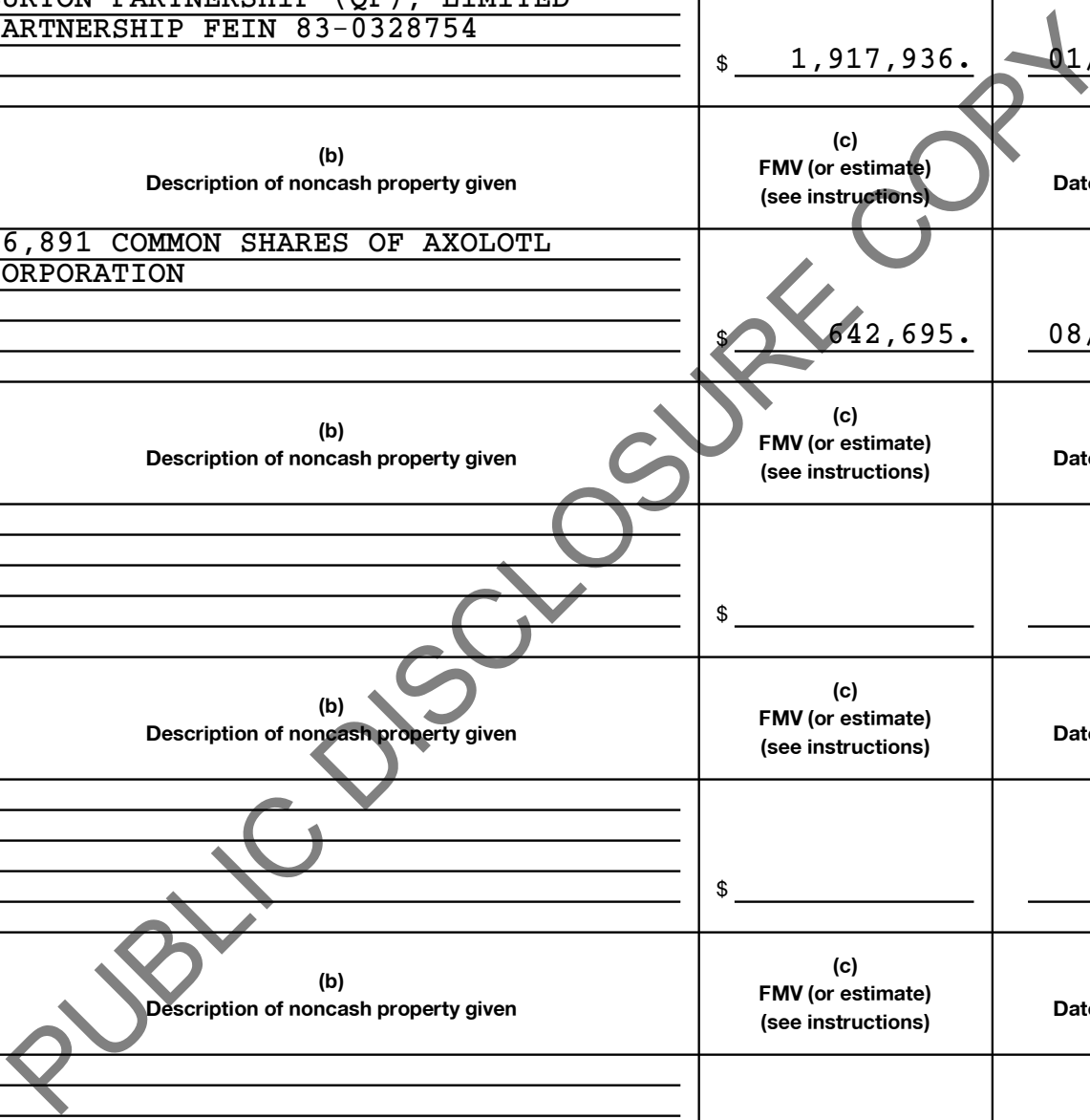
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/> <hr/>	\$ <u>642,695.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



Name of organization COMMUNITY FOUNDATION OF TAMPA BAY, INC.	Employer identification number 59-3001853
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Part II Noncash Property (see instructions)

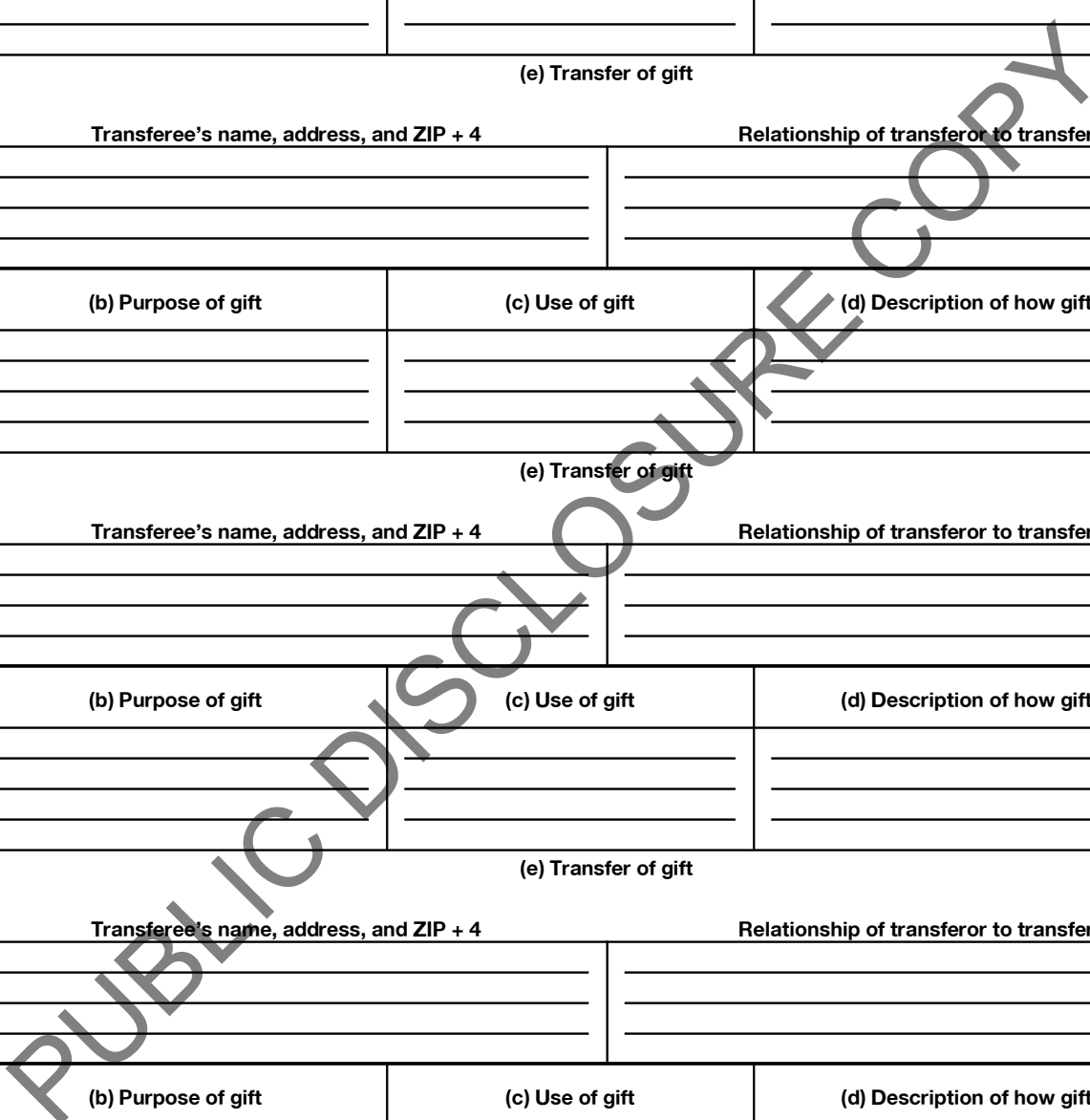
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	.5634 LIMITED PARTNERSHIP INTEREST IN BURTON PARTNERSHIP (QP), LIMITED PARTNERSHIP FEIN 83-0328754	\$ 1,917,936.	01/01/11
7	36,891 COMMON SHARES OF AXOLOTL CORPORATION	\$ 642,695.	08/26/10
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____



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

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. 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 information once. See instructions.) ▶ \$

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



SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

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" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	270	
2 Aggregate contributions to (during year)	6,584,160.	
3 Aggregate grants from (during year)	8,513,869.	
4 Aggregate value at end of year	52,739,470.	
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" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the 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, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, 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 XIV, 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" to 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 XIV, 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) Revenues included in 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 Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____

- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 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" to 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 XIV 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? Yes No
- b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to 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	65,343,134.	56,168,755.	70,661,518.		
b Contributions	1,535,552.	6,256,027.	1,780,755.		
c Net investment earnings, gains, and losses	11,658,753.	5,767,547.	<12,166,707.>		
d Grants or scholarships	2,713,620.	2,849,195.	3,482,444.		
e Other expenditures for facilities and programs	2,596,768.		624,367.		
f Administrative expenses	308,975.				
g End of year balance	72,918,076.	65,343,134.	56,168,755.		

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment 100.00 %
 - b Permanent endowment %
 - c Term endowment %

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) unrelated organizations | | X |
| (ii) related organizations | | X |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(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				
d Equipment		108,342.	80,859.	27,483.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				32,483.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) ESTATES IN PROCESS	200,000.
(2) INVESTMENTS HELD FOR CHARITABLE REMAINDER TRUST	7,070,583.
(3) RESIDUAL INTEREST IN SURVIVOR TRUST	3,347,681.
(4) CSV LIFE INSURANCE	33,000.
(5) ACCRUED INTEREST RECEIVABLE	52,312.
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	10,703,576.

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) LIABILITY FOR CHARITABLE GIFT	
(3) ANNUITIES	2,021,882.
(4) LIABILITY UNDER CHARITABLE	
(5) REMAINDER TRUST	4,653,770.
(6) LIABILITY FOR AGENCY FUNDS	24,305,590.
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	30,981,242.

2. FIN 48 (ASC 740) Footnote. In Part XIV, 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).
032053
12-20-10

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	15,366,756.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	13,324,856.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	2,041,900.
4	Net unrealized gains (losses) on investments	4	16,044,476.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	<3,764,829.>
9	Total adjustments (net). Add lines 4 through 8	9	12,279,647.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	14,321,547.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	26,130,000.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	16,044,476.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	16,044,476.
3	Subtract line 2e from line 1	3	10,085,524.
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	612,205.
b	Other (Describe in Part XIV.)	4b	4,669,027.
c	Add lines 4a and 4b	4c	5,281,232.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	15,366,756.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	11,808,453.
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 XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	11,808,453.
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	612,205.
b	Other (Describe in Part XIV.)	4b	904,198.
c	Add lines 4a and 4b	4c	1,516,403.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	13,324,856.

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: AGENCY FUNDS ARE SPECIFIC FOR THE NONPROFIT THAT

ESTABLISHED IT. DESIGNATED FUNDS ARE ESTABLISHED BY INDIVIDUALS TO BENEFIT A SPECIFIC NONPROFIT ORGANIZATION. THESE FUNDS CAN ONLY BE UTILIZED FOR THE PURPOSE DESIGNATED IN THE FUND AGREEMENT. SCHOLARSHIP FUNDS ARE SET UP TO BENEFIT STUDENTS IN SPECIFIC FIELDS OR STUDENTS FROM SPECIFIC HIGH SCHOOLS. EXAMPLES OF FUNDS INCLUDE THOSE ESTABLISHED FOR THE PERFORMING ARTS, PEDIATRIC CARE, AND FOR THE BENEFIT OF COLLEGES AND UNIVERSITIES.

Part XIV Supplemental Information (continued)

PART X, LINE 2: THE FOUNDATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE FOUNDATION IS A NOT-FOR-PROFIT FLORIDA CORPORATION AND THEREFORE IS NOT SUBJECT TO STATE INCOME TAXES. MANAGEMENT IS NOT AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE THE FOUNDATION'S TAX EXEMPT STATUS. THE FOUNDATION IS NOT AWARE OF ANY TAX POSITIONS IT HAS TAKEN THAT ARE SUBJECT TO A SIGNIFICANT DEGREE OF UNCERTAINTY. TAX YEARS AFTER JUNE 30, 2007 REMAIN SUBJECT TO EXAMINATION BY TAXING AUTHORITIES.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

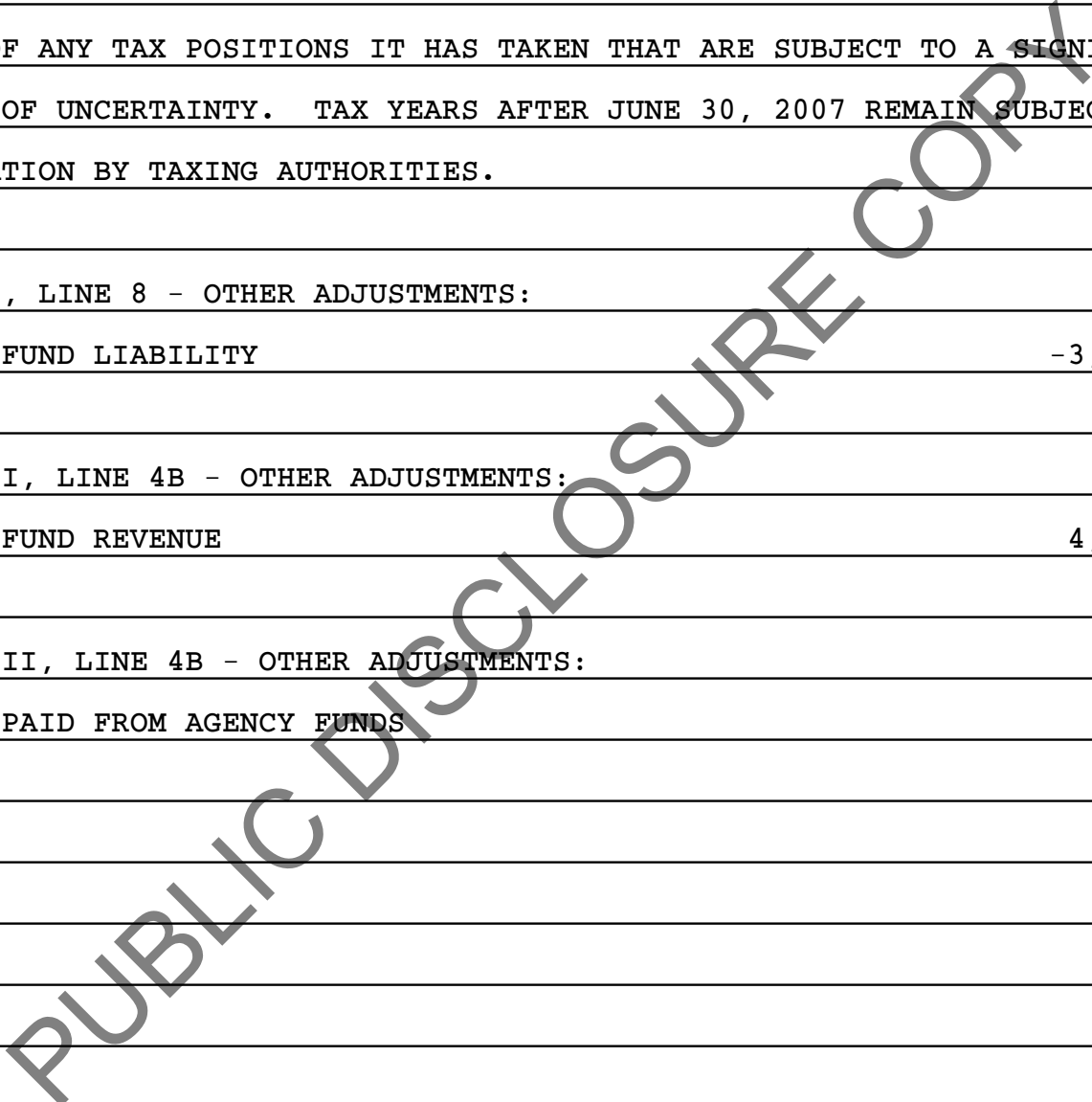
AGENCY FUND LIABILITY	-3,764,829.
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PART XII, LINE 4B - OTHER ADJUSTMENTS:

AGENCY FUND REVENUE	4,669,027.
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PART XIII, LINE 4B - OTHER ADJUSTMENTS:

GRANTS PAID FROM AGENCY FUNDS	904,198.
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**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" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.**

OMB No. 1545-0047

2010

**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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient 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 non-cash assistance	(h) Purpose of grant or assistance
A WOMEN'S PLACE MINISTRIES 3959 VAN DYKE ROAD #380 LUTZ, FL 33558	59-2957640	501(C)(3)	13,311.	0.			OTHER
ABE BROWN MINISTRIES 2921 29TH STREET TAMPA, FL 33605	59-2410601	501(C)(3)	17,791.	0.			SUPPORT OF MISSION
ACADEMY PREP CENTER OF TAMPA 1407 E COLUMBUS DR, TAMPA, FL 33605	59-3622978	501(C)(3)	110,425.	0.			SUPPORT OF MISSION
ALBANY MEDICAL CENTER FOUNDATION 43 NEW SCOTLAND AVE, MC-119 ALBANY, NY 12208	14-6023119	501(C)(3)	17,024.	0.			SUPPORT OF MISSION
ALL SPORTS COMMUNITY SERVICE P.O. BOX 271506 TAMPA, FL 33688	59-3184150	501(C)(3)	67,612.	0.			OTHER
ALPHA HOUSE OF TAMPA 201 S TAMPANIA TAMPA, FL 33609	59-2655523	501(C)(3)	62,204.	0.			OTHER

- 2** Enter total number of section 501(c)(3) and government organizations **258.**
- 3** Enter total number of other organizations

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

Schedule I (Form 990) (2010)

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
AMERICAN CANCER SOCIETY 2006 W KENNEDY BLVD TAMPA, FL 33606	59-0657320	501(C)(3)	21,936.	0.			OTHER
AMERICAN HEART ASSOCIATION 11207 BLUE HERON BLVD N ST. PETERSBURG, FL 33716	13-5613797	501(C)(3)	127,500.	0.			GENERAL OPERATING SUPPORT
AMERICAN RED CROSS - TAMPA BAY CHAPTER - P.O. BOX 4236 - TAMPA, FL 33677	53-0196605	501(C)(3)	20,939.	0.			SUPPORT OF MISSION
AMERICAN STAGE P.O. BOX 1560 ST. PETERSBURG, FL 33731	59-1777189	501(C)(3)	8,863.	0.			SUPPORT OF MISSION
ARCHIE BRAY FOUNDATION 2915 COUNTRY CLUB AVE HELENA, MT 59602	81-0284022	501(C)(3)	65,000.	0.			GENERAL OPERATING SUPPORT
BAY AREA FAMILY & PREGNANCY RESOURCE - 800 N BELCHER RD, STE 101 - CLEARWATER, FL 33765	59-2606601	501(C)(3)	12,000.	0.			SUPPORT OF MISSION
BAY AREA LEGAL SERVICES 829 W MARTIN LUTHER KING BLVD TAMPA, FL 33603	59-1171886	501(C)(3)	44,825.	0.			SUPPORT OF MISSION
BENEDICT HAVEN, INC 210 72ND AVE N ST. PETERSBURG, FL 33702	59-3492167	501(C)(3)	12,201.	0.			OTHER
BEREAN ACADEMY, INC 17951 US HWY 41 N LUTZ, FL 33549	59-3321690	501(C)(3)	59,886.	0.			SUPPORT OF MISSION

LHA

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
BERKELEY PREPARATORY SCHOOL 4811 KELLY RD TAMPA, FL 33615	59-1292802	501(C)(3)	47,586.	0.			SUPPORT OF MISSION
BIG BROTHERS & BIG SISTERS OF TAMPA BAY, INC - 711 S DALE MABRY, STE 300 - TAMPA, FL 33609	59-2173085	501(C)(3)	20,522.	0.			SUPPORT OF MISSION
BIG CAT RESUE 7106 RIVERWOOD BLVD TAMPA, FL 33615	59-3330495	501(C)(3)	23,944.	0.			SUPPORT OF MISSION
BOWLING GREEN STATE UNIVERSITY FOUNDATION, INC - MILETI ALUMNI CENTER - BOWLING GREEN, OH 43403	34-6007199	501(C)(3)	10,000.	0.			SUPPORT OF MISSION
BOYS & GIRLS CLUB OF TAMPA BAY, INC - 1307 N MACDILL AVE - TAMPA, FL 33607	59-0624368	501(C)(3)	194,613.	0.			SUPPORT OF MISSION
BROOKWOOD FLORIDA CENTRAL, INC 901 SEVENTH AVE, S ST. PETERSBURG, FL 33705	59-0624387	501(C)(3)	6,000.	0.			OTHER
BRYN MAWR COLLEGE 101 N MERION AVE BRYN MAWR, PA 19010	29-1352621	501(C)(3)	80,000.	0.			PROJECT SUPPORT
BUTLER UNIVERSITY 4600 SUNSET AVE INDIANAPOLIS, IN 46208	35-0867977	501(C)(3)	50,000.	0.			OTHER
CALVARY EVANGELICAL LUTHERAN CHURCH - 5309 US HWY 41 N - APOLLO BEACH, FL 33572	59-6591854	501(C)(3)	15,000.	0.			SUPPORT OF MISSION

LHA

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
CAMP HOSANNA 2201 POPE ROAD HIAWASSEE, GA 30546	90-0164890	501(C)(3)	13,000.	0.			SUPPORT OF MISSION
CASA P.O. BOX 414 ST. PETERSBURG, FL 33731	59-2114359	501(C)(3)	12,750.	0.			GENERAL OPERATING SUPPORT
CHRIST THE KING CATHOLIC CHURCH 821 S DALE MABRY HWY TAMPA, FL 33609	59-0966385	501(C)(3)	60,000.	0.			OTHER
CITY OF CLEARWATER P.O. BOX 4748 CLEARWATER, FL 33758	59-6000289	501(C)(3)	112,500.	0.			PROJECT SUPPORT
CITY OF ST. PETE BEACH 155 CORY AVE ST. PETE BEACH, FL 33706	59-6000423	501(C)(3)	34,686.	0.			SUPPORT OF MISSION
CLEARWATER FOR YOUTH, INC 1501 N BELCHER RD, 236 CLEARWATER, FL 33765	59-1408073	501(C)(3)	7,000.	0.			SUPPORT OF MISSION
CLEARWATER MARINE AQUARIUM 249 WINDWARD PASSAGE CLEARWATER, FL 33767	59-2086737	501(C)(3)	30,000.	0.			SUPPORT OF MISSION
COMMUNITY TAMPA BAY 9535 INTERNATIONAL COURT N ST. PETERSBURG, FL 33716	81-0675602	501(C)(3)	23,900.	0.			SUPPORT OF MISSION
CONGREGATION BETH SHALOM 1325 S BELCHER RD CLEARWATER, FL 33764	59-1290855	501(C)(3)	22,000.	0.			PROJECT SUPPORT

LHA

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
COUNCIL FOR EDUCATIONAL CHANGE 3265 MERIDIAN PARKWAY, SUITE 130 WESTON, FL 33331	01-0638224	501(C)(3)	56,000.	0.			PROJECT SUPPORT
CRITTER ADOPTION AND RESCUE EFFORT, INC - 1528 27TH STREET SE - RUSKIN, FL 33570	59-3678003	501(C)(3)	5,586.	0.			SUPPORT OF MISSION
CYPRESS INITIATIVE, INC 5509 W GARY ST, 100 TAMPA, FL 33609	20-8378337	501(C)(3)	160,000.	0.			GENERAL OPERATING SUPPORT
DALLAS THEOLOGICAL SEMINARY 3909 SWISS AVE DALLAS, TX 75204	75-0827421	501(C)(3)	25,000.	0.			PROJECT SUPPORT
DAVID A STRAZ, JR CENTER FOR THE PERFORMING - P.O. BOX 518 - TAMPA, FL 33601	59-2037085	501(C)(3)	141,341.	0.			SUPPORT OF MISSION
DIOCESE OF ST PETERSBURG P.O. BOX 40200 ST. PETERSBURG, FL 33743	59-1213195	501(C)(3)	51,000.	0.			SUPPORT OF MISSION
DOCTORS WITHOUT BORDERS USA, INC 333 SEVENTH AVE, 2ND FLOOR NEW YORK, NY 10001	13-3433452	501(C)(3)	15,250.	0.			SUPPORT OF MISSION
ECHO OF BRANDON 507 N PARSONS AVE BRANDON, FL 33510	59-3051533	501(C)(3)	5,927.	0.			SUPPORT OF MISSION
EARL J LENNARD HIGH SCHOOL 2002 E SHELL POINT RD RUSKIN, FL 33570	59-6000660	501(C)(3)	7,500.	0.			PROJECT SUPPORT

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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
EASTER SEALS FL, INC WEST COAST REGION - 2403 E HENRY AVE - TAMPA, FL 33610	59-0637848	501(C)(3)	43,502.	0.			SUPPORT OF MISSION
ECKERD COLLEGE 4200 54TH AVE S ST. PETERSBURG, FL 33711	59-0859121	501(C)(3)	379,000.	0.			PROJECT SUPPORT
EMORY UNIVERSITY 209 ADMIN BUILDING ATLANTA, GA 30322	58-0566256	501(C)(3)	17,500.	0.			SUPPORT OF MISSION
EPISCOPAL CHURCH OF THE ASCENSION 701 ORANGE AVE CLEARWATER, FL 33756	59-0721414	501(C)(3)	14,800.	0.			PROJECT SUPPORT
FAMILY FIRST 5211 W LAUREL ST, 102 TAMPA, FL 33607	59-3043408	501(C)(3)	6,500.	0.			PROJECT SUPPORT
FEEDING AMERICA TAMPA BAY 4702 TRANSPORATION DR, BLDG 6 TAMPA, FL 33605	59-2116576	501(C)(3)	101,528.	0.			OTHER
FELINE FOLKS P.O. BOX 6294 SUN CITY CENTER, FL 33571	20-8794885	501(C)(3)	7,500.	0.			SUPPORT OF MISSION
FLORIDA BLOOD SERVICE FOUNDATION 10100 DR MARTIN LUTHER KING ST, N ST. PETERSBURG, FL 33716	59-2216675	501(C)(3)	7,033.	0.			SUPPORT OF MISSION
FLORIDA HOLOCAUST MUSEUM 55 5TH ST S ST. PETERSBURG, FL 33701	59-2981494	501(C)(3)	7,397.	0.			SUPPORT OF MISSION

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FLORIDA SHERIFFS YOUTH RANCHES, INC - P.O. BOX 2000 - BOYS RANCH, FL 32064	23-7303117	501(C)(3)	7,364.	0.			SUPPORT OF MISSION
FLORIDA STATE FAIR 1208 S PINE LAKE DR TAMPA, FL 33612	59-3362841	501(C)(3)	45,000.	0.			PROJECT SUPPORT
FOUNDATION CG JUNG INSTITUTE ZURICH KUENSNACHT SWITZERLAND FOR N AMERICAN - 675 BILTMORE AVE, STE E - ASHEVILLE, NC 28803	56-2115837	501(C)(3)	8,160.	0.			OTHER
FREEDOM PLAZA SCHOLARSHIP FUND 1010 AMERICAN EAGLE BLVD, BOX 752 SUN CITY CENTER, FL 33573	59-3214388	501(C)(3)	8,609.	0.			PROJECT SUPPORT
FRIENDS OF THE LIBRARY OF TAMPA HILLSBOROUGH COUNTY, INC - P.O. BOX 172608 - TAMPA, FL 33672	59-6174497	501(C)(3)	12,915.	0.			PROJECT SUPPORT
FRIENDS OF THE RIVERWALK, INC P.O. BOX 173312 TAMPA, FL 33672	20-3146250	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
GEORGIA STATE UNIVERSITY P.O. BOX 4040 ATLANTA, GA 30302	58-6002050	501(C)(3)	7,500.	0.			PROJECT SUPPORT
GLOBAL HANDS OF HEALING 13233 INDIAN ROCKS ROAD LARGO, FL 33774	27-0098966	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
GIFT OF LIFE INTERNATIONAL 475 NORTH BOULEVARD #25 GREAT NECK, NY 11021	56-2322626	501(C)(3)	25,000.	0.			OTHER

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GIRL SCOUT OF WEST CENTRAL FLORIDA, INC - 5002 W LEMON ST - TAMPA, FL 33609	59-0624454	501(C)(3)	6,971.	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)	20,775.	0.			SUPPORT OF MISSION
GOOD SAMARITAN HEALTH CLINIC OF PASCO COUNTY - 5334 ASPEN ST - NEW PORT RICHEY, FL 34652	59-3072334	501(C)(3)	22,077.	0.			SUPPORT OF MISSION
H LEE MOFIT CANCER CENTER & RESEARCH FOUNDATION - 12902 MAGNOLIA DR - TAMPA, FL 33612	59-3238634	501(C)(3)	20,207.	0.			SUPPORT OF MISSION
HARRY CHAPIN FOOD BANK OF SW FLORIDA, INC. - 3760 FOWLER STREET - FORT MYERS, FL 33901	59-2332120	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
HELP BRINGS HOPE FOR HAITI 3816 W MORRISON AVE TAMPA, FL 33629	30-0218645	501(C)(3)	102,119.	0.			SUPPORT OF MISSION
HERNANDO COUNTY EDUCATION FOUNDATION - 919 N BROAD ST - BROOKSVILLE, FL 34601	59-3031959	501(C)(3)	6,000.	0.			PROJECT SUPPORT
HERNANDO-PASCO HOSPICE 12107 MAJESTIC BLVD HUDSON, FL 34667	59-2217929	501(C)(3)	10,160.	0.			SUPPORT OF MISSION
HILLSBOROUGH COMMUNITY COLLEGE FOUNDATION - 39 COLUMBIA DR, 719 - TAMPA, FL 33631	59-1810717	501(C)(3)	27,845.	0.			PROJECT SUPPORT

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HILLSBOROUGH COUNTY BOCC 601 W KENNEDY BLVD., 1RST FL TAMPA, FL 33602	59-6000661	501(C)(3)	5,000.	0.			PROJECT SUPPORT
HILLSBOROUGH COUNTY CRISIS CENTER, INC - ONE CRISIS CENTER PLAZA - TAMPA, FL 33613	59-1785265	501(C)(3)	91,515.	0.			PROJECT SUPPORT
HILLSBOROUGH EDUCATION FOUNDATION 2306 N. HOWARD AVE. TAMPA, FL 33607	59-2883361	501(C)(3)	95,544.	0.			PROJECT SUPPORT
HILLSDALE BAPTIST CHURCH 6201 EHRLIC ROAD TAMPA, FL 33625	59-0971834	501(C)(3)	12,000.	0.			SUPPORT OF MISSION
HOPE INTERNATIONAL MINISTRIES 11415 HOPE INTERNATIONAL DRIVE TAMPA, FL 33625	62-0879012	501(C)(3)	13,000.	0.			SUPPORT OF MISSION
HOSPICE FOUNDATION OF FLORIDA SUNCOAST - 5771 ROOSEVELT BLVD - CLEARWATER, FL 33760	59-2252045	501(C)(3)	10,250.	0.			SUPPORT OF MISSION
HUMAN RIGHTS CAMPAIGN FOUNDATION 1640 RHODE ISLAND AVE NW WASHINGTON, DC 20036	52-1481896	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
HUMANE SOCIETY OF PINELLAS, INC. 9099 130TH AVE N LARGO, FL 33773	59-0781650	501(C)(3)	5,000.	0.			SUPPORT OF MISSION
HYDE PARK UNITED METHODIST CHURCH 500 W PLATT ST TAMPA, FL 33606	59-0714823	501(C)(3)	55,000.	0.			OTHER

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INSTITUTE OF NAUTICAL ARCHAEOLOGY P.O. DRAWER HG COLLEGE STATION, TX 77841	23-7210709	501(C)(3)	5,000.	0.			SUPPORT OF MISSION
JEWISH FEDERATION OF PINELLAS COUNTY, INC - 13191 STARKEY RD, STE 8 - LARGO, FL 33773	59-0697685	501(C)(3)	6,000.	0.			SUPPORT OF MISSION
JUDEO CHRISTIAN HEALTH CLINIC INC 4118 N MCDILL AVE TAMPA, FL 33607	59-1605647	501(C)(3)	30,780.	0.			GENERAL OPERATING SUPPORT
JUNIOR ACHIEVEMENT OF WEST CENTRAL FLORIDA INC - 13805 58TH ST N - CLEARWATER, FL 33760	59-1098499	501(C)(3)	22,500.	0.			SUPPORT OF MISSION
KAPPA ALPHA EDUCATION FOUNDATION 115 LIBERTY HALL ROAD, P.O. BOX 186 LEXINGTON, VA 24450	75-1783690	501(C)(3)	10,000.	0.			PROJECT SUPPORT
KITY CITY FOUNDATION 5321 GUNN HWY TAMPA, FL 33624	59-3745785	501(C)(3)	20,000.	0.			OTHER
LIFE ENRICHMENT SENIOR CENTER 9704 N BOULEVARD TAMPA, FL 33612	59-2108128	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
LIFEPATH HOSPICE AND PALLIATIVE CENTER - 12973 TELECON PKWY, STE 100 - TEMPLE TERRACE, FL 33637	20-5276870	501(C)(3)	25,319.	0.			OTHER
LIONS CLUB OF CEDAR KEY, INC P.O. BOX 68 CEDAR KEY, FL 32625	23-7047751	501(C)(3)	32,881.	0.			SUPPORT OF MISSION

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LOWRY PARK ZOO ENDOWMENT FOUNDATION, INC - 1101 W SLIGH AVE - TAMPA, FL 33604	59-3216472	501(C)(3)	27,119.	0.			SUPPORT OF MISSION
MACDONALD TRAINING CENTER FOUNDATION - 5420 W CYPRESS ST - TAMPA, FL 33607	59-3015432	501(C)(3)	67,512.	0.			OTHER
MARQUETTE UNIVERSITY P.O. BOX 1881 MILWAUKEE, WI 53201	39-0806251	501(C)(3)	10,000.	0.			PROJECT SUPPORT
MARY AND MARTHA HOUSE P.O. BOX 1251 RUSKIN, FL 33570	59-2788323	501(C)(3)	16,374.	0.			OTHER
MEALS ON WHEELS OF TAMPA 550 W HILLSBOROUGH AVE TAMPA, FL 33603	59-1679915	501(C)(3)	33,348.	0.			SUPPORT OF MISSION
MISSION4MAUREEN P.O. BOX 21602 SOUTH EUCLID, OH 44121	20-4915172	501(C)(3)	5,000.	0.			OTHER
METROPOLITAN MINISTRIES 2002 N FLORIDA AVE TAMPA, FL 33602	59-1477007	501(C)(3)	68,000.	0.			SUPPORT OF MISSION
MONTVIEW BOULEVARD PRESBYTERIAN CHURCH - 1980 DAHLIA ST - DENVER, CO 80220	84-0407646	501(C)(3)	20,000.	0.			SUPPORT OF MISSION
MUNROE REGIONAL MEDICAL CENTER AUXILIARY - P.O. BOX 6000 - OCALA, FL 34478	59-1755349	501(C)(3)	9,500.	0.			OTHER

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MORTON PLANT MEASE FOUNDATION 1200 DRUID RD S CLEARWATER, FL 33756	59-3363772	501(C)(3)	18,750.	0.			GENERAL OPERATING SUPPORT
MUSEUM OF SCIENCE AND INDUSTRY 4801 E FOWLER AVE TAMPA, FL 33617	59-2657399	501(C)(3)	85,408.	0.			SUPPORT OF MISSION
NORTHWESTERN UNIVERSITY 2020 RIDGE AVE EVANSTON, IL 60208	36-2167817	501(C)(3)	48,575.	0.			SUPPORT OF MISSION
OPBI, INC 5509 W GARY ST, 100 TAMPA, FL 33609	20-8776228	501(C)(3)	50,000.	0.			SUPPORT OF MISSION
OUR LADY OF GUADALUPE CATHOLIC CHURCH - 16650 US HWY 301 S - WIMAUMA, FL 33598	59-2945833	501(C)(3)	16,061.	0.			PROJECT SUPPORT
PACT INC 1111 MCMULLEN BOOTH RD CLEARWATER, FL 33759	59-1803628	501(C)(3)	10,184.	0.			OTHER
PALMA CEIA PRESBYTERIAN CHURCH 3501 SAN JOSE TAMPA, FL 33629	59-0767700	501(C)(3)	12,782.	0.			SUPPORT OF MISSION
PASCO EDUCATION FOUNDATION P.O. BOX 1248 LAND O LAKES, FL 34639	59-3048717	501(C)(3)	5,695.	0.			PROJECT SUPPORT
PASCO HERNANDO COMMUNITY COLLEGE FOUNDATION - 10230 RIDGE ROAD - NEW PORT RICHEY, FL 34654	59-1731676	501(C)(3)	9,500.	0.			PROJECT SUPPORT

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PEDIATRIC CANCER FOUNDATION 5550 WEST EXECUTIVE DRIVE, STE 300 TAMPA, FL 33609	59-3097333	501(C)(3)	6,000.	0.			GENERAL OPERATING SUPPORT
PINELLAS ASSOCIATION FOR RETARDED CHILDREN - P.O. BOX 47799 - ST. PETERSBURG, FL 33743	59-0791038	501(C)(3)	10,441.	0.			SUPPORT OF MISSION
PERILLO-STAFFORD LEUKEMIA FOUNDATION, INC. - 12157 W LINEBAUGH AVE #205 - TAMPA, FL 33626	14-1892675	501(C)(3)	5,000.	0.			OTHER
PLANT HIGH SCHOOL ACADEMIC FOUNDATION - 2415 S HIMES AVE - TAMPA, FL 33629	59-2348164	501(C)(3)	23,750.	0.			PROJECT SUPPORT
PREVENT BLINDNESS FLORIDA P.O. BOX 261538 TAMPA, FL 33685	59-6181662	501(C)(3)	9,716.	0.			SUPPORT OF MISSION
RCLUB CHILD CARE, INC. 4140 49TH ST N ST. PETERSBURG, FL 33709	59-1704870	501(C)(3)	79,357.	0.			SUPPORT OF MISSION
READY FOR LIFE-PINELLAS 2865 EXECUTIVE DR CLEARWATER, FL 33762	26-4032979	501(C)(3)	24,700.	0.			SUPPORT OF MISSION
REDDICK ELEMENTARY SCHOOL 325 W LAKE DRIVE WIMAUMA, FL 33598	59-6000660	501(C)(3)	6,330.	0.			PROJECT SUPPORT
REDEEMER PRESBYTERIAN CHURCH 12404 BOYETTE RD RIVERVIEW, FL 33569	59-3524523	501(C)(3)	18,000.	0.			PROJECT SUPPORT

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REDLANDS CHRISTIAN MIGRANT ASSOCIATION, INC. - 402 W MAIN STREET - IMMOKALEE, FL 34142	59-1221966	501(C)(3)	5,363.	0.			SUPPORT OF MISSION
RIVERVIEW HIGH SCHOOL DRAMA DEPT 1311 BOYETTE RD RIVERVIEW, FL 33569	59-6000660	501(C)(3)	5,000.	0.			PROJECT SUPPORT
RONALD MCDONALD HOUSE CHARATIES OF TAMPA BAY, INC - 35 COLUMBIA DRIVE - TAMPA, FL 33606	59-1835985	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
ROSSER FAMILY FOUNDATION 606 ABERDEEN RD HAMPTON, VA 23661	54-6338714	501(C)(3)	9,500.	0.			PROJECT SUPPORT
RURAL SOCIAL SERVICES PARTNERSHIP, INC. - 9270 BAY PLAZA BLVD., #609 - TAMPA, FL 33619	20-5093568	501(C)(3)	7,500.	0.			OTHER
RUTH ECKERD HALL FOUNDATION, INC. 1111 MCMULLEN BOOTH RD CLEARWATER, FL 33759	59-1803628	501(C)(3)	94,395.	0.			OTHER
SALESIAN SISTERS 659 BELMONT AVE HALDON, NJ 07508	22-6043753	501(C)(3)	21,783.	0.			PROJECT SUPPORT
SALVATION ARMY 1603 N FLORIDA AVE TAMPA, FL 33602	59-0631403	501(C)(3)	16,101.	0.			SUPPORT OF MISSION
SCC SECURITY PATROL INC 1005 N PEBLE BEACH BLVD SUN CITY CENTER, FL 33573	59-2169618	501(C)(3)	20,775.	0.			SUPPORT OF MISSION

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SHRINERS HOSPITAL FOR CRIPPLED CHILDREN - 12502 USF PINE DRIVE - TAMPA, FL 33612	36-2193608	501(C)(3)	23,975.	0.			SUPPORT OF MISSION
SOUTHEASTERN GUIDE DOGS, INC. 4210 77TH ST EAST PALMETTO, FL 34221	59-2252352	501(C)(3)	21,166.	0.			SUPPORT OF MISSION
SOUTH COUNTY CAREER CENTER 2810 JOHN SHERMAN WAY RUSKIN, FL 33570	59-6000660	501(C)(3)	17,070.	0.			PROJECT SUPPORT
ST ANDREW'S EPISCOPAL CHURCH 509 E TWIGGS ST TAMPA, FL 33602	59-0816461	501(C)(3)	6,500.	0.			PROJECT SUPPORT
ST JOSEPH'S HOSPITAL OF TAMPA FOUNDATION - 2700 W MARTIN LUTHER KING BLVD, STE 300 - TAMPA, FL 33607	59-1100828	501(C)(3)	63,815.	0.			SUPPORT OF MISSION
ST LEO UNIVERSITY P.O. BOX 6665 ST LEO, FL 33574	59-1237047	501(C)(3)	123,000.	0.			PROJECT SUPPORT
ST PAUL'S SCHOOL 1600 ST. PAUL'S DRIVE CLEARWATER, FL 33764	59-1220745	501(C)(3)	12,000.	0.			PROJECT SUPPORT
ST PETERSBURG FREE CLINIC, INC. 863 THIRD AVE N ST. PETERSBURG, FL 33701	23-7208280	501(C)(3)	13,578.	0.			SUPPORT OF MISSION
STETSON UNIVERSITY 421 N WOODLAND BLVD, UNIT 8286 DELAND, FL 32723	59-0624416	501(C)(3)	51,500.	0.			PROJECT SUPPORT

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SUN CITY CENTER COMMUNITY ASSOCIATION - 1009 W PEBBLE BEACH BLVD - SUN CITY CENTER, FL 33573	59-2746620	501(C)(3)	7,400.	0.			PROJECT SUPPORT
SUN CITY CENTER EMERGENCY SQUAD 101 RAY WATSON DR SUN CITY CENTER, FL 33573	59-1147811	501(C)(3)	33,987.	0.			SUPPORT OF MISSION
SUN CITY CENTER LIBRARY 1011 N. PEBBLE BEACH BLVD SUN CITY CENTER, FL 33573	59-2746620	501(C)(3)	20,775.	0.			PROJECT SUPPORT
TAMPA BAY HISTORY CENTER 801 OLD WATER ST TAMPA, FL 33602	59-3058652	501(C)(3)	505,920.	0.			SUPPORT OF MISSION
TAMPA BAY PERFORMING ARTS CENTER FOUNDATION, INC - P.O. BOX 518 - TAMPA, FL 33601	59-3524613	501(C)(3)	226,970.	0.			SUPPORT OF MISSION
TAMPA BAY RESEARCH INSTITUTE, INC. 10900 ROOSEVELT BLVD N ST. PETERSBURG, FL 33716	59-2076218	501(C)(3)	6,100.	0.			GENERAL OPERATING SUPPORT
TAMPA GENERAL HOSPITAL FOUNDATION P.O. BOX 1289, ROOM G-141 TAMPA, FL 33601	23-7354477	501(C)(3)	17,022.	0.			SUPPORT OF MISSION
TAMPA JEWISH FEDERATION 13009 COMMUNITY CAMPUS DR TAMPA, FL 33625	23-7182057	501(C)(3)	30,500.	0.			SUPPORT OF MISSION
TAMPA METROPOLITAN AREA YMCA 110 E OAK AVE TAMPA, FL 33602	59-1742909	501(C)(3)	135,481.	0.			OTHER

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TAMPA MUSEUM OF ART FOUNDATION 120 W GASPARILLA PLAZA TAMPA, FL 33602	31-1650423	501(C)(3)	132,442.	0.			GENERAL OPERATING SUPPORT
TEMPLE BETH SHALOM P.O. BOX 6117 OCALA, FL 34478	59-1019247	501(C)(3)	12,345.	0.			SUPPORT OF MISSION
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 ALS ASSOCIATION FLORIDA CHAPTER - 3242 PARKSIDE CENTER CIRCLE - TAMPA, FL 33619	94-3124732	501(C)(3)	64,390.	0.			OTHER
THE CENTRE FOR WOMEN 305 S HYDE PARK AVE TAMPA, FL 33606	59-1787902	501(C)(3)	5,390.	0.			OTHER
THE CHILDREN'S MEDICAL CENTER ONE CHILDREN'S PLAZA DAYTON, OH 45404	31-0672132	501(C)(3)	5,000.	0.			OTHER
THE CHILDREN'S HOME, INC P.O. BOX 262229 TAMPA, FL 33685	59-0696284	501(C)(3)	39,585.	0.			SUPPORT OF MISSION
THE FLORIDA ORCHESTRA, INC 244 2ND AVE N, STE 420 ST. PETERSBURG, FL 33701	59-1223691	501(C)(3)	217,319.	0.			SUPPORT OF MISSION
THE MAYO CLINIC 200 FIRST ST SW, SIEBENS 6 ROCHESTER, MN 55905	41-6011702	501(C)(3)	73,948.	0.			OTHER

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SALVATION ARMY 401 NE ADAMS ST PEORIA, IL 61603	36-2167910	501(C)(3)	9,908.	0.			SUPPORT OF MISSION
THE SPRING OF TAMPA BAY P.O. BOX 5147 TAMPA, FL 33675	59-1777135	501(C)(3)	20,764.	0.			GENERAL OPERATING SUPPORT
TOCCOA FALLS COLLEGE P.O. BOX 809 N HWY 17 TOCCOA FALLS, GA 30598	58-0685908	501(C)(3)	25,000.	0.			PROJECT SUPPORT
TRINITY CAFE 1603 N FLORIDA AVE TAMPA, FL 33604	59-3733387	501(C)(3)	7,500.	0.			OTHER
TRINITY COLLEGE OF FLORIDA 2430 WELBILT BLVD TRINITY, FL 34655	59-6155069	501(C)(3)	173,100.	0.			PROJECT SUPPORT
TRINITY LUTHERAN CHURCH 401 5TH ST ST. PETERSBURG, FL 33701	59-0638496	501(C)(3)	10,000.	0.			SUPPORT OF MISSION
UNITED WAY OF TAMPA BAY 5201 W KENNEDY BLVD, STE 600 TAMPA, FL 33609	59-3725701	501(C)(3)	123,500.	0.			SUPPORT OF MISSION
UNITED WAY OF INDIAN RIVER COUNTY, INC. - 1836 14TH AVE - VERO BEACH, FL 32960	59-1087090	501(C)(3)	5,400.	0.			SUPPORT OF MISSION
UNIVERSITY OF FLORIDA P.O. BOX 114025 GAINESVILLE, FL 32611	59-6002052	501(C)(3)	9,975.	0.			PROJECT SUPPORT

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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
UNIVERSITY OF FLORIDA FOUNDATION P.O. BOX 14425 GAINESVILLE, FL 32604	59-0974739	501(C)(3)	41,250.	0.			PROJECT SUPPORT
UNIVERSITY OF GEORGIA 220 S. JACKSON STREET ATHENS, GA 30602	58-6001998	501(C)(3)	23,000.	0.			PROJECT SUPPORT
UNIVERSITY COMMUNITY HOSPITAL FOUNDATION - 3100 EAST FLETCHER AVE - TAMPA, FL 33613	59-2554889	501(C)(3)	30,000.	0.			GENERAL OPERATING SUPPORT
UNIVERSITY OF MISSISSIPPI FOUNDATION, INC - P.O. BOX 249 - UNIVERSITY, MS 38677	23-7310293	501(C)(3)	10,000.	0.			PROJECT SUPPORT
UNIVERSITY OF SOUTH FLORIDA FOUNDATION - 4202 E FOWLER AVE - TAMPA, FL 33620	59-0879015	501(C)(3)	103,322.	0.			PROJECT SUPPORT
UNIVERSITY OF TAMPA 401 W KENNEDY BLVD TAMPA, FL 33606	59-0624459	501(C)(3)	82,040.	0.			PROJECT SUPPORT
UPARC FOUNDATION, INC 1501 N BELCHER RD, STE 244 CLEARWATER, FL 33765	59-2174961	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
USF HEALTH PROFESSIONS CONFERENCING CORPORATION - 1 TAMPA GENERAL CIRCLE, RM F-145 - TAMPA, FL 33606	16-1765073	501(C)(3)	5,000.	0.			SUPPORT OF MISSION
VALDOSTA STATE UNIVERSITY 1500 N PATTERSON ST VALDOSTA, GA 31698	58-1582136	501(C)(3)	5,000.	0.			PROJECT SUPPORT

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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
VILLAGE PARTNERS INTERNATIONAL, INC. - 217 S MATANZAS AVE - TAMPA, FL 33609	26-1124148	501(C)(3)	10,000.	0.			OTHER
VOICES FOR CHILDREN OF HILLSBOROUGH COUNTY - 655 N FRANKLIN ST, STE 1303 - TAMPA, FL 33602	59-2737702	501(C)(3)	20,813.	0.			SUPPORT OF MISSION
WIMAUMA ELEMENTARY SCHOOL 5709 HICKMAN ST WIMAUMA, FL 33598	59-6000660	501(C)(3)	7,000.	0.			PROJECT SUPPORT
WORD OF LIFE FELLOWSHIP, INC P.O. BOX 600 SCHROON LAKE, NY 12870	13-5648615	501(C)(3)	25,000.	0.			PROJECT SUPPORT
WUSF 4202 E FOWLER AVE TAMPA, FL 33620	59-3102112	501(C)(3)	12,031.	0.			SUPPORT OF MISSION
YBOR CITY ROTARY FOUNDATION, INC P.O. BOX 5931 TAMPA, FL 33675	59-2998020	501(C)(3)	5,000.	0.			SUPPORT OF MISSION
A.T. STILL UNIVERSITY OF HEALTH SCIENCES - 800 WEST JEFFERSON ST - KIRKSVILLE, MO 63501	43-0356250	501(C)(3)	5,000.	0.			SUPPORT OF MISSION
ACADEMY PREP CENTER OF ST. PETERSBURG, INC. - 2301 22ND AVE SOUTH - ST. PETERSBURG, FL 33712	59-3623000	501(C)(3)	199,000.	0.			SUPPORT OF MISSION
ANDREW COLLEGE 413 COLLEGE ST CUTHBERT, GA 31740	58-0568687	501(C)(3)	17,500.	0.			SUPPORT OF MISSION

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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
APOLLO BEACH ELEMENTARY SCHOOL 501 APOLLO BEACH BLVD APOLLO BEACH, FL 33572	59-6000660	501(C)(3)	10,000.	0.			SUPPORT OF MISSION
APPALACHIAN STATE UNIVERSITY FOUNDATION, INC. - BOX 32096 - BOONE, NC 28608	23-7099379	501(C)(3)	5,000.	0.			SUPPORT OF MISSION
CHAIRSCHOOLS FOUNDATION, INC. 16101 CARENIA LANE ODESSA, FL 33556	65-0442193	501(C)(3)	8,223.	0.			SUPPORT OF MISSION
CHAUTAUQUA FOUNDATION, INC. P.O. BOX 28 NEW YORK, NY 14722	16-6028421	501(C)(3)	40,000.	0.			PROJECT SUPPORT
CLEARWATER CHRISTIAN COLLEGE 3400 GULF TO BAY BOULEVARD CLEARWATER, FL 33759	59-1113963	501(C)(3)	9,500.	0.			SUPPORT OF MISSION
COMPUTER MENTORS GROUP, INC. 2802 E. MARTIN LUTHER KING JR. BLVD TAMPA, FL 33610	59-3447791	501(C)(3)	7,500.	0.			PROJECT SUPPORT
GETTYSBURG FOUNDATION 1195 BALTIMORE PIKE GETTYSBURG, PA 17325	23-2969074	501(C)(3)	1,800,000.	0.			PROJECT SUPPORT
JACKSONVILLE SCHOOL FOR AUTISM, INC. - 4000 SPRING PARK ROAD - JACKSONVILLE, FL 32207	20-2632111	501(C)(3)	5,000.	0.			PROJECT SUPPORT
JESUIT HIGH SCHOOL 4701 NORTH HIMES AVE TAMPA, FL 33614	59-0914207	501(C)(3)	30,000.	0.			PROJECT SUPPORT

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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
NCCC FOUNDATION, INC. 3111 SAUNDERS SETTLEMENT ROAD SANBORN, NY 14132	16-1315885	501(C)(3)	25,000.	0.			SUPPORT OF MISSION
OLPC FOUNDATION P.O. BOX 425087 CAMBRIDGE, MS 02142	20-5471780	501(C)(3)	5,000.	0.			PROJECT SUPPORT
SHORECREST PREPARATORY SCHOOL 5101 1ST ST NE ST. PETERSBURG, FL 33703	23-7412158	501(C)(3)	40,374.	0.			PROJECT SUPPORT
THE CENTER - ALPHA RHO CHAPTER OF DELTA DELTA DELTA - P.O. BOX 7503 - ATHENS, GA 30604	20-8182066	501(C)(3)	15,000.	0.			PROJECT SUPPORT
UNICEF 333 E 38TH STREET NEW YORK, NY 10016	13-1760110	501(C)(3)	10,000.	0.			PROJECT SUPPORT
UNIVERSITY OF SOUTH FLORIDA - FINANCIAL AID OFFICE - P.O. BOX 864571 - ORLANDO, FL 32886	59-0879015	501(C)(3)	35,350.	0.			PROJECT SUPPORT
UNIVERSITY OF SOUTH FLORIDA SAINT PETERSBURG - 140 7TH AVENUE SOUTH - ST PETERSBURG, FL 33701	59-0879015	501(C)(3)	5,000.	0.			PROJECT SUPPORT
WAKE FOREST UNIVERSITY P.O. BOX 7227 WINSTON-SALEM, NC 27109	56-0532138	501(C)(3)	13,500.	0.			PROJECT SUPPORT
CLEARWATER UNITARIAN UNIVERSALIST ASSOCIATION - 2470 NURSERY ROAD - CLEARWATER, FL 33764	58-0016201	501(C)(3)	25,000.	0.			SUPPORT OF MISSION

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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
CONGREGATION B'NAI ISRAEL 300 58TH STREET N ST PETERSBURG, FL 33710	59-0747302	501(C)(3)	13,200.	0.			SUPPORT OF MISSION
CORAL RIDGE MINISTRIES MEDIA, INC. P.O. BOX 1920 FT. LAUDERDALE, FL 33302	65-0496702	501(C)(3)	5,000.	0.			SUPPORT OF MISSION
FIRST BAPTIST CHURCH OF PLANT CITY 503 NORTH PALMER STREET PLANT CITY, FL 33563	59-0895024	501(C)(3)	7,000.	0.			SUPPORT OF MISSION
GULF COAST JEWISH FAMILY SERVICES 14041 ICOT BLVD. CLEARWATER, FL 33760	59-1229354	501(C)(3)	5,850.	0.			SUPPORT OF MISSION
HYDE PARK PRESBYTERIAN CHURCH 1309 SWANN AVE TAMPA, FL 33606	59-0711177	501(C)(3)	9,871.	0.			PROJECT SUPPORT
NATIONAL CHRISTIAN FOUNDATION P.O. BOX 22774 TAMPA, FL 33622	20-4281656	501(C)(3)	100,000.	0.			SUPPORT OF MISSION
PRESBYTERIAN CHURCH OF SEFFNER P.O. BOX 545 SEFFNER, FL 33583	59-2234666	501(C)(3)	5,000.	0.			SUPPORT OF MISSION
SEARCH MINISTRIES, INC. P.O. BOX 6206 LAKE LAND, FL 33807	75-1627393	501(C)(3)	10,400.	0.			PROJECT SUPPORT
SHINING LIGHT BAPTIST CHURCH P.O. BOX 3004 BLAIRSVILLE, GA 30512	68-0611938	501(C)(3)	14,000.	0.			SUPPORT OF MISSION

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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.)

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SOCIETY OF ST. VINCENT DEPAUL 106 11 AVENUE RUSKIN, FL 33570	13-5562362	501(C)(3)	6,300.	0.			PROJECT SUPPORT
ST. MARK THE EVANGELIST CATHOLIC CHURCH - 9724 CROSS CREEK BLVD - TAMPA, FL 33647	59-3409594	501(C)(3)	10,000.	0.			SUPPORT OF MISSION
UNIVERSITY CHURCH OF CHRIST 14314 BRUCE B. DOWNS BLVD. TAMPA, FL 33613	59-3265801	501(C)(3)	6,000.	0.			SUPPORT OF MISSION
UNITED METHODIST CHURCH 1210 DEL WEB BOULEVARD WEST SUN CITY CENTER, FL 33573		501(C)(3)	10,000.	0.			SUPPORT OF MISSION
AMIKIDS, INC. 5915 BENJAMIN CENTER DR TAMPA, FL 33634	23-7440836	501(C)(3)	5,000.	0.			SUPPORT
CENTRAL TEXAS HOSPITALITY HOUSE P.O. BOX 124 GATESVILLE, TX 76528	74-2981043	501(C)(3)	5,000.	0.			OTHER
CHI CHI RODRIGUEZ YOUTH FOUNDATION 3030 N MCMULLEN BOOTH ROAD CLEARWATER, FL 33761	59-2017124	501(C)(3)	5,000.	0.			SUPPORT OF MISSION
CIGAR FAMILY CHARITABLE FOUNDATION 2701 16TH STREET TAMPA, FL 33605	59-3735324	501(C)(3)	5,000.	0.			SUPPORT
EARLY CHILDHOOD COUNCIL OF HILLSBOROUGH COUNTY, INC. - 4210 WEST BAY VILLA AVE - TAMPA, FL 33611	59-2998189	501(C)(3)	7,000.	0.			OTHER

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

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FEEDING CHILDREN INTERNATIONAL OF STEWART - 1805 WEDGE COURT - SUN CITY CENTER, FL 33573	84-1640830	501(C)(3)	6,500.	0.			OTHER
FRIENDS OF JOSHUA HOUSE FOUNDATION, INC. - P.O. BOX 1769 - TAMPA, FL 33601	20-0597719	501(C)(3)	150,874.	0.			SUPPORT OF MISSION
GULF RIDGE COUNCIL, INC. 13228 NORTH CENTRAL AVE TAMPA, FL 33612	59-0624406	501(C)(3)	18,954.	0.			SUPPORT OF MISSION
KIDS CHARITY OF TAMPA BAY, INC. 4115 W SPRUCE STREET TAMPA, FL 33607	55-0900271	501(C)(3)	161,000.	0.			SUPPORT OF MISSION
SALESIAN YOUTH CENTER 659 BELMONT AVE HALDON, NJ 07508	22-6043753	501(C)(3)	28,365.	0.			SUPPORT OF MISSION
SNI TAMPA BAY CHAPTER, INC. 572 PINECREST DR LARGO, FL 33770	80-0308801	501(C)(3)	10,000.	0.			SUPPORT OF MISSION
UNIVERSAL ORLANDO FOUNDATION, INC. 100000 UNIVERSAL STUDIOS PLAZA ORLANDO, FL 32819	59-3510383	501(C)(3)	5,000.	0.			OTHER
YOUTH EMPOWERMENT ALLIANACE, INC. 2507 PASS-A-GRILLE WAY PASS-A-GRILLE BEACH, FL 33706	59-3675296	501(C)(3)	6,000.	0.			SUPPORT OF MISSION
ANIMAL COALITION OF TAMPA, INC. 1719 W LEMON ST TAMPA, FL 33606	59-3713414	501(C)(3)	7,750.	0.			SUPPORT OF MISSION

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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.)

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ELMIRA'S WILDLIFE SANCTUARY, INC. 13910 SEMINOLE TRAIL WIMAUMA, FL 33598	20-3338451	501(C)(3)	11,740.	0.			SUPPORT OF MISSION
SPCA 9099 130TH AVE N LARGO, FL 33773	59-0715928	501(C)(3)	5,241.	0.			SUPPORT OF MISSION
HONOR FLIGHT OF WEST CENTRAL FLORIDA - P.O. BOX 55661 - ST. PETERSBURG, FL 33732	27-3701199	501(C)(3)	5,000.	0.			SUPPORT OF MISSION
ST. PETERSBURG HISTORICAL SOCIETY 335 SECOND AVENUE NE ST. PETERSBURG, FL 33701	59-0809627	501(C)(3)	5,960.	0.			SUPPORT OF MISSION
WEST CENTRAL FLORIDA GROUP, INC. 11731 92ND WAY LARGO, FL 33773	65-1061382	501(C)(3)	5,730.	0.			OTHER
AMERICANS UNITED FOR A SEPARATION OF CHURCH AND STATE - 518 C STREET NE - WASHINGTON, DC 20002	53-0184647	501(C)(3)	5,000.	0.			SUPPORT OF MISSION
CORPORATION TO DEVELOP COMMUNITIES OF TAMPA, INC. - 2631 E LAKE AVE - TAMPA, FL 33610	59-3150608	501(C)(3)	5,000.	0.			OTHER
FRIENDS OF GUEST HOUSE 1 E LURAY AVE ALEXANDRIA, VA 22301	51-0201327	501(C)(3)	5,000.	0.			SUPPORT OF MISSION
JUNIOR LEAGUE OF CLEARWATER-DUNEDIN, INC. - 1265 BAYSHORE BLVD. - DUNEDIN, FL 34698	59-0773585	501(C)(3)	5,000.	0.			SUPPORT OF MISSION

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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.)

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NFL YET CENTERS OF TAMPA BAY, INC. 4905 34TH STREET SOUTH, STE 220 ST. PETERSBURG, FL 33705	59-3733460	501(C)(3)	101,471.	0.			OTHER
NONPROFIT LEADERSHIP CENTER OF TAMPA BAY, INC. - 1111 NORTH WESTSHORE BLVD., STE 215 - TAMPA, FL 33607	59-3671047	501(C)(3)	8,000.	0.			OTHER
PEOPLE HELPING PEOPLE IN HERNANDO COUNTY - P.O. BOX 6182 - SPRING HILL, FL 34611	27-0357086	501(C)(3)	5,000.	0.			OTHER
PINELLAS COMMUNITY FOUNDATION 5200 E BAY DRIVE 202 CLEARWATER, FL 33764	23-7113194	501(C)(3)	736,000.	0.			SUPPORT OF MISSION
SALVATION ARMY OF ST. PETERSBURG P.O. BOX 10909 ST. PETERSBURG, FL 33731	59-0631403	501(C)(3)	11,000.	0.			SUPPORT OF MISSION
TRANSITIONS CHAMPIONSHIP 36750 US HWY 19 N PALM HARBOR, FL 34684	59-2319162	501(C)(3)	40,000.	0.			OTHER
C. FREDERICK & AASE B. THOMPSON FOUNDATION, INC. - 2831 NW 41ST STREET, STE D - GAINESVILLE, FL 32606	59-3380217	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
FRIENDS OF THE FESTIVAL 3150 5TH AVE N #325 ST. PETERSBURG, FL 33713	59-3617240	501(C)(3)	8,145.	0.			SUPPORT OF MISSION
MUSEUM OF FINE ARTS 255 BEACH DRIVE NE ST. PETERSBURG, FL 33701	59-0949278	501(C)(3)	18,761.	0.			SUPPORT OF MISSION

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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
PERFORMING ARTS CLUB OF SCC 2203 NORTH CREEK COURT SUN CITY CENTER, FL 33573	51-0485081	501(C)(3)	7,500.	0.			OTHER
PINELLAS YOUTH SYMPHONY, INC. P.O. BOX 2755 DUNEDIN, FL 34697	59-6173059	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
STAGE WORKS, INC. 120 ADRIATIC AVE TAMPA, FL 33606	59-2465234	501(C)(3)	20,000.	0.			CAPITAL FUND SUPPORT
TAMPA BAY CHILDREN'S CHORUS, INC. P.O. BOX 273750 TAMPA, FL 33688	59-3000938	501(C)(3)	10,455.	0.			SUPPORT OF MISSION
WEDU/FLORIDA WEST COAST PUBLIC BROADCASTING, INC. - 1300 N BLVD - TAMPA, FL 33607	59-0840626	501(C)(3)	79,541.	0.			SUPPORT OF MISSION
ALEXANDRIA NEIGHBORHOOD HEALTH SERVICES, INC. - 2 E GLEBE ROAD - ALEXANDRIA, VA 22305	59-1849891	501(C)(3)	30,000.	0.			OTHER
ARLINGTON FREE CLINIC 2921 11TH STREET SOUTH ARLINGTON, VA 22204	54-1671883	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
BE THE MATCH FOUNDATION 10100 DR MARTIN LUTHER KING ST, N ST. PETERSBURG, VA 33716	41-1704734	501(C)(3)	7,500.	0.			OTHER
BOLESTA @ USF 4202 E FOWLER AVE, PCD1017 TAMPA, FL 33620	59-6153343	501(C)(3)	32,903.	0.			SUPPORT OF MISSION

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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
BOLEY FOUNDATION, INC. 445 31ST NORTH ST. PETERSBURG, FL 33713	59-2230228	501(C)(3)	5,216.	0.			GENERAL OPERATING SUPPORT
CHILD ABUSE COUNCIL 3108 W AZEELE ST TAMPA, FL 33609	59-1807551	501(C)(3)	12,495.	0.			SUPPORT OF MISSION
CHILDREN'S HEALTH FUND 215 WEST 125 ST 301 NEW YORK, NY 10027	13-3468427	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
CYSTIC FIBROSIS FOUNDATION 5100 W KENNEDY BLVD., STE 195 TAMPA, FL 33609	13-1930701	501(C)(3)	5,000.	0.			SUPPORT OF MISSION
EPILEPSY SERVICES FOUNDATION, INC. 4628 NORTH ARMENIA AVE TAMPA, FL 33603	59-1680892	501(C)(3)	8,500.	0.			SUPPORT OF MISSION
EPISCOPAL CHURCH OF THE ASCENSION 701 ORANGE AVE CLEARWATER, FL 33756	59-0721414	501(C)(3)	21,600.	0.			PROJECT SUPPORT
YOUNG LIFE OF TAMPA P.O. BOX 46416 TAMPA, FL 33647	84-0385934	501(C)(3)	16,505.	0.			SUPPORT OF MISSION
ANSWERED PRAYERS CROSS P.O. BOX 76326 ST. PETERSBURG, FL 33704	26-2577873	501(C)(3)	30,000.	0.			SUPPORT OF MISSION
TRINITY COLLEGE 3 SUMMIT STREET HARTFORD, CT 06106	06-0646927	501(C)(3)	10,000.	0.			SUPPORT OF MISSION

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Schedule I (Form 990)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance
SCHOLARSHIPS	118	241,370.	0.		

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

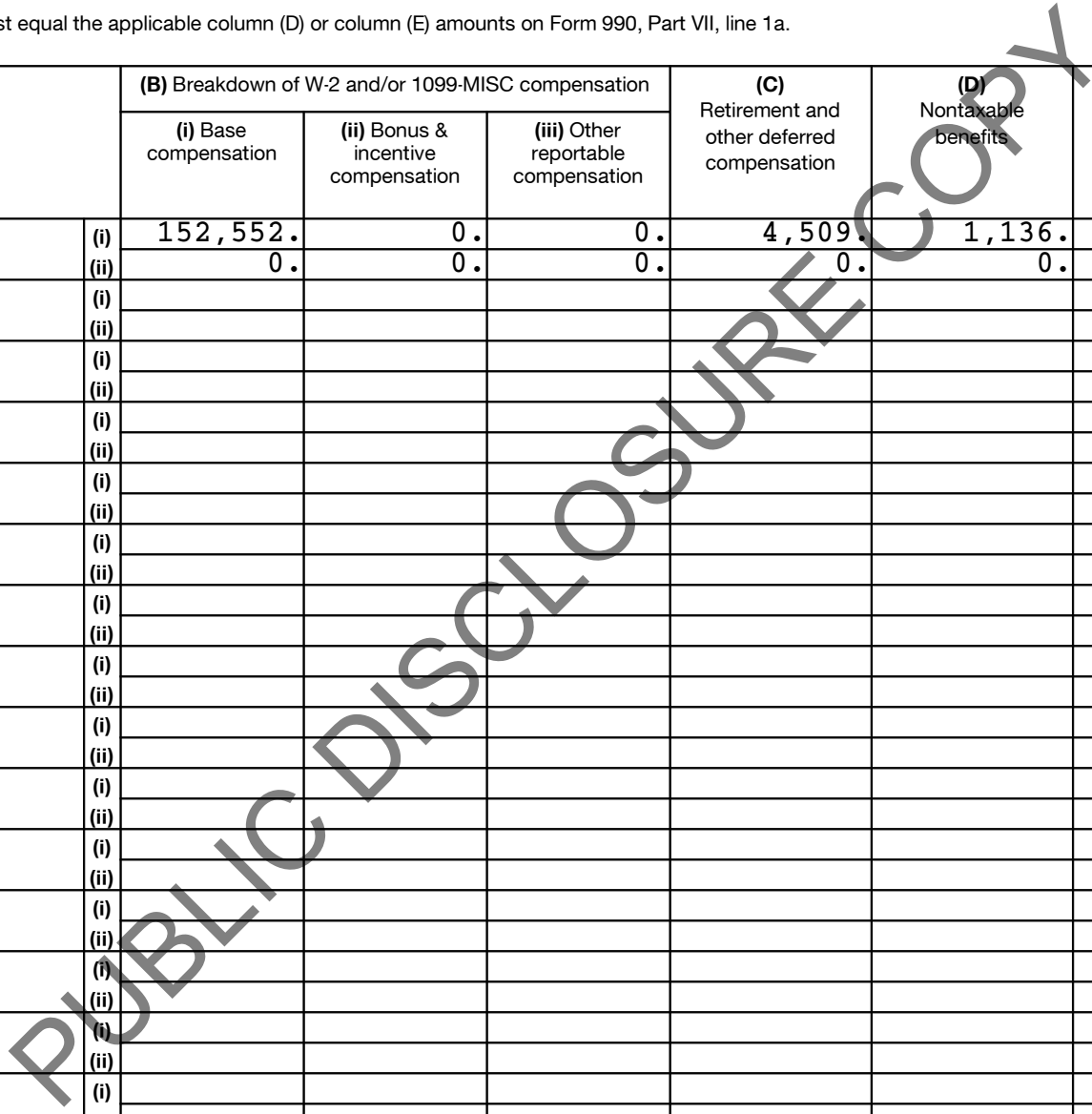
SCHEDULE I, PART I, LINE 2: SCHEDULE I, PART I, LINE 2: THE FOUNDATION
 REVIEWS THE NONPROFIT'S 501(C)(3) STATUS BEFORE DISBURSING THE GRANT. FOR
 GRANTS INVOLVING SELECTION BY THE GRANT'S COMMITTEE, THE FOUNDATION ADDS
 THE REQUIREMENT THAT THE ORGANIZATION COMPLETE A PROGRESS REPORT, INCLUDING
 AN 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 BY FOUNDATION STAFF
 AND APPROVED BY TWO MEMBERS OF THE EXECUTIVE COMMITTEE PRIOR TO PAYMENT
 BEING MADE. THE BOARD OF TRUSTEES REVIEWS ALL GRANTS THAT WERE COMPLETED.

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 in 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 are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(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 reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DAVID J. FISCHER	(i)	152,552.	0.	0.	4,509.	1,136.	158,197.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							



**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2010

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.**

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	21	961,141.	ACTIVE MARKET QUOTES
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests	X	1	1,917,936.	PARTNERSHIP VALUATIO
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** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not 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 non-standard 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 did not 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) (2010)

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.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

COMMUNITY FOUNDATION OF TAMPA BAY, INC.

Employer identification number

59-3001853

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

YOUTH AND FAMILIES - SUPPORTED OVER 80 ORGANIZATIONS, SUCH AS

CLEARWATER FOR YOUTH, VOICES FOR CHILDREN, TAMPA METROPOLITAN YMCA, AND

READY FOR LIFE PINELLAS

EXPENSES \$ 1,371,976. INCLUDING GRANTS OF \$ 1,302,092. REVENUE \$ 0.

RELIGIOUS ENDEAVORS - SUPPORTED FAITH BASED ORGANIZATIONS INCLUDING

YOUNG LIFE.

EXPENSES \$ 792,113. INCLUDING GRANTS OF \$ 751,766. REVENUE \$ 0.

COMMUNITY ENABLEMENT - SUPPORTED SUCH ORGANIZATIONS AS GOOD SAMARITAN

FUND OF GREATER SUN CITY CENTER, MEALS ON WHEELS, METROPOLITAN

MINISTRIES AS WELL AS THE UNITED WAY OF TAMPA BAY.

EXPENSES \$ 1,393,555. INCLUDING GRANTS OF \$ 1,322,572. REVENUE \$ 0.

EMERGENCY SERVICES - SUPPORTED AGENCIES SUCH AS HILLSBOROUGH COUNTY

CRISIS CENTER, SUN CITY CENTER EMERGENCY SQUAD AND HELP BRINGS HOPE FOR

HAITI.

EXPENSES \$ 335,537. INCLUDING GRANTS OF \$ 318,446. REVENUE \$ 0.

VARIOUS OTHER GRANTS WERE AWARDED TO IMPROVE THE QUALITY OF LIFE IN THE

TAMPA BAY AREA.

EXPENSES \$ 350,840. INCLUDING GRANTS OF \$ 434,874. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE IRS FORM 990 WAS

EMAILED TO ALL BOARD MEMBERS FOR THEIR REVIEW AND FOR DISCUSSION AT THEIR

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

Schedule O (Form 990 or 990-EZ) (2010)

032211
01-24-11

Name of the organization COMMUNITY FOUNDATION OF TAMPA BAY, INC.	Employer identification number 59-3001853
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BOARD MEETING HELD JANUARY 24, 2012. THE FOUNDATIONS VICE PRESIDENT AND CHIEF FINANCIAL OFFICER ANSWERED THEIR QUESTIONS AT THE MEETING, AT WHICH TIME THE RETURN WAS APPROVED FOR FILING.

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, WHICH IS AN INDEPENDENT BODY. THIS COMMITTEE USES COMPARABILITY DATA WHICH IS OBTAINED FROM THE FLORIDA PHILANTHROPIC NETWORKS AND FROM REVIEW OF FORM 990'S FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS. SUPPORTING DOCUMENTATION IS RETAINED AND DELIBERATIONS AND DECISIONS OF THE EXECUTIVE COMMITTEE ARE DOCUMENTED IN ITS MINUTES. THE PROCESS WAS LAST UNDERTAKEN DURING THE YEAR ENDED JUNE 30, 2010 FOR THE YEAR ENDED JUNE 30, 2011.

COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES IS DETERMINED BY THE PRESIDENT AND CEO BASED ON USE OF COMPARABILITY DATA OBTAINED FROM FLORIDA PHILANTHROPIC NETWORKS AND FROM REVIEW OF THE FORM 990'S FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS. THE PRESIDENT AND CEO'S DETERMINATIONS ARE RATIFIED BY THE FOUNDATION'S EXECUTIVE COMMITTEE. SUPPORTING DOCUMENTATION IS RETAINED. THE PROCESS WAS LAST UNDERTAKEN DURING THE YEAR ENDED JUNE 30, 2011.

Name of the organization COMMUNITY FOUNDATION OF TAMPA BAY, INC.	Employer identification number 59-3001853
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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 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS:	16,044,476.
PRIOR PERIOD ADJUSTMENTS:	-20,123,576.
CURRENT YEAR AGENCY FUND LIABILITY	-3,764,829.
TOTAL TO FORM 990, PART XI, LINE 5	-7,843,929.

PUBLIC DISCLOSURE COPY