			EXTENDED TO MAY 15, 2023		_
	Ω	90	Return of Organization Exempt From Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code	n Income Tax	OMB No. 1545-0047
For					
Den	ortmont	of the Treasury	Do not enter social security numbers on this form as it m	ay be made public.	Open to Public
Inter	nal Reve	enue Service	Go to www.irs.gov/Form990 for instructions and the lat		Inspection
Α	For th	e 2021 calend	ar year, or tax year beginning $ { m JUL}1$ , $2021$ and ending	JUN 30, 2022	
Β	Check if applicat	ble: <b>C</b> Name o	forganization	D Employer identific	ation number
	Addr		TEE COMMUNITY FOUNDATION, INC.		
	Name Chan	ge Doing b	usiness as	65-083350	)0
	Initial returr Final returr	Number	and street (or P.O. box if mail is not delivered to street address) Room/su MANATEE AVENUE WEST	uite E Telephone number (941)747-	
	termi ated	n-	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	18,432,571.
	Amer returr	nded DDAD	ENTON, FL 34205	H(a) Is this a group ref	
	Appli tion	<sup>ica-</sup> <b>F</b> Name a	nd address of principal officer: SUSAN BOWIE	for subordinates?	
	pend		AS C ABOVE	H(b) Are all subordinates inc	
1	Tax-e>	kempt status:	<b>X</b> 501(c)(3) 501(c) ( ) $\checkmark$ (insert no.) 4947(a)(1) or		ist. See instructions
J	Webs	ite: 🕨 WWW .	MANATEECF.ORG	H(c) Group exemption	number 🕨
κ	Form o	of organization:	X Corporation Trust Association Other ▶ L Y	'ear of formation: 1998 M	
Pa	art I				
۵	1	Briefly describ	e the organization's mission or most significant activities: MANATEE	COMMUNITY FOUN	JDATION
Ŭ		INVESTS	IN NONPROFIT ORGANIZATIONS, STUDENTS	, AND COMMUNIT	TY-LEVEL
Governance	2	Check this bo	x 🕨 🛄 if the organization discontinued its operations or disposed of n	nore than 25% of its net as	
Š	3	Number of vo	14		
ي م	4	Number of inc	14		
es	5	Total number	5	8	
Activities &	6	Total number	of volunteers (estimate if necessary)		30
Acti			d business revenue from Part VIII, column (C), line 12		0.
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11		0.
				Prior Year	Current Year
e	8	Contributions	and grants (Part VIII, line 1h)	8,046,788.	7,083,925.
Revenue	9	•	ce revenue (Part VIII, line 2g)	509,992.	555,962.
Bev	10		come (Part VIII, column (A), lines 3, 4, and 7d)	4,577,351.	3,177,773.
_	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-3,692.	-25,602.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,130,439.	10,792,058.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	5,947,657.	6,503,187.
			to or for members (Part IX, column (A), line 4)	0.	<u> </u>
ses	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)	457,974.	511,623.
eñ	16a	Professional f	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) ▶620,151.	0.	0.
Expenses	b			930,837.	1 0 2 0 4 9 1
_	11		es (Part IX, column (A), lines 11a-11d, 11f-24e)	7,336,468.	1,020,481. 8,035,291.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,793,971.	2,756,767.
<u> </u>	19	Revenue less	expenses. Subtract line 18 from line 12		
ance		<b>T</b> . <b>t</b> . <b>t</b> . <b>t</b> . <b>t</b> . <b>t</b> . <b>t</b>		Beginning of Current Year 65,364,400.	End of Year 57,782,445.
Net Assets or Fund Balances	20	Total assets (		14,872,851.	12,931,176.
let ∕ ind	21		(Part X, line 26)	50,491,549.	44,851,269.
	art II		fund balances. Subtract line 21 from line 20	JU,491,J49.	
		_	I declare that I have examined this return, including accompanying schedules and sta	tements and to the hest of my	knowledge and belief, it is
			. Declaration of preparer (other than officer) is based on all information of which prep		הווטישובעשב מווע שבוובו, ול 5
	,				

Sign Here	Signature of officer ERIN JONES, CFO Type or print name and title		Date							
	Print/Type preparer's name	Preparer's signature	Date Check PTIN							
Paid	REBECCA U. STONER		self-employed P00585910							
Preparer	Firm's name 🕞 KERKERING , BARBE	RIO & CO.	Firm's EIN 59-1753337							
Use Only	Firm's address P.O. BOX 49348									
SARASOTA, FL 34230-6348 Phone no.941-36										
May the IRS discuss this return with the preparer shown above? See instructions										
132001 12-0	13200112-09-21LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2021)									

 1 12-09-21
 LHA For Paperwork Reduction Act Notice, see the separate instructions.
 Form 990 (2021)

 SEE
 SCHEDULE
 O
 FOR
 ORGANIZATION
 MISSION
 STATEMENT
 CONTINUATION

	rm 990 (2021) MANATEE COMMUNITY FOUNDATION, INC.	65-0833500 <sub>Pa</sub>	
Pa	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission: MANATEE COMMUNITY FOUNDATION PARTNERS WITH OUR CITIZE		
	AND ENHANCE OUR COMMUNITY THROUGH PHILANTHROPY, EDUCA		
	SERVICE-NOW AND FOREVER.	ATION, AND	
	SERVICE-NOW AND FOREVER.		
2	Did the organization undertake any significant program services during the year which were not listed on t	the	
	prior Form 990 or 990-EZ?	Yes 🔀	
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program servi	rices? Yes X	
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service	es, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	o others, the total expenses, and	
	revenue, if any, for each program service reported.		
4a			
	GRANTS: MANATEE COMMUNITY FOUNDATION AWARDED 843 GRAN		
	\$6,254,768 TO 322 NONPROFIT ORGANIZATIONS BASED ON PE		
	ASPIRATIONS OF DONORS THAT ENTRUST THE FOUNDATION WIT GIVING. THESE GRANTS WERE AWARDED TO ORGANIZATIONS WI		
	FOCUSED ON THE ARTS, EDUCATION, HEALTH, HUMAN SERVICE		
	ENGAGEMENT, YOUTH DEVELOPMENT, ANIMAL WELFARE AND THE		
	OPERATIONS, CAPITAL NEEDS, AND PROGRAMS/SERVICES.	E ENVIRONMENT FOR	
	OFERATIONS, CAFITAL NEEDS, AND FROGRAMS/SERVICES.		
	SCHOLARSHIPS: MANATEE COMMUNITY FOUNDATION AWARDED 92	2 SCHOLARSHIPS	
	TOTALING \$248,419 FROM SCHOLARSHIP FUNDS TO NEW AND F		
	STUDENTS, INCLUDING GRADUATING HIGH SCHOOL STUDENTS A		
	COMMUNITY COLLEGE OR 4-YEAR UNIVERSITY, STUDENTS ATTE		
4b		(Revenue \$	
т			
4c	C (Code:) (Expenses \$ including grants of \$) (	(Revenue \$	
4d	d Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses ► 7,089,285.	Form <b>990</b> (	
3200	002 12-09-21 SEE SCHEDULE O FOR CONTINUATIO		
5200	3	· /	
50	0406 759428 15607B 2021.05070 MANATEE COMMUNITY	FOUNDATIO 15607	
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⊢orm	990	(2021)

Part IV Checklist of Required Schedules

MANATEE COMMUNITY FOUNDATION, INC.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part II	4		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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6	х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		x	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	- 23	
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			37
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		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? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		х
20-	complete Schedule G, Part III	19 202		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		- 23
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		<u> </u>
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
132003				(2021)

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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
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? If "Yes," complete		37	
	Schedule J	23	Х	
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? If "Yes," answer lines 24b through 24d and complete			x
	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ь	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		<u> </u>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2 <del>.1</del> 0		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			37
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f	00-		x
29	"Yes," complete Schedule L, Part IV	28c 29	Х	- 23
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
50	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	х	
Par		30	23	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 7			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
132004	12-09-21	Form	990	(2021)
	К.			

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2021)	MANATEE	COMMUNITY	FOUNDATION,	INC.
Statements	Regarding Ot	her IRS Filings	and Tax Complian	<b>ce</b> (continued)

			Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return 2a 8					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.					
3a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?					
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х		
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х		
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit					
	any contributions that were not tax deductible as charitable contributions?	6a		Х		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts					
	were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required					
	to file Form 8282?	7c		X		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X X		
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?					
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			x		
	sponsoring organization have excess business holdings at any time during the year?					
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Х		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b					
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders 11a					
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40				
а	Is the organization licensed to issue qualified health plans in more than one state?	13a				
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
_	organization is licensed to issue qualified health plans					
	Enter the amount of reserves on hand	44-		Х		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		17		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		х		
	excess parachute payment(s) during the year?	15		21		
16	If "Yes," see the instructions and file Form 4720, Schedule N.	16		х		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		21		
17	If "Yes," complete Form 4720, Schedule O.					
.,	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17				
	If "Yes," complete Form 6069.					
132004	6 12-09-21 6	Form	990	(2021)		
102000				(-021)		

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Form 990 (2021)

Part V

Form 990	(2021)
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#### MANATEE COMMUNITY FOUNDATION, INC.

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

Х

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 on Schedule O. See instructions.

					Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1	4		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	1	.4		
	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	L	any other			
	officer, director, trustee, or key employee?		•	2		2
3	Did the organization delegate control over management duties customarily performed by or under th					
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form S					X
	Did the organization become aware during the year of a significant diversion of the organization's as					X
	Did the organization have members or stockholders?					X
	Did the organization have members, stockholders, or other persons who had the power to elect or a					
	more members of the governing body?			. 7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					
	persons other than the governing body?			. 7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?			. 8a	Х	
	Each committee with authority to act on behalf of the governing body?				X	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			. 9		X
ect	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue	e Code.)			
					Yes	
0a	Did the organization have local chapters, branches, or affiliates?			. 10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapter	s, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\hdots$			. <b>10</b> b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befo	re filing the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
	Did the organization have a written conflict of interest policy? If "No," go to line 13			. <b>12</b> a		
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			. <b>12</b> b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y					
	on Schedule O how this was done					
	Did the organization have a written whistleblower policy?				X	
	Did the organization have a written document retention and destruction policy?			. 14	X	
15	Did the process for determining compensation of the following persons include a review and approva		idependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				37	
	The organization's CEO, Executive Director, or top management official					
	Other officers or key employees of the organization			. <b>15</b> b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange					
	taxable entity during the year?			. <b>16</b> a		X
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua	-	-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nizatio	n's			
	exempt status with respect to such arrangements?			. 16b		
	tion C. Disclosure					
	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ FL			(0)		
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	na 990	D-1 (section 501(c	)(3)s on	y) avai	able
	for public inspection. Indicate how you made these available. Check all that apply.          X       Own website       X       Another's website       X       Upon request       Other (explain)	on Co	had de O			
			,			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	JUNIC	or interest policy,	and tin	anciai	
0	statements available to the public during the tax year.	oka -				
20	State the name, address, and telephone number of the person who possesses the organization's borner $JONES - (941) 955 - 3000$	oks ar	iu recoras 🗩			
	2635 FRUITVILLE ROAD, SARASOTA, FL 34237					
	· · · ·			Eor	m <b>990</b>	(20)
JZUU6	7 12-09-21 <b>7</b>			FUI	m 330	(20)

Part VII	Compensation of Officers, Dire	ectors, Trustees,	Key Employees,	Highest	Compensated
	Employees, and Independent C	Contractors			

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per	(do box		(C Pos heck ss pe	<b>c)</b> ition <sup>more</sup> rson	than	one h an	<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) LAURA SPENCER	1.00			v				0.	217 557	20 255
CFO/CAO (2) SUSAN BOWIE	40.00			Х				0.	217,557.	28,355.
EXECUTIVE DIRECTOR	40.00			х				131,962.	0.	16,312.
(3) TOM BREITER	1.00			Λ				151,902.	0.	10,512.
DIRECTOR	1.00	x						0.	0.	0.
(4) JAMES T. BRUEN	1.00									
DIRECTOR		x						0.	0.	0.
(5) DR. JAMES A. DAVIS	1.00									
DIRECTOR		X						0.	0.	0.
(6) TIM HENNING	1.00									
DIRECTOR		X						0.	0.	0.
(7) BARBARA JENNINGS	1.00									
DIRECTOR		Х						0.	0.	0.
(8) SIMONE PETERSON	1.00									
DIRECTOR		Х						0.	0.	0.
(9) CHRISTOPHER ROMINE	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(10) STEVE ROSKAMP	1.00									
DIRECTOR		Х						0.	0.	0.
(11) JENIFER SCHEMBRI	1.00									
DIRECTOR	1 0 0	Х						0.	0.	0.
(12) DR. XAVIER SEVILLA	1.00								0	0
DIRECTOR	1 0 0	X						0.	0.	0.
(13) GARRETT SHINN	1.00	.,							0	0
DIRECTOR	1 0 0	X						0.	0.	0.
(14) JEANIE KIRKPATRICK	1.00			v					0	0
CHAIR	1 00	X		Х				0.	0.	0.
(15) BOB TURNER	1.00	x		x				0.	0.	0.
VICE CHAIR (16) DANIELLE SHERRILL	1.00	<u>^</u>		^				0.	0.	0.
(16) DANIELLE SHERRILL SECRETARY	1.00	x		х				0.	0.	0.
(17) CONRAD SYZMANSKI	1.00	<u> </u> ^		Δ		-		0.	0.	0.
TREASURER	1.00	x		х				0.	0.	0.
132007 12-09-21		1 27	L	17		L	I	0.	0.	Form <b>990</b> (2021)

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Form 990 (2021)

	<u>990 (2021)</u> MANATEE C	COMMUNII	'Y	FC	JUN	1D2	AT ]	ION	I, INC.	65-08	3335	500	Pa	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees	, and	d Hi	ghe	st C	ompensated Employe	es (continued)				
	<b>(A)</b> Name and title	<b>(B)</b> Average hours per week	box, offic	not c unle	ss pei	ition more rson i	than o is botl pr/trus	h an	<b>(D)</b> Reportable compensation from	<b>(E)</b> Reportable compensation from related		am o	(F) imate ount o other	of
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		fro orga and	oensa om the nizati relate nizatio	e ion ed
1h	Subtotal								131,962.	217,55	57.	4 4	1.6	67.
с	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							0.	217,55	0.			0.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	ed at	oove	e) wł	no re	eceived more than \$100	),000 of reportabl	e		Yes	1 No
3	Did the organization list any <b>former</b> officer, line 1a? <i>If "Yes," complete Schedule J for sa</i>							•				3	103	X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	im of reportabl ),000? <i>If</i> "Yes,'	e cc " <i>coi</i>	ompo mple	ensa ete S	ation Sche	n and edule	d oth e <i>J f</i> o	ner compensation from or such individual	the organization		4	x	
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," comption B. Independent Contractors</i>	•							ed organization or indiv			5		Х
1	Complete this table for your five highest con the organization. Report compensation for t	-									ipensa	ation fr	om	
	(A) Name and business	address	NC	ONE	3				<b>(B)</b> Description of s	services	Co	(C omper		n
								+						
								+						
	Total number of index and and another to "		ot "		d + -	+	oc "			acro there				
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	e e	ot III	nite	u t0		se lis )	sted	above) who received h	iore than			000 //	

132008 12-09-21

Form **990** (2021)

Form 990 (202	1) MANATEE	COMMUNITY	FOUNDATION,	INC.
Part VIII	Statement of Revenue			

			Check if Schedule O	cont	ains a res	ponse	or note to any lin	e in this Part VIII			
								<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s s	1	2	Federated campaigns		1a						
unt						-					
Contributions, Gifts, Grants and Other Similar Amounts					·····	-	48,602.				
fts, r A			Fundraising events			-	11,247.				
, Gi					<u>1</u> 0	-	11,247.				
Sin			Government grants (contr			•					
ier		f	All other contributions, gifts,								
1 E E E E			similar amounts not included			+	7,024,076.				
ont od (		g	Noncash contributions included in	lines	1a-1f <b>1ç</b>	I \$	2,364,709.				
<u>a Č</u>		h	Total. Add lines 1a-1f				🕨	7,083,925.			
							Business Code				
e	2	а	ADMINISTRATIVE FEES				900099	555,962.	555,962.		
e Yr		b									
Program Service Revenue		с									
an		d									
ВG		е									
P		f	All other program service	reve	nue						
			Total. Add lines 2a-2f					555,962.			
	3		Investment income (includ								
			other similar amounts)	-				1,648,805.			1,648,805.
	4		Income from investment of								
	5		Royalties				►				
					(i) Re		(ii) Personal				
	6	а	Gross rents	6a							
			Less: rental expenses	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss)								
	7		Gross amount from sales of	/ <u></u>	(i) Secu	irities	(ii) Other				
	•	ŭ	assets other than inventory	7a	9,120		.,				
		h	Less: cost or other basis	14	-,	,					
e		~	and sales expenses	7b	7,591	711					
Other Revenue		c	Gain or (loss)								
3ev			Net gain or (loss)					1,528,968.			1,528,968.
er	8		Gross income from fundraisin			····		_ / _ /			, , ,
gh	0	u	including \$	-	•						
-			contributions reported on								
			Part IV, line 18		-	8a	23,200.				
		h	Less: direct expenses								
			Net income or (loss) from				►	-25,602.			-25,602.
	9		Gross income from gamin		•			,			, -
	-		Part IV, line 19								
		h	Less: direct expenses								
			Net income or (loss) from				▶				
	10		Gross sales of inventory, I								
		-	and allowances			10a					
		h	Less: cost of goods sold								
			Net income or (loss) from								
		-		5410			Business Code				
Miscellaneous Revenue	11	а									
ane		b									[
ill: eve		С									
Jisc B.			All other revenue								
2			Total. Add lines 11a-11d								
	12		Total revenue. See instruction					10,792,058.	555,962.	0.	3,152,171.
13200	9 12	-09					· · · ·				Form <b>990</b> (2021)

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MANATEE COMMUNITY FOUNDATION, INC.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a respon	se or note to any line in	this Part IX		
Do not include amounts reported on lines 6b,	(A) Total expenses	<b>(B)</b> Program service	<b>(C)</b> Management and	<b>(D)</b> Fundraising
7b, 8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
<b>1</b> Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21	6,254,768.	6,254,768.		
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	248,419.	248,419.		
<b>3</b> Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors,				
trustees, and key employees	151,564.	45,469.	45,469.	60,626
6 Compensation not included above to disqualified				
persons (as defined under section $4958(f)(1)$ ) and				
persons described in section 4958(c)(3)(B)	274,814.	108,883.	49,207.	116,724
7 Other salaries and wages	2/4,014.	100,003.	49,207.	110,724
8 Pension plan accruals and contributions (include	12 726	5 520	2 350	5 05 <i>6</i>
section 401(k) and 403(b) employer contributions)	13,736. 41,209.	5,530. 15,567.	2,350. 8,334.	5,856
9 Other employee benefits	<u>41,209</u> . 30,300.	11,045.	6,632.	12,623
10 Payroll taxes	30,300.	11,045.	0,032.	12,023
<b>11</b> Fees for services (nonemployees):				
a Management				
b Legal	559.	204.	122.	233
c Accounting	559.	204•	122.	233
d Lobbying				
e Professional fundraising services. See Part IV, line 17	62,430.	22,756.	13,666.	26,008
f Investment management fees	02,430.	22,730.	13,000.	20,000
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25,	634,056.	231,122.	138,792.	264,142.
column (A), amount, list line 11g expenses on Sch 0.)	99,153.	36,143.	21,704.	41,306
12 Advertising and promotion	21,867.	7,971.	4,787.	9,109
13 Office expenses	17,971.	6,551.	3,933.	7,487
	1,,,,,	0,351.	5,555.	7,407
· · · · · · · · · · · · · · · · · · ·	14,716.	5,364.	3,221.	6,131.
· · · · · · · · · · · · · · · · · · ·	11,1100	5,5010	5,2210	0,101
<ul><li>17 Travel</li><li>18 Payments of travel or entertainment expenses</li></ul>				
for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	55,933.	48,013.	2,728.	5,192
		10,0100		0,202
20 Interest 21 Payments to affiliates				
22 Depreciation, depletion, and amortization	55,943.	20,392.	12,246.	23,305
· [	17,064.	6,220.	3,735.	7,109
23 Insurance 24 Other expenses. Itemize expenses not covered	,	.,		.,205
above. (List miscellaneous expenses on line 24e. If				
line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
a REPAIRS & MAINTENANCE	40,789.	14,868.	8,929.	16,992
b		,		,
c				
d				
e All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	8,035,291.	7,089,285.	325,855.	620,151
<b>26 Joint costs.</b> Complete this line only if the organization				
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				
Check here				
132010 12-09-21				Form <b>990</b> (2021

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Form **990** (2021)

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2021)	MANATEE	COMMUNITY	FOUNDATION,	INC.
Balance Sheet	1			
Check if Schedule	O contains a res	ponse or note to an	/ line in this Part X	

65-0833500 Page 11

			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	3,644,985.	1	4,381,284.
	2	Savings and temporary cash investments		2	, , -
	3	Pledges and grants receivable, net	38,500.	3	855,500.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,		-	
	-	trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net	294,941.	7	234,034.
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges	6,939.	9	6,869.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 1,589,184.			
	b	Less: accumulated depreciation 324,197.	1,303,219.	10c	1,264,987.
	11	Investments - publicly traded securities	58,953,277.	11	49,709,033.
	12	Investments - other securities. See Part IV, line 11	941,275.	12	486,321.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	181,264.	15	844,417.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	65,364,400.	16	57,782,445.
	17	Accounts payable and accrued expenses	29,262.	17	38,214.
	18	Grants payable	197,910.	18	345,874.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
-iat		controlled entity or family member of any of these persons		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	14,645,679.		12,547,088.
	00	of Schedule D	14,872,851.	25 26	12,931,176.
	26	Total liabilities. Add lines 17 through 25	14,072,051.	20	12,551,170.
es		Organizations that follow FASB ASC 958, check here 🕨 🐰			
anc	27	and complete lines 27, 28, 32, and 33.	49,833,502.	27	43 604 770.
3al	27 28	Net assets without donor restrictions	658,047.	27	43,604,770. 1,246,499.
ЪГ	20	Organizations that do not follow FASB ASC 958, check here	000,047.	20	1,210,199.
Бu		and complete lines 29 through 33.			
ŗ	29	Capital stock or trust principal, or current funds		29	
iets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	50,491,549.	32	44,851,269.
2	33	Total liabilities and net assets/fund balances	65,364,400.	33	57,782,445.
					Faura <b>990</b> (9991)

Form 990 (2021)

Form 990 (2	
Part X	Balanc

Form	990 (2021) MANATEE COMMUNITY FOUNDATION, INC.	65-0	833500	Pag	ge <b>12</b>
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,792		
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,03		
3	Revenue less expenses. Subtract line 2 from line 1	3	2,75		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	50,493		
5	Net unrealized gains (losses) on investments	5	-7,43	7,5	52.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-95	9,4	95.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	44,85	1,2	69.
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		<b>2</b> b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			v
_	Act and OMB Circular A-133?		3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>			(2021)

Form **990** (2021)

132012 12-09-21

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Department of the Treasury

Internal Revenue Service

(Form 990)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

Employer identification number

65-0833500

OMB No. 1545-0047

Name of the organization MANATEE COMMUNITY FOUNDATION, INC. Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: **10** An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.

See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

12 X 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

**X Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.

J Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C.

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, С its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

J Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information	n about the supporte	ed organization(s).				
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organ in your governin <b>Yes</b>	nization listed ng document? <b>No</b>	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
THE COMMUNITY FOUNDATION OF SARAS	59-1956886		x		242,743.	
 Total					242.743.	0.

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Schedule	A (Form 990) 202 <sup>-</sup>
Part II	Support Sc

MANATEE COMMUNITY FOUNDATION, INC.

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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 $\dots$						
4	Total. Add lines 1 through 3						
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)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ions)			12	
13	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third	, fourth, or fifth tax	year as a section	501(c)(3)	
	organization, check this box and stop						
-	ction C. Computation of Publ						
	Public support percentage for 2021 (					14	%
	Public support percentage from 2020						%
<b>1</b> 6a	33 1/3% support test - 2021. If the o	-					
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the c						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact			•	•	: VI how the organi	zation
	meets the facts-and-circumstances te	0	•		•		
b	10% -facts-and-circumstances tes	-	-				510% or
	more, and if the organization meets the						
40	organization meets the facts-and-circ						
18	Private foundation. If the organization	n did not check a	0, 10 nox on line 13, 10	ba, 160, 17a, or 17	D, CNECK this box		
						Schedule A	(Form 990) 2021

Schedule A	(Form 990	) 2021
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# Schedule A (Form 990) 2021 MANATEE COMMUNITY FOUNDATION, INC. 65-0833500 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) 65-0833500 Page 3

_		-		
	(Complete only if you checked t	he box on line 10 of Part I	or if the organization failed to qualify under	Part II. If the organization fails to
	qualify under the tests listed be	ow, please complete Part	: II.)	

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support				-	-	
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's f	irst. second. third	, fourth, or fifth tax	x vear as a section	501(c)(3) organi	zation.
		-			·····		· · · · · · · · · · · · · · · · · · ·
Sec	ction C. Computation of Publ						
-	Public support percentage for 2021 (			, column (f))		15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Inve						
17	Investment income percentage for 20	<b>)21</b> (line 10c, colu	mn (f), divided by	line 13, column (f)	)	17	%
18	Investment income percentage from	2020 Schedule A,	Part III, line 17			18	%
	33 1/3% support tests - 2021. If the					33 1/3%, and lir	ne 17 is not
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 01-04-22						le A (Form 990) 2021
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Yes

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No

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#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Х 3a 3b 3c Х 4a 4b 4c Х 5a 5b 5c Х 6 Х 7 Х 8 Х 9a Х 9b х 9c х 10a 10b Schedule A (Form 990) 2021

# Schedule A (Form 990) 2021 MANATEE COMMUNITY FOUNDATION, INC. Part IV Supporting Organizations (continued)

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			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		Х
b	A family member of a person described on line 11a above?	11b		Х
с	A 35% controlled entity of a person described on line 11a or 11b above?If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		Х
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> "No," <i>describe in</i> <b>Part VI</b> <i>how the supported organization</i> (s) <i>effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i>			

	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,
	supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations								
			Yes	No				
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors							
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control							
	or management of the supporting organization was vested in the same persons that controlled or managed							

Sec	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

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

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

18

2 Activities Test. Answer lines 2a and 2b below.

the supported organization(s).

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

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3b | Schedule A (Form 990) 2021

2a

2b

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Yes No

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Schedule A (Form 990) 2021

#### MANATEE COMMUNITY FOUNDATION, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
6				

instructions).

Schedule A (Form 990) 2021

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	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets	4			
5	Qualified set-aside amounts (prior IRS approval required - pro	5			
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	9		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
c	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
-	Applied to underdistributions of prior years				
-	Applied to 2021 distributable amount				
-	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
-	Excess from 2017				
	Excess from 2018				
-	Excess from 2019				
	Excess from 2020				
e	Excess from 2021				
				Sc	hedule A (Form 990) 2021

MANATEE COMMUNITY FOUNDATION, INC. 65-0833500 Page 7

1

**Current Year** 

#### Schedule A (Form 990) 2021 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

1 Amounts paid to supported organizations to accomplish exempt purposes

Amounts paid to perform activity that directly furthers exempt purposes of supported

Section D - Distributions

2

Part VI	(Form 990) 2021 Supplemental Info		COMMUNITY e the explanations r			65-083350( 17a or 17b; Part III, line 12;	
	Part IV, Section A, lines	s 1, 2, 3b, 3c, 4b, 4c	, 5a, 6, 9a, 9b, 9c, <sup>-</sup>	11a, 11b, and 11c	; Part IV, Section B.	, lines 1 and 2; Part IV, Secti	on C,
	line 1; Part IV, Section I	D, lines 2 and 3; Par	t IV, Section E, lines	s 1c, 2a, 2b, 3a, a	nd 3b; Part V, line 1	; Part V, Section B, line 1e; I	Part V
	Section D, lines 5, 6, an (See instructions.)	id 8; and Part V, Se	ction E, lines 2, 5, a	nd 6. Also comple	te this part for any	additional information.	
	()						
2028 01-04-2	2			21		Schedule A (Form	990)

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

## Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

umber

Name of the organizat	tion	Employer identification nu
	MANATEE COMMUNITY FOUNDATION, INC.	65-0833500
Organization type (ch	neck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> 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	
, 0	ation is covered by the <b>General Rule</b> or a <b>Special Rule.</b> 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spec	sial Rule. See instructions.
General Rule		
0	ization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions to m any one contributor. Complete Parts I and II. See instructions for determining a contri	0, ,

#### Special Rules

- X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
  - $\perp$  For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

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

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form	990)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

MANATEE COMMUNITY FOUNDATION, INC. Employer identification number 65-0833500

Pa	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Accounts.Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	176	190
2	Aggregate value of contributions to (during year)	3,971,780.	3,086,743.
3	Aggregate value of grants from (during year)	3,492,411.	3,010,776.
4	Aggregate value at end of year	17,474,960.	39,923,397.
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advised fu	
	are the organization's property, subject to the organization's e	exclusive legal control?	X Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can be used	d only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose conf	
	impermissible private benefit?		
Pa	rt II Conservation Easements. Complete if the orga	anization answered "Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recreat	ion or education)	storically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	icture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the org	anization during the tax
	year 🕨		
4	Number of states where property subject to conservation eas	ement is located 🕨	
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	handling of violations, and enforcing conserva	ation easements during the year
	▶		
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and enforcing conservation	easements during the year
	►\$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense stat	tement and
	balance sheet, and include, if applicable, the text of the footne	ote to the organization's financial statements	that describes the
	organization's accounting for conservation easements.	<u> </u>	
Pa	t III Organizations Maintaining Collections of		r Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
<b>1</b> a	If the organization elected, as permitted under FASB ASC 958		
	of art, historical treasures, or other similar assets held for pub		rance of public
	service, provide in Part XIII the text of the footnote to its finan		
b	If the organization elected, as permitted under FASB ASC 958	8, to report in its revenue statement and balar	nce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtherar	nce of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical trea		n, provide
	the following amounts required to be reported under FASB AS	-	
а	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2021
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	dule D (Form 990) 2021 MANATEE	COMMUNITY						3500		<u>ge 2</u>
								(comin	iea)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that	t make sig	nificant use o	of its			
	collection items (check all that apply):		<u> </u>							
а	Public exhibition	d		hange progra	am					
b	Scholarly research	e	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co						Part X	<b>311</b> .		
5	During the year, did the organization solicit of									
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrange		te if the organizatio	n answered '	'Yes" on Fe	orm 990, Par	t IV, lin	e 9, or		
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi									
	on Form 990, Part X?						. 🗆 '	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table:							
							A	mount		
с	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line :	21, for escrow or cu	ustodial acco	unt liability	/?	· 🔲 '	Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete if		swered "Yes" on Fo	1						
		(a) Current year	(b) Prior year	(c) Two year	s back (d	) Three years b	oack (	<b>e)</b> Four y	/ears t	Jack
1a	Beginning of year balance	30,296,750.	24,366,493.			24,171,8		23,	030,	786.
b	Contributions	1,966,781.	321,401.	1,020	5,598.	350,0	26.		854,	728.
	Net investment earnings, gains, and losses	-3,546,856.	6,833,349.	393	L,862.	1,282,1	.10.	1,	720,	711.
d	Grants or scholarships	1,813,104.	902,146.	1,483	L,870.	787,2	286.	1,	185,:	341.
	Other expenditures for facilities									
	and programs					5,2	270.		6,3	183.
f	Administrative expenses	343,831.	322,347.	295	5,544.	285,9	94.		242,8	840.
	End of year balance	26,559,740.	30,296,750.	24,360	5,493.	24,725,4	47.	24,	171,8	861.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a	a)) held as:	•		•			
а	Board designated or quasi-endowment	98.7700	%							
b	Permanent endowment  .0000	%	_							
	1 0 0 0 0	<u> </u>								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
3a	Are there endowment funds not in the posse		tion that are held a	nd administe	red for the	organization	1			
	by:	0				U			/es	No
	(i) Unrelated organizations							3a(i)		Х
	(ii) Related organizations						1	3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm	<u> </u>								
	Complete if the organization answered		, Part IV, line 11a. S	See Form 990	), Part X, lir	ne 10.				
	Description of property	(a) Cost or ot		or other		umulated	6	<b>d)</b> Book	value	
		basis (investm		(other)	.,	eciation	(	<b>, D</b> oon	value	
19	Land	· · · · · · · · · · · · · · · · · · ·	/	6,603.				216	,60	)3.
				4,730.	20	)3,439.	1	,001		
	Buildings Leasehold improvements			_,,			+ -	,	,	
			16	7,851.	12	20,758.		47	,09	33.
	Equipment			.,	± 2	_ , , , , , , , , , , , , , , , , , , ,		-1/	,	
	Other		K column (P) line 1				1	,264	9.6	37.
Total	. Add lines 1a through 1e. (Column (d) must ed	yuai ruini 990, Part /	х, сошни (в), ште т	00.)		<b>P</b>				
						Sche	uule D	(Form	ອອບ) :	2027

Schedule D (Form 990) 2021         MANATEE         CC           Part VII         Investments - Other Securities.         Complete if the organization answered "Yes			65-0833500 Page <b>3</b>
Complete if the organization answered "Ye			
(a) Description of security or category (including name of security	y) (b) Book value	(c) Method of valuation: C	ost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
Complete if the organization answered "Ye		11c See Form 990 Part X line	13
(a) Description of investment	(b) Book value		ost or end-of-year market value
(1) (2)			
(3)			
(4) (5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Ye	es" on Form 990, Part IV, line	11d. See Form 990, Part X, line	15.
-	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B)	line 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Ye	es" on Form 990, Part IV, line	11e or 11f. See Form 990, Part	X, line 25.
1.(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) FUNDS HELD AS AGENCY END	DOWMENTS		12,547,088.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B)	line 25.)		▶ 12,547,088.
			tements that reports the

Schedule D (Form 990) 2021

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Sche	edule D (Form 990) 2021 MANATEE COMMUNITY FOUND				0833500 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	atements W	ith Revenue per	r Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	-891,415.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-7,437,552	2.	
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	I Other (Describe in Part XIII.)	2d	-1,940,52	3.	
е	Add lines <b>2a</b> through <b>2d</b>			. 2e	-9,378,075.
3	Subtract line 2e from line 1			. 3	8,486,660.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	55,110	).	
b	Other (Describe in Part XIII.)	4b	2,250,288	3.	
С					2,305,398.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.	)			10,792,058.
Ра	rt XII Reconciliation of Expenses per Audited Financial St		/ith Expenses p	er Retu	urn.
Pa	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.			
Pa 1	Complete if the organization answered "Yes" on Form 990, Part IV, lir Total expenses and losses per audited financial statements	ne 12a.			urn. 51,653,886.
	Complete if the organization answered "Yes" on Form 990, Part IV, lir Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ne 12a.			
1	Complete if the organization answered "Yes" on Form 990, Part IV, lir Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ne 12a. <b>2a</b>			
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, lir Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ne 12a. <b>2a</b>			
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, lir Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	12a. 2a 2b 2c		. 1	
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, lir Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses	2a 2b 2c 2d	45,141,96	1	51,653,886.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, lin         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a 2b 2c 2d	45,141,96	1 5. 2e	51,653,886. 45,141,965.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, lin         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	2a 2b 2c 2d	45,141,96	1 5. 2e	51,653,886.
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, lin         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	45,141,96	1 5. 2e 3	51,653,886. 45,141,965.
1 2 b c d 3	Complete if the organization answered "Yes" on Form 990, Part IV, lin         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	12a. 22a 22b 22c 22d	45,141,96	1 5. 2e 3 0.	51,653,886. 45,141,965.
1 2 b c d 3	Complete if the organization answered "Yes" on Form 990, Part IV, lin         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	12a. 22a 22b 2c 2d 2d	45,141,96	1 5. 2e 3 0.	51,653,886. 45,141,965. 6,511,921.
1 2 b c d 3	Complete if the organization answered "Yes" on Form 990, Part IV, lin         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)         Add lines 4a and 4b	12a. 22a 22b 22c 22d 22d	45,141,96 55,110 1,468,260	1 2e 2e 3 ) 4c	51,653,886. 45,141,965. 6,511,921. 1,523,370.
1 2 d e 3 4 b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, lin         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	12a. 22a 22b 22c 22d 22d	45,141,96 55,110 1,468,260	1 2e 2e 3 ) 4c	51,653,886. 45,141,965. 6,511,921.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### PART V, LINE 4:

ENDOWMENT FUNDS PROVIDE GRANTS THAT ENHANCE THE QUALITY OF LIFE IN MANATEE COUNTY AND SURROUNDING AREAS BASED ON THE INTENTIONS OF THE ESTABLISHING DONOR.

PART X, LINE 2:

UNDER THE INCOME TAXES TOPIC OF THE FASB ACCOUNTING STANDARDS

CODIFICATION, THE FOUNDATION HAS REVIEWED AND EVALUATED THE RELEVANT

TECHNICAL MERITS OF EACH OF ITS TAX POSITIONS IN ACCORDANCE WITH

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA

FOR ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, AND DETERMINED THAT THERE

ARE NO UNCERTAIN TAX POSITIONS THAT WOULD HAVE A MATERIAL IMPACT ON THE 132054 10-28-21 Schedule D (Form 990) 2021

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 MANATEE COMMUNITY FOUNDATION, INC.
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 Part XIII
 Supplemental Information (continued)
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COMBINED FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

-1,811,858.
-126,440.
-2,225.

TOTAL TO SCHEDULE D, PART XI, LINE 2D

PART XI, LINE 4B - OTHER ADJUSTMENTS:

ADMINISTRATIVE EXPENSES NETTED WITH ADMINSTRATIVE REVENUE	565,165.
AGENCY CONTRIBUTIONS NOT INCLUDED ON FINANCIAL STATEMENTS	524,605.
AGENCY REALIZED GAINS NOT INCLUDED ON FINANCIAL STATEMENTS	333,287.
AGENCY INTEREST & DIVIDENDS NOT ON FINANCIAL STATEMENTS	534,942.
INTERCOMPANY GRANTS ELIMINATED FOR AUDIT RELATED TO 990S	341,090.
SPECIAL EVENTS EXPENSE INCLUDED IN 990 REVENUE	-48,802.
ROUNDING	1.

TOTAL TO SCHEDULE D, PART XI, LINE 4B

PART XII, LINE 2D - OTHER ADJUSTMENTS: EXPENSES REPORTED BY RELATED ORGANIZATIONS

SPECIAL EVENTS EXPENSE INCLUDED IN 990 REVENUE48,802.TOTAL TO SCHEDULE D, PART XII, LINE 2D45,141,965.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT FEES (AGENCY)

ADMINISTRATIVE FEES (AGENCY)

ADMINISTRATIVE FEES NETTED WITH REVENUE FOR FINANCIAL

STATEMENTS

565,165.

7,320.

58,550.

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-1,940,523.

2,250,288.

45,093,163.

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Schedule D (Form 990) 2021         MANATEE         COMMUNITY         FOUNDATION         INC.           Part XIII         Supplemental Information (continued)         FOUNDATION         INC.	65-0833500 <sub>Pa</sub>	ge <b>5</b>
AGENCY GRANTS APPROVED NOT INCLUDED ON FINANCIAL STATEMENTS	496,13	34.
INTERCOMPANY GRANTS ELIMINATED FOR AUDIT RELATED TO 990S	341,09	90.
ROUNDING		1.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	1,468,26	60.
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SCHEDULE G		ntal Information Regarding			•			DMB No. 1545-0047
(Form 990)		e organization answered "Yes" on rganization entered more than \$1				or 19,	, or if the	2021
Department of the Treasury Internal Revenue Service		Attach to Form 990				ion		Open to Public Inspection
Name of the organizatio		to www.irs.gov/Form990 for instr	uction	s anu	the latest mormat		Employer ide	ntification number
Part I Fundrais		COMMUNITY FOUNDAT					65-0833	
	complete this part	Complete if the organization answe t.	ered "Y	es" of	n Form 990, Part IV, I	ine i	7. Form 990-E2	2 mers are not
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solici</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	tions email solicitations tations blicitations on have a written o ted in Form 990, P ) highest paid indiv	f Solicita g Special or oral agreement with any individua art VII) or entity in connection with p viduals or entities (fundraisers) purse	tion of tion of fundra l (inclue profess	non-g gover iising ding o ional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees	Yes	
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	ustody trol of	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization
			Yes	No				
Total								
3 List all states in wh or licensing.	ich the organizatio	n is registered or licensed to solicit	contrib	outions	s or has been notified	d it is	exempt from re	egistration
	eduction Act Not	ce, see the Instructions for Form	000 ~-	000	=7		Cobodula	e G (Form 990) 2021

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MANATEE COMMUNITY FOUNDATION, INC.

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Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

			(a) Event #1 SPIRIT OF MANATEE	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
			(event type)	(event type)	(total number)	
	1	Gross receipts	71,802.			71,802
	2	Less: Contributions	48,602.			48,602
		Gross income (line 1 minus line 2)	23,200.			23,200
Τ		Cash prizes				
	5	Noncash prizes				
2	6	Rent/facility costs	7,047.			7,047
	7	Food and beverages	28,816.			28,816
1	8	Entertainment				
		Other direct expenses				12,939
ľ		Direct expense summary. Add lines 4 throug				48,802
	11	Net income summary. Subtract line 10 from	line 3 column (d)			-25,602
	· · ·					
	ťI	<b>II Gaming.</b> Complete if the organization				
'aı	tl			n 990, Part IV, line 19, or i	reported more than	
'aı	tl	<b>II Gaming.</b> Complete if the organization				(d) Total gaming (add
a	tl	<b>II Gaming.</b> Complete if the organization	answered "Yes" on Form	n 990, Part IV, line 19, or i (b) Pull tabs/instant	reported more than	(d) Total gaming (add
'aı	1	<b>II Gaming.</b> Complete if the organization	answered "Yes" on Form	n 990, Part IV, line 19, or i (b) Pull tabs/instant	reported more than	(d) Total gaming (add
	1 1	<b>II Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	n 990, Part IV, line 19, or i (b) Pull tabs/instant	reported more than	(d) Total gaming (add
	1 2	<b>Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	n 990, Part IV, line 19, or i (b) Pull tabs/instant	reported more than	(d) Total gaming (add
	1 2 3	Gaming. Complete if the organization     \$15,000 on Form 990-EZ, line 6a.     Gross revenue Cash prizes Noncash prizes	answered "Yes" on Forn (a) Bingo	n 990, Part IV, line 19, or i (b) Pull tabs/instant	reported more than	(d) Total gaming (add col. (a) through col. (c
'aı	<u>1</u> 2 3 4	Gaming. Complete if the organization     \$15,000 on Form 990-EZ, line 6a.     Gross revenue     Cash prizes     Noncash prizes     Rent/facility costs	answered "Yes" on Forn (a) Bingo	n 990, Part IV, line 19, or i (b) Pull tabs/instant	reported more than	(d) Total gaming (add
	<u>1</u> 2 3 4	Gaming. Complete if the organization     \$15,000 on Form 990-EZ, line 6a.     Gross revenue Cash prizes Noncash prizes	answered "Yes" on Forn (a) Bingo	n 990, Part IV, line 19, or i (b) Pull tabs/instant	reported more than	(d) Total gaming (add
	1 2 3 4 5	Gaming. Complete if the organization     \$15,000 on Form 990-EZ, line 6a.     Gross revenue     Cash prizes     Noncash prizes     Rent/facility costs	answered "Yes" on Form	990, Part IV, line 19, or (b) Pull tabs/instant bingo/progressive bingo	reported more than (c) Other gaming	(d) Total gaming (add
	1 2 3 4 5 6	Gaming. Complete if the organization     \$15,000 on Form 990-EZ, line 6a.     Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	answered "Yes" on Form	<pre>990, Part IV, line 19, or (b) Pull tabs/instant bingo/progressive bingo</pre>	(c) Other gaming	(d) Total gaming (add
	1 2 3 4 5 7	Gaming. Complete if the organization     \$15,000 on Form 990-EZ, line 6a.     Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Volunteer labor	answered "Yes" on Form (a) Bingo (a) Bingo (b) Bingo (c)	<pre>990, Part IV, line 19, or or (b) Pull tabs/instant bingo/progressive bingo</pre>	(c) Other gaming	(d) Total gaming (add
	1 2 3 4 5 6 7 8	II       Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.         Gross revenue	answered "Yes" on Form (a) Bingo (a) Bingo (b) Bingo (c)	<pre>990, Part IV, line 19, or or (b) Pull tabs/instant bingo/progressive bingo</pre>	(c) Other gaming	(d) Total gaming (add
	1 2 3 4 5 6 7 8 Ent	Gaming. Complete if the organization     \$15,000 on Form 990-EZ, line 6a.     Gross revenue Cash prizes Cash prizes Noncash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line er the state(s) in which the organization conce	answered "Yes" on Form (a) Bingo (a) Bingo (b) Bingo (c)	990, Part IV, line 19, or (b) Pull tabs/instant bingo/progressive bingo Yes% No	reported more than (c) Other gaming	(d) Total gaming (add col. (a) through col. (c
a	1 2 3 4 5 6 7 8 Ent Is t	II       Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.         Gross revenue	answered "Yes" on Form (a) Bingo (a) Bingo (b) Bingo (c)	990, Part IV, line 19, or (b) Pull tabs/instant bingo/progressive bingo Yes% No	reported more than (c) Other gaming	(d) Total gaming (ad- col. (a) through col. (d

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? \_\_\_\_\_ Yes 🛄 No **b** If "Yes," explain:

132082 10-21-21

Schedule G (Form 990) 2021

Sche	dule G (Form 990) 2021	MANATEE	COMMUNITY	FOUNDATION,	INC. 6	5-0833500	Page 3
11 [	Does the organization conduct g	aming activities w	ith nonmembers?			Yes	No
	s the organization a grantor, ben						
	o administer charitable gaming?					Yes	No
	ndicate the percentage of gamin						
	The organization's facility						<u>%</u>
	An outside facility						%
14 I	Enter the name and address of the	ne person who pro	epares the organizat	tion's gaming/special ev	ents books and records	:	
I	Name 🕨						
/	Address 🕨						
15a I	Does the organization have a cor	ntract with a third	party from whom th	e organization receives	gaming revenue?	Yes	No No
bl	f "Yes," enter the amount of gam	ning revenue rece	ived by the organiza	tion ▶ \$	and the amoun	t	
C	of gaming revenue retained by th	e third party 🕨 \$	S	_			
cl	f "Yes," enter name and address	s of the third party	/:				
1	Name 🕨						
/	Address 🕨						
	Gaming manager information:						
1	Name 🕨						
(	Gaming manager compensation	▶ \$					
,		•					
L	Description of services provided	P					
	Director/officer	Employee		lependent contractor			
17	Mandatory distributions:						
	s the organization required unde	r state law to mak	ke charitable distribu	itions from the gaming p	proceeds to		<b>—</b> ]
	etain the state gaming license?						└── No
	Enter the amount of distributions			outed to other exempt or	ganizations or spent in	the	
Par	brganization's own exempt activit t IV Supplemental Infor			equired by Part L line 2h	columns (iii) and (v): a	nd Part III lines 9	9h 10h
. ar	15b, 15c, 16, and 17b, as						55, 105,
	,,,						
							0001 0001
132083	10-21-21			36	S	chedule G (Form	990) 2021

17050406 759428 15607B

Schedule G (Form 990) Part IV Supplemental In	MANATEE	COMMUNITY	FOUNDATION,	INC.	65-0833500	Page <b>4</b>
	Tormation (continu	uea)				
					Schedule G (Fo	orm 9901
132084 11-18-21			37			-,
050406 750400 1566		0001 05070				<b>DD</b> 1

17050406 759428 15607B 2021.05070 MANATEE COMMUNITY FOUNDATIO 15607B\_1

SCHEDULE I (Form 990)		Go	Grants and Oth vernments, an lete if the organization	nd Individual	s in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service			Go to www.ir	Attach to Forus.gov/Form990 for		nation.		Open to Public Inspection
Name of the organization	ANATEE CO	MMUNITY	FOUNDATION,	INC.				Employer identification number 65-0833500
Part I General Informati	ion on Grants and	d Assistance						
1 Does the organization m criteria used to award th								
2 Describe in Part IV the o								
		-	izations and Domestin be duplicated if addit		• •	anization answered "Y	′es" on Form 990, Par	t IV, line 21, for any
<b>1 (a)</b> Name and address o or governmen	-	<b>(b)</b> EIN	(c) IRC section (if applicable)	<b>(d)</b> Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
21ST CENTURY MINISTRIES INSPIRATION ACADEMY) - AVE W - BRADENTON, FL 3	7900 40TH	47-1557521	501(C)(3)	8,170.	0.			PROGRAM SUPPORT
AKRON COMMUNITY FOUNDAT 345 WEST CEDAR STREET AKRON, OH 44307-2407		34-1087615	501(C)(3)	39,743.	0.			PROGRAM SUPPORT
ALL FAITHS FOOD BANK IN 8171 BLAIKIE COURT SARASOTA, FL 34240-8321		65-0115814	501(C)(3)	21,200.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
ALSO FOR GAY YOUTH, INC 1470 BOULEVARD OF THE A SARASOTA, FL 34236	ARTS	74-2840470	501(C)(3)	12,000.	0.			PROGRAM SUPPORT
ALZHEIMER'S DISEASE AND DISORDERS ASSOC FL G CHAPTER - 14010 ROOSEVE SUITE 709 - CLEARWATER,	GULF COAST	13-3039601	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
AMERICAN NATIONAL RED C PO BOX 37839	CROSS							
BOONE, IA 50037-0839		53-0196605		10,000.	0.			PROGRAM SUPPORT
2 Enter total number of se		-	-	e line 1 table				
3 Enter total number of oth LHA For Paperwork Reduct	¥							Schedule I (Form 990) 2021
LITA FOR Paper work Reduc	uon ACLINULICE, S	see me mstruct						Schedule I (Form 990) 202 I

### Schedule I (Form 990) MANATEE COMMUNITY FOUNDATION, INC.

65-0833500	Page 1
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS							
3310 WEST MAIN STREET							EMERGENCY ASSIST, PROGRAM
TAMPA, FL 33607	53-0196605	501(C)(3)	30,000.	0.			SUPPORT
AMIKIDS, INC.							
5915 BENJAMIN CENTER DRIVE				_			
TAMPA, FL 33634	23-7440836	501(C)(3)	10,000.	0.			GENERAL SUPPORT
ANNA MARIA ISLAND COMMUNITY CENTER							
DBA THE CENTER OF ANNA MARIA							
ISLAND - PO BOX 253 - ANNA MARIA,							GENERAL SUPPORT, PROGRAM
FL 34216-0253	59-6166231	501(C)(3)	30,384.	0.			SUPPORT, SCHOLARSHIPS
ART LEAGUE OF MANATEE COUNTY DBA							
ART CENTER MANATEE - 209 9TH							GENERAL SUPPORT, PROGRAM
STREET WEST - BRADENTON, FL 34205	59-0967824	501(C)(3)	34,753.	0.			SUPPORT
	55 6567621	501(0)(0)	51,755.				
BEYOND THE SPECTRUM, INC.							
7333 INTERNATIONAL PLACE							
SARASOTA, FL 34240-8418	20-8269622	501(C)(3)	32,800.	0.			PROGRAM SUPPORT
				- •			
BOXSER DIVERSITY INITIATIVE, INC.							
2301 GULF OF MEXICO DR, UNIT 63							
LONGBOAT KEY, FL 34228	81-3050026	501(C)(3)	35,100.	0.			GENERAL SUPPORT
,			,				
BOYS & GIRLS CLUBS OF MANATEE							
COUNTY, INC P.O. BOX 280 -							CAPITAL PURCHASE, GENERAL
BRADENTON, FL 34206	59-0675141	501(C)(3)	53,439.	0.			SUPPORT, PROGRAM SUPPORT
BRADENTON CHRISTIAN SCHOOL							
3304 43RD STREET W							
BRADENTON, FL 34209	59-6045439	501(C)(3)	8,149.	0.			GENERAL SUPPORT
BRIDGE A LIFE INC							
1680 FRUITVILLE RD SUITE 312B							
SARASOTA, FL 34236	46-2391027	501(C)(3)	60,200.	0.			GENERAL SUPPORT

Schedule I (Form 990)

#### MANATEE COMMUNITY FOUNDATION, INC.

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		FOUNDATION					5-0833500 Page
Part II Continuation of Grants and Other	Assistance to Do	omestic Organization	is and Domestic G	overnments (Sche	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BRIDGE CHURCH AT PALMA SOLA BAY, INC 4000 75TH ST W - BRADENTON, FL 34209-6512	59-1668685	501(C)(3)	35,500.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
CARDINAL MOONEY CATHOLIC HIGH SCHOOL - 4171 FRUITVILLE ROAD - SARASOTA, FL 34232	59-0900923	501(C)(3)	6,000.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
CATHOLIC BISHOP OF NORTHERN ALASKA 1316 PEGER ROAD FAIRBANKS, AK 99709	92-0019215	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CATHOLIC CHARITIES DIOCESE OF VENICE, INC. – 1000 PINEBROOK RD. – VENICE, FL 34285	59-2473176	501(C)(3)	15,100.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
CENTER FOR DISASTER PHILANTHROPY INC - ONE THOMAS CIRCLE, NW STE 700 - WASHINGTON, DC 20005	45-5257937	501(C)(3)	10,500.	0.			PROGRAM SUPPORT
CENTRAL CHURCH OF CHRIST OF SARASOTA INC - 6221 PROCTOR RD - SARASOTA, FL 34243	59-1973680	501(C)(3)	6,806.	0.			PROGRAM SUPPORT
CENTRO RESTAURACION PACTO ETERNO, INC 1621 66TH AVENUE TERRACE EAST - SARASOTA, FL 34243	46-3262941	501(C)(3)	30,050.	0.			PROGRAM SUPPORT
CHILDREN FIRST, INC. 1723 N. ORANGE AVENUE SARASOTA, FL 34234	59-0968249	501(C)(3)	5,100.	0.			GENERAL SUPPORT
CHILDREN'S GUARDIAN FUND INC P.O. BOX 49722 SARASOTA, FL 34230	65-0626074	501(C)(3)	47,813.	0.			GENERAL SUPPORT, PROGRAM SUPPORT

Schedule I (Form 990)

65-0833500 Page
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		FOUNDATION,					5-0833500 Page 1
Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sche	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S HOME SOCIETY OF FLORIDA 5766 S SEMORAN BLVD ORLANDO, FL 32822-4818	59-0192430	501(C)(3)	45,872.	0.			CAPITAL PURCHASE, PROGRAM SUPPORT
CHRIST CHURCH OF LONGBOAT KEY 6400 GULF OF MEXICO DR. LONGBOAT KEY, FL 34228	42-1662224	501(C)(3)	25,000.	0.			GENERAL SUPPORT
CHRISTIAN HOME AND BIBLE SCHOOL 301 W 13TH AVE MOUNT DORA, FL 32757-4271	59-0855390	501(C)(3)	6,806.	0.			PROGRAM SUPPORT
CITY OF BRADENTON 101 OLD MAIN ST W BRADENTON, FL 34205-7965	59-6000283	501(C)(3)	13,000.	0.			PROGRAM SUPPORT
COMMUNITY COALITION ON HOMELESSNESS DBA TURNING POINTS - 701 17TH AVENUE WEST - BRADENTON, FL 34205-7665	59-3340921	501(C)(3)	101,318.	0.			EMERGENCY ASSIST, GENERAL SUPPORT, PROGRAM SUPPORT
CONQUISTADORE HISTORICAL FOUNDATION INC P.O. BOX 1663 - BRADENTON, FL 34206	59-6161989	501(C)(3)	14,072.	0.			PROGRAM SUPPORT
CONSERVATION FOUNDATION OF THE GULF COAST - PO BOX 902 - OSPREY, FL 34229-0902	20-0345249	501(C)(3)	10,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

GENERAL SUPPORT, PROGRAM

PROGRAM SUPPORT

SUPPORT

CULVER EDUCATIONAL FOUNDATION 1300 ACADEMY ROAD NO 153

EARLY LEARNING COALITION OF

MANATEE COUNTY INC - 600 8TH AVE W SUITE 100 - PALMETTO, FL 34221

CULVER, IN 46511-1234

35-0868071

65-0811318

501(C)(3)

501(C)(3)

10,000.

19,497.

0

0

### Schedule I (Form 990) MANATEE COMMUNITY FOUNDATION, INC.

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

SARAGOTA, FL 34243       59-0638490       501(C)(3)       311,525       0.       SUPPORT         EDUCATION FOUNDATION FOR SARASOTA BOULEVARD, 4120 - SARASOTA, FL       59-2320858       501(C)(3)       10,100       0.       DENERAL SUPPORT         ELON UNIVERSITY OPTICE OF UNIVERSITY ADVANCEMENT 26 ELON, NC 27244       56-053203       501(C)(3)       125,000       0.       SUPPORT         EMBRACING OUR DIFFERENCES INC PO BOX 2555       20-3581293       501(C)(3)       20,000       0.       SUPPORT         EPILEPSY SERVICES OF SW FLORIDA INC - 1750 17TH ST., BUILDING I-2 - SARASOTA, FL 34234       20-3581293       501(C)(3)       10,000       0.       FROGRAM SUPPORT         EXISSION - 312 W FIRST ST - SARFORT, FL 34230       39-6024926       501(C)(3)       16,500       0.       SUPPORT         EXEMPRONE CLUB FARTINES HIP CTR - MARTER COUNTY DA FAREWITHO RATTERS - 60 3RD ST E - SARASOTA, FL 34208       59-624926       501(C)(3)       16,500       0.       SUPPORT         FEEDING IMPTY LITTLE TUMMIES INC 901 STH AVERNUE WEST FRAILWEST FT - SARADEWING FL 34208       55-0374386       501(C)(3)       16,100       0.       SUPPORT         FERETING IMPTY LITTLE TUMMIES INC 901 STH AVERNUE WEST FRAILWEST FARMENT FL 34208       65-0374386       501(C)(3)       16,100       0.       SUPPORT         FIRST UNITED METHODIST CHURCH OF STRADEWING FLORIDA INC - 603 11ST	(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
350 BRADEN AVENUE     S9-0638490     501(C)(3)     311,525     0.     SENERAL SUPPORT     PROGR       SARASOTA, PL 34243     59-0638490     501(C)(3)     10,100     0.     SUPPORT     SUPPORT       COUNTY INC - 1960 LANDINGS     DOULSWARD, PL 420     SARASOTA, PL     34231-3365     59-2320856     501(C)(3)     10,100     0.     SENERAL SUPPORT       SLON UNIVERSITY     OPTICE OF UNIVERSITY ADVANCEMENT 24     56-0532303     501(C)(3)     125,000     0.     SENERAL SUPPORT, PROGR       ELON, NC 27244     56-0532303     501(C)(3)     125,000     0.     SENERAL SUPPORT, PROGR       SRASOTA, FL 34230     20-3581293     501(C)(3)     20,000     0.     SUPPORT       FFILESPY SERVICES OF SW FLORIDA INC - 1750 17TM ST., BUILDING 1-2 - 0-ARASOTA, FL 34224     501(C)(3)     10,000     0.     PROGRAM SUPPORT       FTINOS360, INC, FNA NEW TRIBES MISSION - 312 W FIREY ST - SANFORD, FL 32771-1231     39-6024926     501(C)(3)     10,000     0.     PROGRAM SUPPORT       FTR MANTERE COUNTY DA PARENTING MATTERS - 602 SIN ST E - BRADENTOR NEW TRIBES INC 901 ETH AVENUE WEST FLIMETED METHODIST CHURCH OF     501(C)(3)     16,100.     0.     SUPPORT       FREE MANTERS - 65-0374386     501(C)(3)     16,100.     0.     SUPPORT     SUPPORT       FREE MANTERS - 65-0374386     501(C)(3)     16,100.     0	EASTER SEALS SOUTHWEST FLORIDA INC.							
SARASOTA, FL 3423         59-0638490         501(2)(3)         311,525         0.         SUPPORT           BUOCATION FORMATION OF SARASOTA COUNTY INC - 1560 LANDINSS BOULEVARD, 4120 - SARASOTA, FL 34231-365         59-2320858         501(2)(3)         10,100.         0.         BENERAL SUPPORT           SLOU UNIVERSITY OFFICE OF UNIVERSITY ADVANCEMENT 26 ELON, NC 27244         56-053203         501(2)(3)         125,000.         0.         SENERAL SUPPORT           MERACING OUR DIFFERENCES INC PO BOX 2559         20-3581293         501(2)(3)         20,000.         0.         SENERAL SUPPORT           PILEPSY SERVICES OF SW FLORIDA INC - 1750 17H ST., BUILDING 1-2         20-3581293         501(2)(3)         10,000.         0.         PROGRAM SUPPORT           ETINOS360, INC, FNA NEW TRIBES MISSION - 312 W FIRER ST - SARASOTA, FL 34234         59-3281492         501(2)(3)         10,000.         0.         PROGRAM SUPPORT           EXCANNES CUID FAILURE ST - SARASOTA, FL 34236         59-024926         501(2)(3)         16,500.         0.         PROGRAM SUPPORT           EXCANNES CUID FAILURE ST - SARASOTA, FL 34208         59-024926         501(2)(3)         16,500.         0.         PROGRAM SUPPORT           EXCANNES CUID FAILURE ST - SARASOTA, FL 34208         501(2)(3)         16,500.         0.         SENERAL SUPPORT           BEADENTON, FL 34208 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>GENERAL SUPPORT PROGRAM</td></t<>								GENERAL SUPPORT PROGRAM
EDUCATION FOUNDATION OF SARASOTA COUNTY INC - 1960 LANDING BOULEVARD, FL20 - SARASOTA, FL 34231-3355 59-2320858 501(C)(3) 10,100. 0. ELON UNIVERSITY OFFICE OF UNIVERSITY ADVANCEMENT 26 56-0532303 501(C)(3) 125,000. 0. ENDERAL SUPPORT ENDERACING OUR DIFFERENCES INC PO BOX 2559 SARASOTA, FL 34230 20-3581293 501(C)(3) 20,000. 0. EPILEPSY SERVICES OF SW FLORIDA INC - 1750 177H ST., BUILDING 1-2 - SARASOTA, FL 34230 20-3581293 501(C)(3) 10,000. 0. EPILEPSY SERVICES OF SW FLORIDA INC - 1750 177H ST., BUILDING 1-2 - SARASOTA, FL 34234 59-3281492 501(C)(3) 10,000. 0. EPILEPSY SERVICES OF SW FLORIDA INC - 1750 177H ST., BUILDING 1-2 - SARASOTA, FL 34234 59-3281492 501(C)(3) 10,000. 0. EPICEPSY SERVICES OF SW FLORIDA INC - 1750 177H ST., BUILDING 1-2 - SARASOTA, FL 34234 59-3281492 501(C)(3) 16,500. 0. EPICEPSY SERVICES OF SW FLORIDA INC - 1750 177H ST., BUILDING 1-2 - SARASOTA, FL 34234 59-3281492 501(C)(3) 16,500. 0. EPICEPSY SERVICES OF SW FLORIDA INC - 1750 177H ST., BUILDING 1-2 - SARASOTA, FL 34234 59-3281492 501(C)(3) 16,500. 0. EPICEPSY SERVICES OF SW FUNCTOR EPICEPSY SERVICES OF SW FUNCTOR EPICEPSY SERVICES OF SW FUNCTOR SUPPORT EPICEPSY SERVICES OF SW FUNCTOR EPICEPSY SERVICES OF SW FUNCTOR EPICEPSY SERVICES OF SW FUNCTOR SUPPORT EPICEPSY SERVICES OF SW FUNCTOR EPICEPSY SERVICES OF SW FUNC		59-0638490	501(C)(3)	311,525.	0.			, ,
BOULEVARD, #120 - SARASOTA, FL         59-2320858         501(C)(3)         10,100         0         SENERAL SUPPORT           44231-3365         59-2320858         501(C)(3)         10,100         0         SENERAL SUPPORT           ELON UNIVERSITY OFFICE OF UNIVERSITY ADVANCEMENT 2 SELON, NC 27244         56-053203         501(C)(3)         125,000         0         SENERAL SUPPORT         SENERAL SUPPORT           EMBRACING OUR DIFFERENCES INC PO BOX 2559         20-3581293         501(C)(3)         20,000         0         SUPPORT           SENERAL SUPPORT         20-3581293         501(C)(3)         20,000         0         SUPPORT           RPILEPSY SERVICES OF SN FLORIDA INC - 1750 177H ST., BUILDIND I-2 - SARASOTA, FL 34234         59-3281492         501(C)(3)         10,000         0         SUPPORT           ETHNO360, INC, FNA NEW TRIEBS HINSSION - 13 20 Y FLOR TS P - SANFORD, FL 34274         39-6024926         501(C)(3)         16,500         0         PROGRAM SUPPORT           EXCHANGE CLUB PARLILY PARTNERSHIP TCR - MANCHER COUNT PARAMENTION BRADENTON, FL 34208         65-0374386         501(C)(3)         16,100         0         SUPPORT           FEEDING EMPTY LITTLE TUMMIES INC 901 8TH AVENUE WEST FEREING EMPTY LITTLE TUMMIES INC 901 8TH AVENUE WEST FEREING EMPTY LITTLE TUMMIES INC 901 8TH AVENUE WEST FEREING EMPTY LITTLE METHOLIST CHURCH OF BRADENTON FLORIDA INC - 603 11ST         610(C)(3)	•			, -				
34231-3365       59-2320858       501(C)(3)       10,100.       0.       DENERAL SUPPORT         ELON UNIVERSITY OPFICE OF UNIVERSITY ADVANCEMENT 24       56-0532303       501(C)(3)       125,000.       0.       SUPPORT         ELON UNIVERSITY OPFICE OF UNIVERSITY ADVANCEMENT 24       56-0532303       501(C)(3)       125,000.       0.       SUPPORT         EMBRACING OUR DIFPERENCES INC PO 60X 2559       20-3581293       501(C)(3)       20,000.       0.       SUPPORT         EFILEPSY SERVICES OF SW FLORIDA INC - 1750 177H ST., BUILDING I-2       59-3281492       501(C)(3)       10,000.       0.       FROGRAM SUPPORT         ETHNOS360, INC, FNA NEW TRIBES MARSTRO, FL 34234       59-3281492       501(C)(3)       10,000.       0.       FROGRAM SUPPORT         ETHNOS360, INC, FNA NEW TRIBES MARTERS - 602 3RD ST E - BRADENTON, FL 32071-1231       39-6024926       501(C)(3)       16,500.       0.       FROGRAM SUPPORT         FEEDING EMPTY LITLE TUMMIES INC 901 8TH AVENUE WEST FREALMETTO, FL 34208       65-0374386       501(C)(3)       16,100.       0.       SUPPORT         FIRET UNIVED MEET       45-2898383       501(C)(3)       6,350.       0.       SUPPORT         FIRET UNIVED MEET       45-2898383       501(C)(3)       6,350.       0.       SUPPORT	COUNTY INC - 1960 LANDINGS							
ELON UNIVERSITY     S6-0532303     501(C)(3)     125,000.     0.       SENERAL SUPPORT     S6-0532303     501(C)(3)     125,000.     0.       EMBRACING OUR DIFFERENCES INC     S0-0532303     501(C)(3)     20,000.     0.       FEILEPSY SERVICES OF SW FLORIDA INC - 1750 17TH ST., BUILDING I-2     S01(C)(3)     20,000.     0.       FENNOS360, INC. FNA NEW TRIBES HINSSION - 312 W FIRST ST - SARFORA, FL 34234     59-3281492     501(C)(3)     10,000.     0.       FENNOS360, INC. FNA NEW TRIBES HINSSION - 312 W FIRST ST - SARFORD, FL 32771-1231     39-6024926     501(C)(3)     16,500.     0.       FEXCHANGE CLUB FAMILY PARTNERSHIP CRT - MANATEE COUNTY DEA PARENTING BRADENTON, FL 34208     65-0374386     501(C)(3)     16,100.     0.       FEEDING EMPTY LITLE TUMMIES INC 901 67H AVENUE WEST PALMETTO, FL 34221     45-2898383     501(C)(3)     6,350.     0.       FIRST UNITED METHODIST CHURCH OF BRADENTON FLORIDA INC - 603 11ST     45-2898383     501(C)(3)     6,350.     0.	BOULEVARD, #120 - SARASOTA, FL							
OPFICE OF UNIVERSITY ADVANCEMENT 2     56-0532303     501(C)(3)     125,000.     0.     SENERAL SUPPORT.       BENGRACING OUR DIFFERENCES INC PO DOX 2559     20-3581293     501(C)(3)     20,000.     0.     SENERAL SUPPORT.       SERIERAL SUPPORT.     20-3581293     501(C)(3)     20,000.     0.     SUPPORT       EPILEPSY SERVICES OF SW FLORIDA INC - 1750     20-3581293     501(C)(3)     10,000.     0.     SUPPORT       EPILEPSY SERVICES OF SW FLORIDA INC - 1750     59-3281492     501(C)(3)     10,000.     0.     PROGRAM SUPPORT       EPILEPSY SERVICES OF SW FLORIDA INC - 1750     S9-3281492     501(C)(3)     10,000.     0.     PROGRAM SUPPORT       EVENDS60, INC, FNA NEW TRIBES MISSION - 312 W FIRST ST - SANFORD, FL 32771-1231     39-6024926     501(C)(3)     16,500.     0.     PROGRAM SUPPORT       EXCHANGE CLUB FAMILY PARTNERSHIP CTR - MANATEE COUNTY DAB FARENTING MATTERS - 602 3RD ST E - BRADENTON, FL 34208     65-0374386     501(C)(3)     16,100.     0.     SENERAL SUPPORT, PROGR SUPPORT       FEEDING EMPTY LITTLE TUMMIES INC 901 6TH AVENUE WEST FALMETTO, FL 34221     45-2898383     501(C)(3)     6,350.     0.     SENERAL SUPPORT       FIRST UNITED METHODIST CHURCH OF BRADENTON FLORIDA INC - 603 11ST     GS 10C)(3)     6,350.     0.     SENERAL SUPPORT	34231-3365	59-2320858	501(C)(3)	10,100.	0.			GENERAL SUPPORT
OPFICE OF UNIVERSITY ADVANCEMENT 24     56-0532303     501(C)(3)     125,000.     0.     SENERAL SUPPORT, PROGR       ENDRACING OUR DIFFERENCES INC PO BOX 2559     20-3581293     501(C)(3)     20,000.     0.     SENERAL SUPPORT, PROGR       SERNASTA, FL 34230     20-3581293     501(C)(3)     20,000.     0.     SUPPORT       EFILEPSY SERVICES OF SW FLORIDA INC - 1750.     100,000.     0.     SUPPORT       EFILEPSY SERVICES OF SW FLORIDA INC - 1750.     59-3281492     501(C)(3)     10,000.     0.       ETHNO360, INC. FNA NEW TRIBES MISSION - 312 W FIRST ST - SANFORD, FL 32771-1231     39-6024926     501(C)(3)     16,500.     0.       CTR - MANATEE COUNTY DEA PARENTING RATIERS - 602 3RD ST E - BRADENTON, FL 34208     65-0374386     501(C)(3)     16,100.     0.       FEEDIMICE MPTY LITTLE TUMMIES INC 901 67H. AVENUE WEST PALMETTO, FL 34221     45-2898383     501(C)(3)     6,350.     0.       FIRST UNITED METHODIST CHURCH OF BRADENTON FLORIDA INC - 603 11ST     45-2898383     501(C)(3)     6,350.     0.	PLON INTUPDOTAV							
ELON, NC 27244         56-0532303         501(C)(3)         125,000.         0.         SUPPORT           EMBRACING OUR DIFFERENCES INC PO BOX 2559         20-3581293         501(C)(3)         20,000.         0.         SENERAL SUPPORT, PROGR SUPPORT           EFILEPSY SERVICES OF SW FLORIDA INC - 1750 17TH ST., BUILDING I-2 - SARASOTA, FL 34234         59-3281492         501(C)(3)         10,000.         0.         PROGRAM SUPPORT           ETHNOS360, INC. FNA NEW TRIBES MISSION - 312 W FIRST ST - SANFORD, FL 32771-1231         39-6024926         501(C)(3)         16,500.         0.         PROGRAM SUPPORT           EXCHANGE CLUP FAMILY PARTNERSHIP CTR - MANATEE COUNTY DBA PARENTING MATTERS - 602 3RD ST E - BRADEENTON, FL 34208         65-0374386         501(C)(3)         16,100.         0.         SUPPORT           FEEDING EMPTY LITLE TUMHES INC 901 67H AVENUE WEST PALMETTO, FL 34221         45-2898383         501(C)(3)         6,350.         0.         SUPPORT           FIRST UNITED METHODIST CHURCH OF BRADEENTON FLORIDA INC - 603 11ST         501(C)(3)         6,350.         0.         SUPPORT								GENERAL SUPPOPT PROCRAM
EMERAL SUPPORT, PROGR SARASOTA, FL 34230 20-3581293 501(c)(3) 20,000. 0. SUPPORT EFILEPSY SERVICES OF SW FLORIDA INC - 1750 17TH ST., BUILDING I-2 - SARASOTA, FL 34234 59-3281492 501(c)(3) 10,000. 0. PROGRAM SUPPORT EFINOS360, INC. FNA NEW TRIBES MISSION - 312 W FIRST ST - SANFORD, FL 32771-1231 39-6024926 501(c)(3) 16,500. 0. PROGRAM SUPPORT EXCHANCE CLUB FAMILY PARTNERSHIP CTR - MANATEE COUNTY DBA PARENTING MATTERS - 602 3RD ST E - BRADENTON, FL 34208 65-0374386 501(c)(3) 16,100. 0. SUPPORT FEEDING EMPTY LITTLE TUMMIES INC 901 8TH AVENUE WEST FALMETTO, FL 34221 45-2898383 501(c)(3) 6,350. 0. SENERAL SUPPORT			501(C)(3)	125 000	0			, ,
PO BOX 2559 SARASOTA, FL 3423020-3581293501(C)(3)20,000.0.SENERAL SUPPORT, PROGREPILEPSY SERVICES OF SW FLORIDA INC - 1750 17TH ST., BUILDING I-2 - SARASOTA, FL 3423459-3281492501(C)(3)10,000.0.FROGRAM SUPPORTETHNOS360, INC. FNA NEW TRIBES MISSION - 312 W FIRST ST - SANFORD, FL 32771-123139-6024926501(C)(3)16,500.0.FROGRAM SUPPORTEXCHANGE CLUB FAMILY PARTNERSHIP CTR - MANUE COUNTY DBA PARENTING MATTERS - 602 3RD ST E - BRADENTON, FL 3420865-0374386501(C)(3)16,100.0.FEEDING EMPTY LITTLE TUMMIES INC 901 8TH AVENUE WEST PALMETTO, FL 3422145-2898383501(C)(3)6,350.0.SENERAL SUPPORTFIRST UNITED METHODIST CHURCH OF BRADENTON FLORIDA INC - 603 11STS01(C)(3)6,350.0.SENERAL SUPPORT			501(0)(3)	110,000.				
SARASOTA, FL 34230       20-3581293       501(C)(3)       20,000.       0.       SUPPORT         EPILEPSY SERVICES OF SW FLORIDA INC - 1750 17TH ST., BUILDING I-2       59-3281492       501(C)(3)       10,000.       0.       PROGRAM SUPPORT         ETHNOS360, INC. FNA NEW TRIBES MISSION - 312 W FIRST ST - SANFORD, FL 32771-1231       39-6024926       501(C)(3)       16,500.       0.       PROGRAM SUPPORT         EXCHANCE CLUB FAMILY PARTNERSHIP CTR - MANATEE COUNTY DEA PARENTING MATTERS - 602 3RD ST E - BRADENTON, FL 34208       65-0374386       501(C)(3)       16,100.       0.       SUPPORT         FEEDING EMPTY LITTLE TUMMIES INC 901 8TH AVENUE WEST PALMETTO, FL 34221       45-2898383       501(C)(3)       6,350.       0.       EENERAL SUPPORT	EMBRACING OUR DIFFERENCES INC							
SARASOTA, FL 34230       20-3581293       501(c)(3)       20,000.       0.       SUPPORT         EPILEPSY SERVICES OF SW FLORIDA INC - 1750       100101       0.       0.       PROGRAM SUPPORT         SARASOTA, FL 34234       59-3281492       501(c)(3)       10,000.       0.       PROGRAM SUPPORT         ETHNOS360, INC, FNA NEW TRIBES MISSION - 312 W FIRST ST - SANFORD, FL 32771-1231       39-6024926       501(c)(3)       16,500.       0.       PROGRAM SUPPORT         EXCHANCE CLUB FAMILY PARTNERSHIP CTR - MANATEE COUNTY DBA PARENTING MATTERS - 602 3RD ST E - BRADENTON, FL 34208       65-0374386       501(c)(3)       16,100.       0.       SUPPORT         FEEDING EMPTY LITTLE TUMMIES INC 901 8TH AVENUE WEST PALMETTO, FL 34221       45-2898383       501(c)(3)       6,350.       0.       GENERAL SUPPORT         FIRST UNITED METHODIST CHURCH OF BRADENTON FLORIDA INC - 603 11ST       501(c)(3)       6,350.       0.       GENERAL SUPPORT	PO BOX 2559							GENERAL SUPPORT, PROGRAM
EPILEPSY SERVICES OF SW FLORIDA INC - 1750 17TH ST., BUILDING I-2 - SARASOTA, FL 34234 59-3281492 501(C)(3) 10,000. 0. ETHNOS360, INC. FNA NEW TRIBES MISSION - 312 W FIRST ST - SANFORD, FL 32771-1231 39-6024926 501(C)(3) 16,500. 0. EXCHANGE CLUB FAMILY PARTNERSHIP CTR - MANATEE COUNTY DBA PARENTING MATTERS - 602 3RD ST E - BRADENTON, FL 34208 65-0374386 501(C)(3) 16,100. 0. SUPPORT FEEDING EMPTY LITTLE TUMMIES INC 901 8TH AVENUE WEST PALMETTO, FL 34221 45-2898383 501(C)(3) 6,350. 0. FIRST UNITED METHODIST CHURCH OF BRADENTON FLORIDA INC - 603 11ST	SARASOTA, FL 34230	20-3581293	501(C)(3)	20,000.	0.			, ,
INC - 1750 17TH ST., BUILDING I-2 - SARASOTA, FL 34234 59-3281492 501(C)(3) 10,000. 0. PROGRAM SUPPORT ETHNOS360, INC. FNA NEW TRIBES MISSION - 312 W FIRST ST - SANFORD, FL 32771-1231 39-6024926 501(C)(3) 16,500. 0. FROGRAM SUPPORT EXCHANGE CLUB FAMILY PARTNERSHIP CTR - MANATEE COUNTY DBA PARENTING MATTERS - 602 3RD ST E - BRADENTON, FL 34208 65-0374386 501(C)(3) 16,100. 0. SUPPORT FEEDING EMPTY LITTLE TUMMIES INC 901 8TH AVENUE WEST PALMETC, FL 34221 45-2898383 501(C)(3) 6,350. 0. ENERAL SUPPORT FIRST UNITED METHODIST CHURCH OF BRADENTON FLORIDA INC - 603 11ST								
- SARASOTA, FL 34234       59-3281492       501(C)(3)       10,000.       0.       PROGRAM SUPPORT         ETHNOS360, INC. FNA NEW TRIBES MISSION - 312 W FIRST ST - SANFORD, FL 32771-1231       39-6024926       501(C)(3)       16,500.       0.       PROGRAM SUPPORT         EXCHANGE CLUB FAMILY PARTNERSHIP CTR - MANATEE COUNTY DBA PARENTING BRADENTON, FL 34208       39-6024926       501(C)(3)       16,500.       0.       PROGRAM SUPPORT         FEEDING EMPTY LITTLE TUMMIES INC 901 8TH AVENUE WEST PALMETTO, FL 34221       65-0374386       501(C)(3)       6,350.       0.       SENERAL SUPPORT         FIRST UNITED METHODIST CHURCH OF BRADENTON FLORIDA INC - 603 11ST       45-2898383       501(C)(3)       6,350.       0.       SENERAL SUPPORT	EPILEPSY SERVICES OF SW FLORIDA							
ETHNOS360, INC. FNA NEW TRIBES MISSION - 312 W FIRST ST - SANFORD, FL 32771-1231 39-6024926 501(C)(3) 16,500. 0. EXCHANGE CLUB FAMILY PARTNERSHIP CTR - MANATEE COUNTY DBA PARENTING MATTERS - 602 3RD ST E - BRADENTON, FL 34208 65-0374386 501(C)(3) 16,100. 0. FEEDING EMPTY LITTLE TUMMIES INC 901 8TH AVENUE WEST PALMETTO, FL 34221 45-2898383 501(C)(3) 6,350. 0. FIRST UNITED METHODIST CHURCH OF BRADENTON FLORIDA INC - 603 11ST	INC - 1750 17TH ST., BUILDING I-2							
MISSION - 312 W FIRST ST - SANFORD, FL 32771-1231 39-6024926 501(C)(3) 16,500. 0. PROGRAM SUPPORT EXCHANCE CLUB FAMILY PARTNERSHIP CTR - MANATEE COUNTY DBA PARENTING MATTERS - 602 3RD ST E - BRADENTON, FL 34208 65-0374386 501(C)(3) 16,100. 0. SUPPORT FEEDING EMPTY LITTLE TUMMIES INC 901 8TH AVENUE WEST PALMETTO, FL 34221 45-2898383 501(C)(3) 6,350. 0. GENERAL SUPPORT FIRST UNITED METHODIST CHURCH OF BRADENTON FLORIDA INC - 603 11ST	- SARASOTA, FL 34234	59-3281492	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
MISSION - 312 W FIRST ST - SANFORD, FL 32771-1231 39-6024926 501(C)(3) 16,500. 0. PROGRAM SUPPORT EXCHANCE CLUB FAMILY PARTNERSHIP CTR - MANATEE COUNTY DBA PARENTING MATTERS - 602 3RD ST E - BRADENTON, FL 34208 65-0374386 501(C)(3) 16,100. 0. SUPPORT FEEDING EMPTY LITTLE TUMMIES INC 901 8TH AVENUE WEST PALMETTO, FL 34221 45-2898383 501(C)(3) 6,350. 0. GENERAL SUPPORT FIRST UNITED METHODIST CHURCH OF BRADENTON FLORIDA INC - 603 11ST								
SANFORD, FL 32771-123139-6024926501(C)(3)16,500.0.PROGRAM SUPPORTEXCHANGE CLUB FAMILY PARTNERSHIP CTR - MANATEE COUNTY DBA PARENTING MATTERS - 602 3RD ST E - BRADENTON, FL 3420865-0374386501(C)(3)16,100.0.SUPPORTFEEDING EMPTY LITTLE TUMMIES INC 901 8TH AVENUE WEST PALMETTO, FL 3422165-0374386501(C)(3)6,350.0.SUPPORTFIRST UNITED METHODIST CHURCH OF BRADENTON FLORIDA INC - 603 11ST45-2898383501(C)(3)6,350.0.SUPPORT	,							
EXCHANGE CLUB FAMILY PARTNERSHIP CTR - MANATEE COUNTY DBA PARENTING MATTERS - 602 3RD ST E - BRADENTON, FL 34208 65-0374386 501(C)(3) 16,100. 0. FEEDING EMPTY LITTLE TUMMIES INC 901 8TH AVENUE WEST PALMETTO, FL 34221 45-2898383 501(C)(3) 6,350. 0. FIRST UNITED METHODIST CHURCH OF BRADENTON FLORIDA INC - 603 11ST		39-6024926	501(C)(3)	16 500	0			PROGRAM SUPPORT
CTR - MANATEE COUNTY DBA PARENTING MATTERS - 602 3RD ST E - BRADENTON, FL 34208SoliciticSoliciticSeneral support, progr support, progrFEEDING EMPTY LITTLE TUMMIES INC 901 8TH AVENUE WEST PALMETTO, FL 3422145-2898383501(C)(3)16,100.0.0.Seneral support, progr supportFIRST UNITED METHODIST CHURCH OF BRADENTON FLORIDA INC - 603 11ST45-2898383501(C)(3)6,350.0.Seneral support	1	55 0024520	501(0)(3)	10,500.				
MATTERS - 602 3RD ST E - BRADENTON, FL 34208 65-0374386 501(C)(3) 16,100. 0. GENERAL SUPPORT, PROGR FEEDING EMPTY LITTLE TUMMIES INC 901 8TH AVENUE WEST PALMETTO, FL 34221 45-2898383 501(C)(3) 6,350. 0. GENERAL SUPPORT FIRST UNITED METHODIST CHURCH OF BRADENTON FLORIDA INC - 603 11ST								
BRADENTON, FL 3420865-0374386501(C)(3)16,100.0.SUPPORTFEEDING EMPTY LITTLE TUMMIES INC 901 8TH AVENUE WEST PALMETTO, FL 3422145-2898383501(C)(3)6,350.0.Image: Constraint of the second s								GENERAL SUPPORT PROGRAM
901 8TH AVENUE WEST PALMETTO, FL 34221 45-2898383 501(C)(3) 6,350. 0. GENERAL SUPPORT FIRST UNITED METHODIST CHURCH OF BRADENTON FLORIDA INC - 603 11ST		65-0374386	501(C)(3)	16,100.	0.			
901 8TH AVENUE WEST PALMETTO, FL 34221 45-2898383 501(C)(3) 6,350. 0. GENERAL SUPPORT FIRST UNITED METHODIST CHURCH OF BRADENTON FLORIDA INC - 603 11ST				,				
PALMETTO, FL 34221         45-2898383         501(C)(3)         6,350.         0.         GENERAL SUPPORT           FIRST UNITED METHODIST CHURCH OF BRADENTON FLORIDA INC - 603 11ST         Image: Control of the second se	FEEDING EMPTY LITTLE TUMMIES INC							
FIRST UNITED METHODIST CHURCH OF BRADENTON FLORIDA INC - 603 11ST	901 8TH AVENUE WEST							
BRADENTON FLORIDA INC - 603 11ST	PALMETTO, FL 34221	45-2898383	501(C)(3)	6,350.	0.			GENERAL SUPPORT
BRADENTON FLORIDA INC - 603 11ST	ETDOM INTRED NEMUODION CUUDOU OF							
	ST W - BRADENTON, FL 34205	59-0624386	501(C)(3)	28,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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Schedule I (Form 990) MANATEE C	OMMUNITY	FOUNDATION,	INC.			6	5-0833500 Page 1
Part II Continuation of Grants and Other	Assistance to D	omestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	( <b>h)</b> Purpose of grant or assistance
FLORIDA CULTURAL GROUP, INC. DBA MANATEE PERFORMING ARTS CENTER - 502 THIRD AVENUE WEST - BRADENTON,				_			GENERAL SUPPORT, PROGRAM
FL 34205 FLORIDA PUBLIC RELATIONS EDUCATION FOUNDATION, INC 40 SARASOTA	59-1196043	501(C)(3)	43,052.	0.			SUPPORT
CENTER BLVD, STE 107 - SARASOTA, FL 34240	59-2743898	501(C)(3)	7,270.	0.			PROGRAM SUPPORT
FLORIDA STATE PARKS FOUNDATION INC 1700 N MONROE STREET 11 NO 200 TALLAHASSEE, FL 32303-0501	59-3207818	501(C)(3)	40,400.	0.			PROGRAM SUPPORT
FORTY CARROTS FAMILY CENTER 1500 S. TUTTLE AVENUE SARASOTA, FL 34239	65-0405988	501(C)(3)	28,500.	0.			PROGRAM SUPPORT
, FOUNDATION FOR DREAMS, INC. 16110 DREAM OAKS PLACE BRADENTON, FL 34212	65-0704986		27,528.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
FUNDUCATION, INC. 11161 EAST STATE ROAD 70 SUITE 110 LAKEWOOD RANCH, FL 34202	83-4704098	501(C)(3)	30,500.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
GALATIANS 6-2 INC DBA AVENUE941 518 13TH STREET WEST BRADENTON, FL 34205	65-0729731	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
GALATIANS 6-2 INC DBA HOPE 4 COMMUNITIES - 518 13TH STREET W - BRADENTON, FL 34205	65-0729731	501(C)(3)	16,500.	0.			GENERAL SUPPORT, PROGRAM SUPPORT

SUPPORT Schedule I (Form 990)

GENERAL SUPPORT, PROGRAM

132241 11-18-21

GOODWILL INDUSTRIES MANASOTA INC

2705 51ST AVE EAST

BRADENTON, FL 34203

11,731.

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501(C)(3)

59-2074391

### Schedule I (Form 990) MANATEE COMMUNITY FOUNDATION, INC.

65-0833500 Page 1	65-0833500	Page 1
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOODWILL INDUSTRIES OF SOUTHWEST							
FLORIDA - 5100 TICE ST - FORT							
MYERS, FL 33905-5203	59-6196141	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
GREATER SARASOTA CHAMBER OF							
COMMERCE FOUNDATION INC - 1945							
FRUITVILLE ROAD - SARASOTA, FL							
34236-4203	26-1563145	501(C)(3)	9,735.	0.			CAPITAL PURCHASE
GUARDIAN ANGELS OF SW FLORIDA INC							
1429 60TH AVE. W., SUITE 200							
BRADENTON, FL 34207	02-0763545	501(C)(3)	69,672.	0.			GENERAL SUPPORT
GULF COAST COMMUNITY FOUNDATION							
601 TAMIAMI TRAIL SOUTH	59-1052433	F01(d)())	70.000	0.			GENERAL SUPPORT, PROGRAM
VENICE, FL 34285	59-1052455	501(C)(3)	70,800.	0.			SUPPORT
GULFCOAST LEGAL SERVICES INC							
501 FIRST AVE NORTH SUITE 420							
ST. PETERSBURG, FL 33701	59-1882749	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
HARVEST TABERNACLE OF SARASOTA			,	- •			
D/B/A HARVEST HOUSE TRANSITIONAL							
CENTERS - 3650 17TH ST							GENERAL SUPPORT, PROGRAM
SARASOTA, FL 34235	59-2186807	501(C)(3)	16,000.	0.			SUPPORT
HEALTHY TEENS COALITION OF MANATEE							
COUNTY INC - PROFESSIONAL BUILDING							
SUITE 210 1023 MANATEE AVE W -							
BRADENTON, FL 34205-7816	45-0990646	501(C)(3)	15,780.	0.			PROGRAM SUPPORT
UELD TO LONE THE							
HELP TO HOME, INC. 702 86TH ST CT NW							CAPITAL PURCHASE, PROGRAM
BRADENTON, FL 34209	06-1753800	501(C)(3)	678,336.	0.			SUPPORT
DIADENTON, FH 54203	00-1/22000	501(0)(3)	070,330.	0.			
HONOR SANCTUARY INC DBA HONOR							
ANIMAL RESCUE - 4951 LORRAINE RD -							CAPITAL PURCHASE, GENERAL
BRADENTON, FL 34211	26-0878064	501(C)(3)	204,100.	0.			SUPPORT

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		FOUNDATION	-				5-0833500 Page
Part II Continuation of Grants and Other	Assistance to Do	omestic Organization	ns and Domestic G	overnments (Scho	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOPE FAMILY SERVICES INC							
P.O. BOX 1624							CAPITAL PURCHASE, GENERAL
BRADENTON, FL 34206	59-1970241	501(C)(3)	15,600.	0.			SUPPORT, PROGRAM SUPPORT
				••			
HUMANE SOCIETY OF MANATEE COUNTY							
INC - 2515 14TH STREET WEST -							GENERAL SUPPORT, PROGRAM
BRADENTON, FL 34205	59-1819652	501(C)(3)	16,922.	0.			SUPPORT
JEWISH FAMILY & CHILDREN'S SERVICE							
OF THE SUNCOAST, INC 2688							
FRUITVILLE ROAD - SARASOTA, FL							
34237-5223	59-2693318	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
KIWANIS CLUB OF BRADENTON							
FOUNDATION, INC PO BOX 1032 -							GENERAL SUPPORT,
BRADENTON, FL 34206-1032	65-0221660	501(C)(3)	7,731.	0.			SCHOLARSHIPS
LEUKEMIA & LYMPHOMA SOCIETY, INC.							
3505 E. FRONTAGE ROAD STE 145	12 5644016	F01(a)(a)	F 100	•			GENERAL SUPPORT, PROGRAM
TAMPA, FL 33607-1792	13-5644916	501(C)(3)	5,100.	0.			SUPPORT
LIBRARY FOUNDATION, INC. DBA							
MANATEE COUNTY PUBLIC LIBRARY							
FOUNDATION - 1301 BARCARROTA BLVD	50 050000	501(0)(0)	114 053	0			GENERAL SUPPORT, PROGRAM
W - BRADENTON, FL 34205-7599	59-2590387	501(C)(3)	114,273.	0.			SUPPORT
LOUIS AND GLORIA FLANZER							
PHILANTHROPIC TRUST - 1266 FIRST							
STREET, SUITE 1 - SARASOTA, FL	14 6005068	F01(a)(a)	00.050	•			GENERAL SUPPORT, PROGRAM
34236	14-6285967	501(C)(3)	22,950.	0.			SUPPORT
MAKING AN IMPACT INC							
11161 EAST STATE ROAD 70 SUITE 110-							
LAKEWOOD RANCH, FL 34202	85-0834801	501(C)(3)	17,000.	0.			PROGRAM SUPPORT
MANA-SOTA LIGHTHOUSE FOR THE BLIND	00 000400T		17,000.	0.			INGORAL BUILOKI
DBA LIGHTHOUSE VISION LOSS							
EDUCATION CTR - 7318 N. TAMIAMI							GENERAL SUPPORT, PROGRAM
	59-2591136	501(C)(3)	18,200.	0.			SUPPORT
TRAIL - SARASOTA, FL 34243	72-7221730		±0,200.	υ.			DUFFURI

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		FOUNDATION,					5-0833500 Page
Part II         Continuation of Grants and Other           (a) Name and address of organization or government	(b) EIN	(c) IRC section	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MANATEE CHILDREN'S SERVICES INCORPORATED - 1227 9TH AVE W - BRADENTON, FL 34205	59-1771210	501(C)(3)	200,438.	0.			CAPITAL PURCHASE, GENERA SUPPORT, PROGRAM SUPPORT
MANATEE COUNTY GIRLS CLUB, INC. DBA JUST FOR GIRLS - 1011 21ST STREET EAST - BRADENTON, FL 34208	59-1271332	501(C)(3)	10,559.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
MANATEE COUNTY HABITAT FOR HUMANITY - 1901 MANATEE AVENUE W., 2ND FLOOR - BRADENTON, FL 34205	65-0484034	501(C)(3)	19,193.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
MANATEE COUNTY PUBLIC LIBRARY SYSTEM - 1301 BARCARROTA BLVD. WEST - BRADENTON, FL 34205	59-2243345	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
MANATEE EDUCATION FOUNDATION 1023 MANATEE AVE. W. SUITE 215 BRADENTON, FL 34205-7824	65-0037457	501(C)(3)	112,039.	0.			PROGRAM SUPPORT, SCHOLARSHIPS
MANATEE ELEMENTARY SCHOOL 1609 6TH AVENUE EAST BRADENTON, FL 34208	59-6000728	501(C)(3)	20,400.	0.			PROGRAM SUPPORT
MANATEE FISH AND GAME ASSOCIATION, INC P O BOX 9164 - BRADENTON, FL 34206	59-1742746	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
MARIE SELBY BOTANICAL GARDENS INC 1534 MOUND STREET SARASOTA, FL 34236	59-1848965	501(C)(3)	5,100.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
MARINE DISCOVERY CENTER INC 520 BARRACUDA BLVD NEW SMYRNA BEACH, FL 32169-5329	31-1559356	501(C)(3)	7,500.	0.			PROGRAM SUPPORT

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		FOUNDATION					5-0833500 Page 1
Part II Continuation of Grants and Other	Assistance to De	omestic Organization	is and Domestic G	overnments (Sche	edule I (Form 990), Pa I	urt II.) T	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAYO CLINIC							
200 FIRST STREET SW							
ROCHESTER, MN 55905	41-6011702	501(C)(3)	25,000.	0.			GENERAL SUPPORT
MEALS ON WHEELS PLUS OF MANATEE, INC 811 23RD AVENUE E							CENERAL GUDDODE DDOCDAM
BRADENTON, FL 34208	59-1420986	501(C)(3)	77,528.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
BRADENION, FL 54200	55-1420900	501(0)(3)	11,520.	0.			SUFFORI
MILITARY OFFICERS ASSOCIATION OF							
AMERICA BRADENTON CHAPTER - P.O.							
BOX 381 - BRADENTON, FL 34206	27-2702507	501(C)(3)	16,600.	0.			SCHOLARSHIPS
MOTE MARINE LABORATORY, INC.							
1600 KEN THOMPSON PKWY							CAPITAL PURCHASE, GENERAI
SARASOTA, FL 34236	59-0756643	501(C)(3)	256,063.	0.			SUPPORT, PROGRAM SUPPORT
NATIONAL AUDUBON SOCIETY INC DBA							
AUDUBON FLORIDA - 4500 BISCAYNE	12 1624102	501(0)(2)	7 500	0.			PROGRAM SUPPORT
BLVD SUITE 350 - MIAMI, FL 33145	13-1624102	501(C)(3)	7,500.	0.			PROGRAM SUPPORT
NATIONAL PARK FOUNDATION							
PO BOX 17394							
BALTIMORE, MD 21298	52-1086761	501(C)(3)	5,500.	0.			GENERAL SUPPORT
NATIONAL PSORIASIS FOUNDATION							
6600 SW 92ND AVE. SUITE 300							GENERAL SUPPORT, PROGRAM
PORTLAND, OR 97223	93-0571472	501(C)(3)	32,500.	0.			SUPPORT
NEURO CHALLENGE FOUNDATION INC							
722 APEX RD, STE A	26-2311656	501(0)(2)	20 500				CENEDAL CUDDODM
SARASOTA, FL 34240	70-72TT020	501(C)(3)	20,500.	0.			GENERAL SUPPORT
NEW COLLEGE FOUNDATION, INC.							
5800 BAY SHORE ROAD							GENERAL SUPPORT, PROGRAM
SARASOTA, FL 34243-2109	59-0911744	501(C)(3)	20,100.	0.			, SUPPORT, SCHOLARSHIPS

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		FOUNDATION	-				5-0833500 Page 1
Part II Continuation of Grants and Other	Assistance to De	omestic Organization	ns and Domestic G	overnments (Sche	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ONE MORE CHILD FOUNDATION INC							
ONE MORE CHILD FOUNDATION, INC. P O BOX 8190							
LAKELAND, FL 33802	45-3175893	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
,	10 01/00/0			••			
OPERATION WARRIOR RESOLUTION							
242 S. WASHINGTON BLVD. #130							GENERAL SUPPORT, PROGRAM
SARASOTA, FL 34236	82-3982294	501(C)(3)	17,000.	0.			SUPPORT
OUR DAILY BREAD OF BRADENTON, INC.							
P.O. BOX 9544							GENERAL SUPPORT, PROGRAM
BRADENTON, FL 34206-9544	65-0374954	501(C)(3)	19,403.	0.			SUPPORT
PACE CENTER FOR GIRLS, INC.							CAPITAL PURCHASE,
3508 26TH STREET WEST							EMERGENCY ASSIST, GENERAL
BRADENTON, FL 34205	59-2414492	501(C)(3)	27,919.	0.			SUPPORT, PROGRAM SUPPORT
PALMETTO YOUTH CENTER							
P.O. BOX 608							
PALMETTO, FL 34220	59-1090377	501(C)(3)	21,854.	0.			PROGRAM SUPPORT
PAUL A & VERONICA H GROSS WILDLIFE	55 1050577	501(0)(3)	21,034.	0.			INGRAM SOTTORI
CENTER OF SOUTHWEST FLORIDA - 925							
NORTH JACKSON ROAD - VENICE, FL							
34292	20-1065695	501(C)(3)	10,500.	0.			PROGRAM SUPPORT
PLANNED PARENTHOOD OF SOUTHWEST				•			
AND CENTRAL FLORIDA, INC 736							
CENTRAL AVENUE - SARASOTA, FL							GENERAL SUPPORT, PROGRAM
34236	59-1274328	501(C)(3)	22,550.	Ο.			SUPPORT
PLYMOUTH HARBOR, INC							
700 JOHN RINGLING BOULEVARD							
SARASOTA, FL 34236-1542	59-1031820	501(C)(3)	13,100.	0.			GENERAL SUPPORT
PROGRAM REPEACE ANY TO ANY ANY TO ANY							
PROSPECT RIDING CENTER							
PO BOX 424	45 5006500	F01/(0)/(0)	10 500				DROGRAM GUDDODD
MYAKKA CITY, FL 34251	45-5236589	501(C)(3)	10,500.	0.			PROGRAM SUPPORT

## Schedule I (Form 990) MANATEE COMMUNITY FOUNDATION, INC.

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REALIZE BRADENTON, INC.							
P.O. BOX 9114							GENERAL SUPPORT, PROGRAM
BRADENTON, FL 34206-9114	27-1330078	501(C)(3)	5,500.	0.			SUPPORT
			,				
RESILIENT RETREAT, INC.							
1207 SARASOTA CENTER BLVD							
SARASOTA, FL 34240	83-1677056	501(C)(3)	36,044.	0.			PROGRAM SUPPORT
SAFE CHILDREN COALITION, INC.							
1500 INDEPENDENCE BOULEVARD, STE.23		F01 ( g) ( ))	52 500				CAPITAL PURCHASE, GENERAL
SARASOTA, FL 34234-2171	59-1618413	501(C)(3)	73,700.	0.			SUPPORT, PROGRAM SUPPORT
SAINT JAMES SCHOOL INC.							
17641 COLLEGE ROAD							
HAGERSTOWN, MD 21740	52-0591413	501(C)(3)	50,000.	0.			GENERAL SUPPORT
	52 0551415	501(0)(3)	50,000.	••			SENERAL BOTTORI
SAINT STEPHEN'S EPISCOPAL SCHOOL							
315 41ST ST W							
BRADENTON, FL 34209-2943	59-1301635	501(C)(3)	5,100.	0.			GENERAL SUPPORT
			,				
SAINTS PETER & PAUL THE APOSTLES							
CATHOLIC CHURCH - 2850 75TH STREET							
W - BRADENTON, FL 34209-5395	59-2747066	501(C)(3)	20,400.	0.			GENERAL SUPPORT
SALVATION ARMY - MANATEE							
1204 14TH STREET WEST							
BRADENTON, FL 34205	58-0660607	501(C)(3)	35,849.	0.			GENERAL SUPPORT
SAMARITAN COUNSELING SERVICES OF							
THE GULF COAST, INC 3224 BEE							
RIDGE RD SARASOTA, FL							
34239-7201	59-3457923	501(C)(3)	20,000.	٥.			PROGRAM SUPPORT
SAMARITAN'S PURSE INTERNATIONAL							
RELIEF - P O BOX 3000 - BOONE, NC	50 1405005		10	_			EMERGENCY ASSIST, GENERAL
28607-3000	58-1437002	рU1(C)(3)	12,750.	0.			SUPPORT

# Schedule I (Form 990) MANATEE COMMUNITY FOUNDATION, INC. Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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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 noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SARASOTA MEMORIAL HEALTHCARE							
FOUNDATION, INC 1515 S. OSPREY							
AVENUE, SUITE B4 - SARASOTA, FL							GENERAL SUPPORT, PROGRAM
34239-2919	51-0188568	501(C)(3)	35,250.	0.			SUPPORT
SARASOTA ORCHESTRA							
709 N. TAMIAMI TRAIL	82-2043821	501(C)(3)	146 945	0.			GENERAL SUPPORT
SARASOTA, FL 34236	82-2043821	501(C)(3)	146,845.	0.			GENERAL SUPPORT
SAVE OUR SEABIRDS, INC.							
1708 KEN THOMPSON PARKWAY							GENERAL SUPPORT, PROGRAM
SARASOTA, FL 34236	59-3078536	501(C)(3)	30,000.	0.			, SUPPORT
·							
SEA BREEZE ELEMENTARY SCHOOL							
3601 71ST STREET WEST							
BRADENTON, FL 34209	59-6000728	501(C)(3)	30,000.	0.			PROGRAM SUPPORT
SENIOR FRIENDSHIP CENTERS, INC.							
1888 BROTHER GEENEN WAY							GENERAL SUPPORT, PROGRAM
SARASOTA, FL 34236-7118	59-1522614	501(C)(3)	10,000.	0.			SUPPORT
GEDMONA OF THE OF PRADEMMON							
SERTOMA CLUB OF BRADENTON PO BOX 152							
BRADENTON, FL 34206	59-6214582	501(C)(3)	5,344.	0.			GENERAL SUPPORT
BRDENION, FE 54200	55 0214502	501(0/(3/	5,544.	0.			SERENAL SOLLONI
SISTERS SOWING SEEDS							
2640 21ST ST.							
SARASOTA, FL 34234	81-4194584	501(C)(3)	7,500.	0.			PROGRAM SUPPORT
			,				
SOUTHEASTERN GUIDE DOGS, INC.							
4210 77TH STREET E.							GENERAL SUPPORT, PROGRAM
PALMETTO, FL 34221	59-2252352	501(C)(3)	34,553.	0.			SUPPORT
ST. JUDE CHILDREN'S RESEARCH							
HOSPITAL - 501 ST. JUDE PLACE -							
MEMPHIS, TN 38105-1905	62-0646012	501(C)(3)	9,231.	0.			GENERAL SUPPORT

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Schedule I (Form 990) MANATEE C	OMMUNITY	FOUNDATION,	INC.			6	5-0833500 Page
Part II Continuation of Grants and Other	Assistance to De	omestic Organization	s and Domestic G	overnments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STATE COLLEGE OF FLORIDA FOUNDATION - 5840 26TH STREET WEST - BRADENTON, FL 34207		501(C)(3)	218,526.	0.			PROGRAM SUPPORT, SCHOLARSHIPS
STILLPOINT MISSION P.O. BOX 619 BRADENTON, FL 34206	65-0850895	501(C)(3)	9,000.	0.			general support, program support
STRENGTH IN ACTION, INC. 1314 2ND AVE W. PALMETTO, FL 34221	76-0799077	501(C)(3)	13,350.	0.			PROGRAM SUPPORT
SUNCOAST YOUTH FOR CHRIST PO BOX 123 BRADENTON, FL 34206	59-0999771	501(C)(3)	36,910.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
TAKE STOCK IN CHILDREN OF MANATEE COUNTY INC - P.O. BOX 325 - PALMETTO, FL 34220	46-1337168	501(C)(3)	64,114.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
THE BISHOP MUSEUM OF SCIENCE AND NATURE INC - PO BOX 9265 - BRADENTON, FL 34206-9265	59-0598726	501(C)(3)	297,381.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
THE CIRCUS ARTS CONSERVATORY, INC. 2075 BAHIA VISTA ST. SARASOTA, FL 34239-2302	65-0786312	501(C)(3)	20,000.	0.			PROGRAM SUPPORT
THE FLORIDA CENTER FOR EARLY CHILDHOOD - 4620 17TH STREET - SARASOTA, FL 34235	59-1947024	501(C)(3)	8,500.	0.			PROGRAM SUPPORT
THE LAKEWOOD RANCH COMMUNITY FUND, INC 6320 VENTURE DRIVE SUITE 104 - LAKEWOOD RANCH, FL 34202	85-3772547	501(C)(3)	84,879.	0.			GENERAL SUPPORT

# Schedule I (Form 990) MANATEE COMMUNITY FOUNDATION, INC.

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SARASOTA INSTITUTE, INC.							
5149 SUNNYDALE CIRCLE W							
SARASOTA, FL 34233	85-4089850	501(C)(3)	10,000.	0.			GENERAL SUPPORT
THE TWIG CARES, INC.							
826 PINEBROOK ROAD							CAPITAL PURCHASE, GENERAI
VENICE, FL 34285	27-3577334	501(C)(3)	23,500.	٥.			SUPPORT, PROGRAM SUPPORT
TIDEWELL FOUNDATION INC.							
5955 RAND BLVD							GENERAL SUPPORT, PROGRAM
SARASOTA, FL 34238	85-0729071	501(C)(3)	40,162.	0.			SUPPORT
TRINITY LUTHERAN CHURCH							
2200 26TH ST W							
BRADENTON, FL 34205	59-0838104	501(C)(3)	7,200.	0.			GENERAL SUPPORT
TUTWILER CLINIC, INC.							
P.O. BOX 462	64.06700006	501(2)(2)	10.000				
TUTWILER, MS 38963	64-0678336	501(C)(3)	10,000.	0.			GENERAL SUPPORT
UNIDOSNOW, INC.							
1750 17TH ST., BLDG C 2							GENERAL SUPPORT, PROGRAM
SARASOTA, FL 34234	27-4102169	501(C)(3)	36,500.	0.			SUPPORT
UNITED COMMUNITY CENTERS, INC.							
922 24TH ST. E.							GENERAL SUPPORT, PROGRAM
BRADENTON, FL 34208	65-0282384	501(C)(3)	12,703.	0.			SUPPORT
			,				
UNITED WAY SUNCOAST INC.							
5201 WEST KENNEDY BOULEVARD, STE.	6						GENERAL SUPPORT, PROGRAM
TAMPA, FL 33609	59-3725701	501(C)(3)	246,656.	0.			SUPPORT
VAN WEZEL FOUNDATION, INC.							
777 NORTH TAMIAMI TRAIL 3RD FLOOR							
SARASOTA, FL 34236-4047	59-2807055	501(C)(3)	10,500.	0.		1	PROGRAM SUPPORT

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( )		FOUNDATION					5-0833500 Page
Part II         Continuation of Grants and Other           (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	dule I (Form 990), Pa (f) Method of valuation (book, FMV, appraisal, other)	art II.) (g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
VISIBLE MEN ACADEMY 921 63RD AVENUE EAST BRADENTON, FL 34203	46-0930264	501(C)(3)	15,322.	0.			GENERAL SUPPORT
WE CARE MANATEE, INC. 353 6TH AVE W BRADENTON, FL 34205	59-3606103	501(C)(3)	17,750.	0.			GENERAL SUPPORT, PROGRA SUPPORT
WEDU-FLORIDA WEST COAST PUBLIC BROADCASTING INC - 1300 NORTH BOULEVARD - TAMPA, FL 33607-5645	59-0840626	501(C)(3)	5,550.	0.			GENERAL SUPPORT
VESTCOAST BLACK THEATRE TROUPE 1012 N. ORANGE AVENUE SARASOTA, FL 34236 VOMEN'S RESOURCE CENTER OF	65-1040662	501(C)(3)	10,100.	0.			GENERAL SUPPORT
MANATEE, INC 1926 MANATEE AVENUE W - BRADENTON, FL 34205-5835	59-3034653	501(C)(3)	57,000.	0.			GENERAL SUPPORT, PROGRAJ SUPPORT
WORLD OF CHUCKO LTD 6022 CHAPARRAL AVE SARASOTA, FL 34243-5341	84-2869126	501(C)(3)	6,500.	0.			PROGRAM SUPPORT
KAVIER SOCIETY FOR THE BLIND 248 WEST 35TH STREET SUITE 1502 NEW YORK, NY 10001	13-5563026	501(C)(3)	10,000.	0.			GENERAL SUPPORT
YOUNG LIFE SARASOTA P.O. BOX 18101 SARASOTA, FL 34276	84-0385934	501(C)(3)	10,000.	0.			GENERAL SUPPORT
SARASOTA, FL 34276	84-0385934	501(C)(3)	10,000.	0.			GENERAL SUPPORT

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Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	92	248,419.	0.		
Part IV Supplemental Information. Provide the information re	quired in Part I, lir	ne 2; Part III, column	(b); and any other a	dditional information.	
PART I, LINE 2:					
CERTAIN GRANTEES ARE REQUIRED TO :	SUBMIT WR	ITTEN FINA	L REPORTS	IN A SPECIFIC	

FORMAT UPON (I) COMPLETION OF THE GRANT, (II) REQUEST BY THE FOUNDATION, OR

(III) 13 MONTHS FROM THE TIME THE GRANT IS AWARDED, WHICHEVER COMES FIRST.

STAFF VISIT PROGRAMS AND SERVICES FOR SITE VISITS AND REQUIRE THAT

ORGANIZATIONS RECEIVING GRANTS THROUGH COMPETITIVE FUNDING COMPLETE AN

IN-DEPTH PROFILE ON A PUBLIC SITE FOR NONPROFITS CALLED THE GIVING PARTNER,

WWW.THEGIVINGPARTNER.ORG.

sc	HEDULE J	Compens	sation Inform	ation	1	OMB No.	1545-00	47	
(Fo	orm 990) Fo	r certain Officers, Direct				20	21		
•		Com	pensated Employees			20		i	
Dena	artment of the Treasury	plete if the organization a	tach to Form 990.	m 990, Part IV, ine 23.		Open to Inspe			
	Final Revenue Service         Go to www.irs.gov/Form990 for instructions and the latest information.								
Nan	ne of the organization				Employer ic			mber	
		TEE COMMUNITY	FOUNDATION,	INC.	65-0	83350	0		
Ра	art I Questions Regarding	Compensation							
							Yes	No	
1a	Check the appropriate box(es) if the		-		n 990,				
	Part VII, Section A, line 1a. Complete	e Part III to provide any rel		-					
	First-class or charter travel		Ē Š	ce or residence for perso					
	Travel for companions	in novmonto		siness use of personal re					
	Image: Tax indemnification and gross-up payments       Image: Health or social club dues or initiation fees         Image: Discretionary spending account       Image: Health or social club dues or initiation fees         Image: Discretionary spending account       Image: Health or social club dues or initiation fees								
		L		s (such as maid, chaune	ui, cheij				
h	If any of the boxes on line 1a are che	ecked did the organization	n follow a written policy r	regarding payment or					
	reimbursement or provision of all of	•				1b			
2	Did the organization require substan								
_	trustees, and officers, including the			•		2			
3	Indicate which, if any, of the followin	g the organization used to	establish the compensation	ation of the organization	S				
	CEO/Executive Director. Check all th	at apply. Do not check an	y boxes for methods use	ed by a related organizat	tion to				
	establish compensation of the CEO/	Executive Director, but ex	plain in Part III.						
	Compensation committee		X Written employm	ent contract					
	Independent compensation co	nsultant	X Compensation su	urvey or study					
	Form 990 of other organization	6	X Approval by the t	board or compensation of	committee				
4	During the year, did any person liste		ection A, line 1a, with res	spect to the filing					
	organization or a related organization							37	
a	Receive a severance payment or cha							X X	
b	Participate in or receive payment fro							A X	
С	Participate in or receive payment fro		•			<b>4c</b>			
	If "Yes" to any of lines 4a-c, list the p	ersons and provide the ap	oplicable amounts for ea	ich item in Part III.					
	Only section 501(c)(3), 501(c)(4), a	nd 501(c)(29) organization	ns must complete lines	5-9					
5	For persons listed on Form 990, Par				on				
5	contingent on the revenues of:		a the organization pay of	aconde any compensati	011				
а	The organization?					5a		X	
	Any related organization?							X	
	If "Yes" on line 5a or 5b, describe in								
6	For persons listed on Form 990, Par		d the organization pay or	accrue any compensati	on				
	contingent on the net earnings of:			•					
а	The organization?					6a		X	
	Any related organization?							Х	
	If "Yes" on line 6a or 6b, describe in								
7	For persons listed on Form 990, Par	VII, Section A, line 1a, did	d the organization provid	le any nonfixed payment	s				
	not described on lines 5 and 6? If "Y					7		X	
8	Were any amounts reported on Form	n 990, Part VII, paid or acc	rued pursuant to a conti	ract that was subject to	the				
	initial contract exception described i					8		X	
9	If "Yes" on line 8, did the organization								
	Regulations section 53.4958-6(c)? .								
LHA	For Paperwork Reduction Act No	tice, see the Instructions	for Form 990.		Schedu	ule J (Forr	n 990)	) 2021	

Schedule J (Form 990) 2021

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

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

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

		(B) Breakdown of W	B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC (C compensation			(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) LAURA SPENCER	(i)	0.	0.	0.	0.	0.		
CFO/CAO	(ii)	182,953.	34,604.	0.	19,841.	8,514.	245,912.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 3

### Part III Supplemental Information

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

### SCHEDULE M (Form 990)

### Noncash Contributions

OMB No. 1545-0047 202

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.

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

Name of the organization

#### MANATEE COMMUNITY FOUNDATION, TNC.

Employer	identification number
6	5-0833500

#### Part I Types of Property (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g 1 Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 5 Clothing and household goods Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Х 22 2,364,709.STOCK EXCHANGE Securities - Publicly traded 9 10 Securities - Closely held stock 11 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles Food inventory 19 Drugs and medical supplies \_\_\_\_\_ 20 21 Taxidermy Historical artifacts 22 23 Scientific specimens Archeological artifacts 24 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 V, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for х exempt purposes for the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? 32a b If "Yes," describe in Part II.

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33 describe in Part II.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

132141 11-17-21

17050406 759428 15607B

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

### SCHEDULE M, LINE 32B:

### INVESTMENT ACCOUNTS ARE HELD AT MAJOR FINANCIAL INSTITUTIONS WITH MONEY

### MANAGERS PROCESSING AND SELLING STOCK CONTRIBUTIONS.

Schedule M (Form 990) 2021

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SCHEDULE O (Form 990)

Name of the organization

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 Form 990-EZ Go to www.irs.gov/Form990 for the latest information.



MANATEE COMMUNITY FOUNDATION, INC.

65-0833500

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

SUCCESS THROUGH THE GENEROSITY AND PARTNERSHIP OF PEOPLE WHO CARE ABOUT

OUR COMMUNITIES.

FORM 990, PART I, LINE 6 VOLUNTEERS

MANATEE COMMUNITY FOUNDATION UTILIZES VOLUNTEERS IN DECISION-MAKING

PROCESSES AND IN THE GOVERNANCE OF THE ORGANIZATION. BOARD MEMBERS AND

COMMUNITY VOLUNTEERS PARTICIPATE IN A GRANTS COMMITTEE, SCHOLARSHIP

COMMITTEE, ASSET DEVELOPMENT COMMITTEE, FINANCE COMMITTEE, AND DEI TASK

FORCE TO PROVIDE KNOWLEDGE, LIFE/CAREER EXPERIENCES, AND GUIDANCE. ALL

BOARD MEMBERS ARE VOLUNTEERS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: SCHOOL, AND LEARNERS RETURNING TO SCHOOL TO PURSUE A VOCATIONAL OR TECHNICAL CERTIFICATION.

NONPROFIT EDUCATION AND COMMUNITY ENGAGEMENT: OVER THE LAST FISCAL YEAR, MANATEE COMMUNITY FOUNDATION FACILITATED COMMUNITY CONVERSATIONS AND FORUMS TO LEARN FROM THE LIVED EXPERIENCES OF PARTICIPANTS AND TO SHARE KNOWLEDGE ABOUT PRESSING ISSUES; FACILITATED TRAININGS TO SUPPORT NONPROFIT GROWTH AND SUSTAINABILITY; AND CONNECTED RESIDENTS AND DONORS TO CAUSES THEY WISH TO INVEST IN. EXAMPLES OF THIS WORK INCLUDE ADVANCING ENGAGEMENT IN GRADE-LEVEL READING SUCCESS, CONNECTING PARTNERS IN CHILD WELFARE SYSTEMS, AND HELPING ORGANIZATIONS DISTRIBUTE EMERGENCY RENTAL ASSISTANCE. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2021

132211 11-11-21 60 Name of the organization

MANATEE COMMUNITY FOUNDATION, INC.

FORM 990, PART VI, SECTION A, LINE 7A:

SO LONG AS THE FOUNDATION IS EXCLUSIVELY AN IRC 509(A)(3) SUPPORTING

ORGANIZATION TO BENEFIT THE COMMUNITY FOUNDATION OF SARASOTA COUNTY, INC.

("SARASOTA FOUNDATION"), AND UNDER PROVISIONS OF THIS ARTICLE III, A

MAJORITY OF THE MEMBERS OF THE BOARD OF DIRECTORS OF THE FOUNDATION ARE TO

BE APPOINTED BY THE BOARD OF DIRECTORS OF THE SARASOTA FOUNDATION.

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

THE CHIEF FINANCIAL OFFICER AND THE EXECUTIVE DIRECTOR INITIALLY REVIEW THE RETURN BEFORE PRESENTING THE RETURN TO THE BOARD OF DIRECTORS FOR FINAL APPROVAL BEFORE FILING THE RETURN.

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

ANNUALLY, BOARD MEMBERS ARE REQUIRED TO COMPLETE A CONFLICT-OF-INTEREST

DISCLOSURE FORM WHICH IS REVIEWED UPON RECEIPT BY THE CFO AND GENERAL

COUNSEL AND AGAIN DURING THE AUDIT PROCESS.

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

THE BOARD OF DIRECTORS ANNUALLY REVIEWS AND DETERMINES THE COMPENSATION

PACKAGE OF THE EXECUTIVE DIRECTOR.

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

ALL DOCUMENTS ARE AVAILABLE UPON REQUEST

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

CURRENT YEAR AGENCY ACTIVITY NOT INCLUDED ON FINANCIAL

STATEMENTS

-830,830.

132212 11-11-21

Name of the organization MANATEE COMMUNITY FOUNDATION, INC.	Employer identification num 65-0833500
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT	-126,44
DISTRIBUTIONS TO ANNUITANTS	-2,22
TOTAL TO FORM 990, PART XI, LINE 9	-959,49
FORM 990, PART XII, LINE 2C AUDIT REVIEW PROCESS	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	
132212 11-11-21 62	Schedule O (Form 990)

SCH	<b>IEDULE</b> R
<b>/</b>	

### (Form 990)

### Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

2021 Open to Public Inspection

Employer identification number

65-0833500

Department of the Treasury Internal Revenue Service

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

Name of the organization

### MANATEE COMMUNITY FOUNDATION, INC.

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

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
MCF ASSET COMPANY, LLC - 85-0801765					
2820 MANATEE AVE W					
BRADENTON, FL 34205	OWNERSHIP OF REAL ESTATE	FLORIDA	15,357.	1,245,026.	

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	<b>(f)</b> Direct controlling entity	cont	( <b>g)</b> 512(b)(13) trolled htity?	
				501(c)(3))		Yes	No	
COMMUNITY FOUNDATION OF SARASOTA COUNTY,								
INC 59-1956886, 2635 FRUITVILLE RD.,								
SARASOTA, FL 34237	GRANTMAKING	FLORIDA	501(C)(3)	LINE 7	N/A		X	
COMMUNITY FOUNDATION TRUST OF SARASOTA								
COUNTY, INC 65-0173371, 2635 FRUITVILLE								
RD., SARASOTA, FL 34237	GRANTMAKING	FLORIDA	501(C)(3)	LINE 12A, I	N/A		X	
WETHERINGTON FOUNDATION, INC 37-1472181								
2635 FRUITVILLE RD.	7							
SARASOTA, FL 34237	GRANTMAKING	FLORIDA	501(C)(3)	LINE 12A, I	N/A		X	

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

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or	<b>(d)</b> Direct controlling entity	Predomin (related	(e) nant income unrelated,	Share	(f) e of total come	Sha	<b>g)</b> are of of-year		<b>1)</b> ortionate	(i) Code V-UE amount in b 20 of Sched	BI Ge	(j) eneral or nanaging	(k Perce owne	<b>k)</b> entaç ershi
		foreign country)		excluded fi sections	om tax under 512-514)				sets	Yes	-	20 of Sched K-1 (Form 10	lule P 065) <b>Y</b>			
	_															
	-															
	-															
	-															
	-															
	-															
IV Identification of Related O organizations treated as a c	rganizations Taxable a corporation or trust duri	as a Corpo	<b>pration or Trust.</b> C year.	complete if t	he organizat	ion ans	wered "Yes	s" on Fo	rm 990, P	art IV,	line 34	4, because it h	nad on	e or m	lore rel	at
<b>(a)</b> Name, address, and	EIN	Prim	<b>(b)</b> ary activity	<b>(C)</b> Legal domicile	(d) Direct cont	trolling	(e) Type of	entitv	(f Share d	of total		(g) Share of	Perce	<b>h)</b> entage	(i Sec 512(b	b)(13
of related organizati	on			(state or foreign country)	r entity		(C corp, S or tru	S corp, ist)	inco	me		end-of-year assets	owne	ership	contr enti	tity?
																╞

### Schedule R (Form 990) 2021 MANATEE COMMUNITY FOUNDATION, INC.

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transaction	s with one or more re	elated organizations listed	in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	/	-		1a		Х
	Gift, grant, or capital contribution to related organization(s)				1b	Х	
с	Gift, grant, or capital contribution from related organization(s)				1c	Х	
	Loans or loan guarantees to or for related organization(s)				1d		Х
	Loans or loan guarantees by related organization(s)				1e		Х
f	Dividends from related organization(s)				1f		Х
g	Sale of assets to related organization(s)				1g		Х
					1h		Х
i	<ul> <li>h Purchase of assets from related organization(s)</li> <li>i Exchange of assets with related organization(s)</li> </ul>						
j	j Lease of facilities, equipment, or other assets to related organization(s)						
-							
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
Т	Performance of services or membership or fundraising solicitations for related orga	anization(s)			11		Х
	Performance of services or membership or fundraising solicitations by related orga				1m	Х	
	Sharing of facilities, equipment, mailing lists, or other assets with related organizati				1n	Х	
					10	Х	
p	Reimbursement paid to related organization(s) for expenses				1p	Х	
	Reimbursement paid by related organization(s) for expenses				1q		Х
r	r Other transfer of cash or property to related organization(s)						
	s Other transfer of cash or property from related organization(s)						
-	If the answer to any of the above is "Yes," see the instructions for information on w						
	(a)	(b)	(c)				

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

### Schedule R (Form 990) 2021 MANATEE COMMUNITY FOUNDATION, INC.

#### Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are al partners 501(c) orgs. Yes 1	  sec. (3) ? <b>NO</b>	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(H Dispr tior alloca <b>Yes</b>	opor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General managin partner Yes N	(k) Percentage ownership

	(Form 990) 2021
Part VII	Supplement

art VII	Supplemental Information	
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Provide additional information for responses to questions on Schedule R. See instructions.

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