

Form **990**

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

OMB No. 1545-0047

2020

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE COMMUNITY FOUNDATION OF SARASOTA CO. INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2635 FRUITVILLE ROAD City or town, state or province, country, and ZIP or foreign postal code SARASOTA, FL 34237 F Name and address of principal officer: ROXANNE G. JERDE SAME AS C ABOVE	D Employer identification number 59-1956886 E Telephone number 941-955-3000 G Gross receipts \$ 139,655,355. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.CFSARASOTA.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1979		M State of legal domicile: FL

Part I Summary

1	Briefly describe the organization's mission or most significant activities: COMMUNITY IMPACT POWERED BY PHILANTHROPY.	
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
3	Number of voting members of the governing body (Part VI, line 1a)	3 20
4	Number of independent voting members of the governing body (Part VI, line 1b)	4 20
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5 34
6	Total number of volunteers (estimate if necessary)	6 50
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 1,479.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 0.
8	Contributions and grants (Part VIII, line 1h)	8 45,593,190. 22,566,087.
9	Program service revenue (Part VIII, line 2g)	9 3,506,457. 3,650,096.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10 9,962,832. 33,545,033.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11 0. 10.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12 59,062,479. 59,761,226.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13 44,970,605. 23,415,869.
14	Benefits paid to or for members (Part IX, column (A), line 4)	14 0. 0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15 2,990,155. 3,132,298.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a 0. 0.
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,542,399.	
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17 6,237,200. 5,760,806.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18 54,197,960. 32,308,973.
19	Revenue less expenses. Subtract line 18 from line 12	19 4,864,519. 27,452,253.
20	Total assets (Part X, line 16)	20 354,743,959. 436,461,198.
21	Total liabilities (Part X, line 26)	21 38,718,185. 45,965,340.
22	Net assets or fund balances. Subtract line 21 from line 20	22 316,025,774. 390,495,858.

Part II Signature Block

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

Sign Here	Signature of officer LAURA SPENCER, CFO/CAO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name REBECCA U. STONER	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN P00585910
	Firm's name ▶ KERKERING, BARBERIO & CO. Firm's address ▶ P.O. BOX 49348 SARASOTA, FL 34230-6348	Firm's EIN ▶ 59-1753337 Phone no. 941-365-4617

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
COMMUNITY IMPACT POWERED BY PHILANTHROPY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 26,744,432. including grants of \$ 23,415,869.) (Revenue \$ 3,650,096.)
I) IN PARTNERSHIP WITH DONORS WHO BELIEVE THEY CAN BE THE ONE TO MAKE A DIFFERENCE, GRANTS WERE MADE TO ORGANIZATIONS SUPPORTING THE FULL SPECTRUM OF CHARITABLE MISSIONS TO IMPROVE OUR COMMUNITY BY MEETING BASIC NEEDS, EXPANDING OPPORTUNITIES AND CULTURAL ENRICHMENT. SPECIFIC CAUSES FUNDED INCLUDE ANIMAL WELFARE, THE ARTS, HEALTH, HUMAN SERVICES, EDUCATION, ENVIRONMENTAL PROTECTION, CIVIC ENGAGEMENT, YOUTH DEVELOPMENT, AND OTHER AREAS. OUR SUPPORT OF LOCAL NONPROFITS GOES DEEPER THAN THE MILLIONS IN GRANTS WE AWARD EACH YEAR. OUR COMMUNITY IMPACT TEAM BUILDS THE CAPACITY OF LOCAL ORGANIZATIONS TO ENSURE DONORS' CHARITABLE DOLLARS MAKE AN EVEN BIGGER IMPACT BY OFFERING WORKSHOPS, CONSULTING SERVICES, AND OTHER CAPACITY-BUILDING BENEFITS. ADDITIONALLY, OUR ONGOING COMMUNITY IMPACT AND CAPACITY-BUILDING GRANTS

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

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

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

4e Total program service expenses **26,744,432.**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i>	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	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? <i>If "Yes," complete Schedule C, Part II</i>	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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	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 "Yes," complete Schedule D, Part I</i>	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
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? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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 foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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 "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	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? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

THE COMMUNITY FOUNDATION OF SARASOTA CO.
INC.

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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	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		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		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		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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	X	
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	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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		
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		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (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 34		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
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)?		X
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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	X	
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d 1		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
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?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.		
	1a 20		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 20		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **FL**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **LAURA SPENCER - (941) 955-3000**
2635 FRUITVILLE ROAD, SARASOTA, FL 34237

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROXANNE JERDE PRESIDENT/CEO	40.00			X			325,091.	0.	34,003.	
(2) LAURA SPENCER CFO/CAO	40.00			X			217,256.	0.	28,426.	
(3) ELIZABETH PENNEWILL CORPORATE COUNSEL	40.00			X			189,358.	0.	25,699.	
(4) MARLO DUFFY-TURNER SVP, PHILANTHROPY	40.00			X			149,770.	0.	24,113.	
(5) MISCHA KIRBY VP, STRATEGIC COMM. & MARK	40.00			X			148,721.	0.	20,800.	
(6) KIRSTEN RUSSELL VP, COMMUNITY IMPACT	40.00			X			143,931.	0.	11,391.	
(7) ERIN JONES VP, FINANCE AND OPERATIONS	30.00					X	109,598.	0.	21,735.	
(8) C.J. FISHMAN DIRECTOR	1.00	X					0.	0.	0.	
(9) PAUL HUDSON DIRECTOR	1.00	X					0.	0.	0.	
(10) JOHN HUMPHREY DIRECTOR	1.00	X					0.	0.	0.	
(11) DONNA KOFFMAN DIRECTOR	1.00	X					0.	0.	0.	
(12) DR. RODNEY LINFORD DIRECTOR	1.00	X					0.	0.	0.	
(13) KELVIN LUMPKIN DIRECTOR	1.00	X					0.	0.	0.	
(14) JEFFREY R. MCCURDY DIRECTOR	1.00	X					0.	0.	0.	
(15) MATTHEW SAUER DIRECTOR	1.00	X					0.	0.	0.	
(16) DRAYTON SAUNDERS DIRECTOR	1.00	X					0.	0.	0.	
(17) FELICE SCHULANER DIRECTOR	1.00	X					0.	0.	0.	

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INC.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MERCEDES SOLER DIRECTOR	1.00	X						0.	0.	0.
(19) DR. JANET E. TAYLOR DIRECTOR	1.00	X						0.	0.	0.
(20) MARILYN THOMPSON DIRECTOR	1.00	X						0.	0.	0.
(21) LYNN WENTWORTH DIRECTOR	1.00	X						0.	0.	0.
(22) CHARLES E. WILLIAMS DIRECTOR	1.00	X						0.	0.	0.
(23) MARY LOU WINNICK DIRECTOR	1.00	X						0.	0.	0.
(24) WILLIAM SEIDER SECRETARY	1.00	X		X				0.	0.	0.
(25) NELLE S. MILLER CHAIR	1.00	X		X				0.	0.	0.
(26) T. ANDREW STULTZ TREASURER	1.00	X		X				0.	0.	0.
1b Subtotal								1,283,725.	0.	166,167.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,283,725.	0.	166,167.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **7**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NORTHERN TRUST 1515 RINGLING BLVD., SARASOTA, FL 34236	INVESTMENT MANAGEMENT	224,222.
RBC, 200 PARK AVE. 2ND FLOOR, FLORHAM PARK, NJ 07932	INVESTMENT MANAGEMENT	181,591.
CALDWELL TRUST 201 CENTER ROAD, VENICE, FL 34292	INVESTMENT MANAGEMENT	106,578.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **3**

SEE PART VII, SECTION A CONTINUATION SHEETS

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THE COMMUNITY FOUNDATION OF SARASOTA CO.
INC.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) DANIEL DELEO VICE CHAIR	1.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c										

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THE COMMUNITY FOUNDATION OF SARASOTA CO.
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Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	684,863.				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	21,881,224.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 4,008,291.				
	h Total. Add lines 1a-1f			22,566,087.			
Program Service Revenue	2 a ADMINISTRATIVE FEES	Business Code					
		900099	3,650,096.	3,650,096.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			3,650,096.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		9,358,467.		1,479.	9,356,988.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	104,038,695.	42,000.		
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	79,768,979.	125,150.			
	c Gain or (loss)	7c	24,269,716.	-83,150.			
d Net gain or (loss)			24,186,566.		24,186,566.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a OTHER INCOME	Business Code					
		900099	10.			10.	
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d			10.				
12 Total revenue. See instructions			59,761,226.	3,650,096.	1,479.	33,543,564.	

**THE COMMUNITY FOUNDATION OF SARASOTA CO.
INC.**

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	21,547,970.	21,547,970.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,867,899.	1,867,899.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,226,787.	389,187.	316,014.	521,586.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,437,834.	536,158.	614,120.	287,556.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	88,078.	33,942.	39,987.	14,149.
9 Other employee benefits	213,297.	76,683.	78,090.	58,524.
10 Payroll taxes	166,302.	58,086.	58,773.	49,443.
11 Fees for services (nonemployees):				
a Management				
b Legal	15,566.	5,437.	5,501.	4,628.
c Accounting	51,584.	18,018.	18,230.	15,336.
d Lobbying	7,500.	2,620.	2,650.	2,230.
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	984,631.	343,914.	347,978.	292,739.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	3,540,104.	1,236,496.	1,251,107.	1,052,501.
12 Advertising and promotion	198,623.	69,376.	70,195.	59,052.
13 Office expenses	99,618.	34,795.	35,206.	29,617.
14 Information technology	99,862.	34,880.	35,292.	29,690.
15 Royalties				
16 Occupancy	42,843.	14,964.	15,141.	12,738.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	44,693.	15,610.	15,795.	13,288.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	93,752.	32,746.	33,133.	27,873.
23 Insurance	46,163.	16,124.	16,314.	13,725.
24 Other expenses. Itemize expenses not covered 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 O.)				
a GRANT INITIATIVES	341,713.	341,713.		
b REPAIRS AND MAINTENANCE	160,049.	55,902.	56,563.	47,584.
c TECHNOLOGY AND CREDIT C	34,105.	11,912.	12,053.	10,140.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	32,308,973.	26,744,432.	3,022,142.	2,542,399.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

THE COMMUNITY FOUNDATION OF SARASOTA CO.
INC.

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Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	4,442,895.	1	3,091,434.
	2 Savings and temporary cash investments	10,004,718.	2	10,019,723.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	256,163.	4	194,113.
	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	
	7 Notes and loans receivable, net	0.	7	803,159.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	66,780.	9	73,656.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,183,123.		
	b Less: accumulated depreciation	10b 1,942,675.		
	11 Investments - publicly traded securities	2,305,149.	10c	2,240,448.
	12 Investments - other securities. See Part IV, line 11	311,516,952.	11	395,735,719.
	13 Investments - program-related. See Part IV, line 11	7,953,827.	12	6,694,794.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	18,197,475.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	354,743,959.	15	17,608,152.	
		16	436,461,198.	
Liabilities	17 Accounts payable and accrued expenses	546,299.	17	557,196.
	18 Grants payable	3,025,998.	18	1,981,705.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	35,145,888.	25	43,426,439.
	26 Total liabilities. Add lines 17 through 25	38,718,185.	26	45,965,340.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	282,456,083.	27	349,013,906.
	28 Net assets with donor restrictions	33,569,691.	28	41,481,952.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	316,025,774.	32	390,495,858.
33 Total liabilities and net assets/fund balances	354,743,959.	33	436,461,198.	

Form 990 (2020)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	59,761,226.
2	Total expenses (must equal Part IX, column (A), line 25)	2	32,308,973.
3	Revenue less expenses. Subtract line 2 from line 1	3	27,452,253.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	316,025,774.
5	Net unrealized gains (losses) on investments	5	48,657,547.
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	-1,639,716.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	390,495,858.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **THE COMMUNITY FOUNDATION OF SARASOTA CO. INC.** Employer identification number **59-1956886**

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **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 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	36,973,333.	63,222,392.	38,526,494.	45,593,190.	22,566,087.	206,881,496.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3	36,973,333.	63,222,392.	38,526,494.	45,593,190.	22,566,087.	206,881,496.
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)						35,311,978.
6 Public support. Subtract line 5 from line 4.						171,569,518.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	36,973,333.	63,222,392.	38,526,494.	45,593,190.	22,566,087.	206,881,496.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	6,012,722.	7,922,411.	8,824,677.	9,664,834.	9,358,467.	41,783,111.
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.)					10.	10.
11 Total support. Add lines 7 through 10						248,664,617.
12 Gross receipts from related activities, etc. (see instructions)					12	15,308,853.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)).....	14	69.00 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	68.80 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 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

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.		
11a		
11b		
11c		

Section 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? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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.		
1		
2		

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 the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in 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.		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
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 in 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.			
2a			
2b			
3a			
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 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	

Section 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	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

THE COMMUNITY FOUNDATION OF SARASOTA CO.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	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 organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

THE COMMUNITY FOUNDATION OF SARASOTA CO.

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

**THE COMMUNITY FOUNDATION OF SARASOTA CO.
INC.**

Employer identification number

59-1956886

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization THE COMMUNITY FOUNDATION OF SARASOTA CO. INC.	Employer identification number 59-1956886
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures ▶ \$ _____

3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2020

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		7,500.
j Total. Add lines 1c through 1i			7,500.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (See instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

THE COMMUNITY FOUNDATION OF SARASOTA COUNTY, INC. IS PARTICIPATING IN THE COMMUNITY FOUNDATION PUBLIC AWARENESS INITIATIVE WHICH IS A PROJECT OF THE PHILANTHROPY PRACTICE AT VAN SCOYOC ASSOCIATES. THIS INITIATIVE HELPS INDIVIDUAL FOUNDATIONS AND OTHERS IN THE PHILANTHROPY SPACE EDUCATE POLICYMAKERS ABOUT THEIR PROGRAM WORK, AS WELL AS THE POSITIVE

Part IV Supplemental Information (continued)

IMPACTS THEY ARE HAVING IN LOCAL COMMUNITIES.

Lined area for supplemental information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **THE COMMUNITY FOUNDATION OF SARASOTA CO. INC.**

Employer identification number
59-1956886

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	424	871
2 Aggregate value of contributions to (during year)	12,700,910.	9,865,177.
3 Aggregate value of grants from (during year)	7,648,218.	15,767,651.
4 Aggregate value at end of year	80,298,021.	349,512,738.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

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

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

Yes No

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

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

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

Yes No

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

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

a Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

Schedule D (Form 990) 2020

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	239,979,570.	239,210,243.	227,505,320.	177,914,924.	156,772,252.
b Contributions	1,908,150.	8,946,267.	10,021,887.	43,176,674.	11,815,946.
c Net investment earnings, gains, and losses	62,619,978.	4,554,230.	12,968,310.	12,706,858.	17,499,345.
d Grants or scholarships	10,903,680.	10,015,397.	8,664,420.	10,602,564.	6,705,398.
e Other expenditures for facilities and programs		43,061.	107,407.	-6,416,591.	130,175.
f Administrative expenses	2,755,036.	2,672,712.	2,513,447.	2,107,163.	1,337,046.
g End of year balance	290,848,982.	239,979,570.	239,210,243.	227,505,320.	177,914,924.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 89.5400 %
 - b Permanent endowment 9.7700 %
 - c Term endowment .6900 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|-------------------------------------|
| (i) Unrelated organizations | | <input checked="" type="checkbox"/> |
| (ii) Related organizations | | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		2,636,831.	1,079,317.	1,557,514.
c Leasehold improvements				
d Equipment		306,232.	222,895.	83,337.
e Other		1,240,060.	640,463.	599,597.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,240,448.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) GIFT ANNUITY CONTRACT	4,111,537.
(3) FUNDS HELD AS AGENCY ENDOWMENTS	39,314,902.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	43,426,439.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	121,508,134.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	48,657,547.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	23,683,832.
e	Add lines 2a through 2d	2e	72,341,379.
3	Subtract line 2e from line 1	3	49,166,755.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	757,665.
b	Other (Describe in Part XIII.)	4b	9,836,806.
c	Add lines 4a and 4b	4c	10,594,471.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	59,761,226.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	32,955,859.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	6,904,240.
e	Add lines 2a through 2d	2e	6,904,240.
3	Subtract line 2e from line 1	3	26,051,619.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	757,665.
b	Other (Describe in Part XIII.)	4b	5,499,689.
c	Add lines 4a and 4b	4c	6,257,354.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	32,308,973.

Part XIII Supplemental Information.

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

PART V, LINE 4:

TO PROVIDE GRANTS THAT ENHANCE THE QUALITY OF LIFE IN SARASOTA COUNTY AND SURROUNDING AREAS.

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 COMBINED FINANCIAL STATEMENTS.

Part XIII Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN SPLIT-INTEREST AGREEMENT VALUES	2,986,080.
DISTRIBUTIONS TO ANNUITANTS	-658,672.
REVENUE OF AFFILIATED ENTITIES INCLUDED IN CONSOLIDATED FINANCIALS	21,356,424.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	23,683,832.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

ADMINISTRATIVE EXPENSE NETTED WITH ADMINISTRATIVE REVENUE ON FINANCIAL STMTS	3,421,077.
AGENCY INTEREST AND DIVIDENDS NOT INCLUDED ON FINANCIAL STATEMENTS	826,519.
AGENCY CONTRIBUTIONS NOT INCLUDED ON FINANCIAL STATEMENTS	1,804,485.
AGENCY REALIZED GAIN NOT INCLUDED ON FINANCIAL STATEMENTS	2,402,187.
INVESTMENT INCOME REPORTED ON K-1'S	697,576.
INTERCOMPANY GRANTS ELIMINATED FOR AUDIT RELATED TO 990S	166,685.
CONTRIBUTIONS FROM RELATED ENTITIES	518,278.
ROUNDING	-1.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	9,836,806.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES REPORTED BY AFFILIATED ENTITIES IN CONSOLIDATED FINANCIALS	6,755,954.
SHARED OPERATIONAL EXPENSES ALLOCATED TO TRUST	148,286.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	6,904,240.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

Part XIII Supplemental Information (continued)

ADMINISTRATIVE EXPENSE NETTED WITH ADMINISTRATIVE REVENUE	
ON FINANCIAL STMTS	3,421,077.
AGENCY INVESTMENT FEES NOT INCLUDED ON FINANCIAL STATEMENTS	40,005.
INVESTMENT EXPENSES REPORTED ON K-1'S	186,961.
AGENCY GRANTS NOT INCLUDED ON FINANCIAL STATEMENTS	1,683,818.
AGENCY ADMINISTRATIVE FEES NOT INCLUDED ON FINANCIAL STATEMENTS	1,092.
INTERCOMPANY GRANTS ELIMINATED FOR AUDIT RELATED TO 990S	166,685.
AGENCY AUDIT & FILING FEES	50.
ROUNDING	1.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	5,499,689.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **THE COMMUNITY FOUNDATION OF SARASOTA CO.
INC.**

Employer identification number
59-1956886

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
52ND STREET PROJECT INC. 789 TENTH AVE NEW YORK, NY 10019	13-3467948	501(C)(3)	5,000.	0.			GENERAL SUPPORT
AAVI, INC. DBA LOVESERVES INTERNATIONAL - 3310 US HWY 301 N - ELLENTON, FL 34222	65-0406418	501(C)(3)	35,000.	0.			GENERAL SUPPORT
ALL FAITHS FOOD BANK INC 8171 BLAIKIE COURT SARASOTA, FL 34240	65-0115814	501(C)(3)	630,797.	0.			CAPITAL PURCHASES, GENERAL SUPPORT, PROGRAM SUPPORT
ALL STAR CHILDREN'S FOUNDATION 3300 17TH STREET SARASOTA, FL 34235	20-2182079	501(C)(3)	114,850.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
ALSO FOR GAY YOUTH, INC. 1470 BOULEVARD OF THE ARTS SARASOTA, FL 34236	74-2840470	501(C)(3)	7,225.	0.			EMERGENCY ASSISTANCE, GENERAL SUPPORT, SCHOLARSHIP SUPPORT
ALTA VISTA ELEMENTARY SCHOOL 1050 S. EUCLID AVE. SARASOTA, FL 34237	59-6000847	501(C)(3)	44,851.	0.			PROGRAM SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 443.**

3 Enter total number of other organizations listed in the line 1 table **▶ 0.**

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

Schedule I (Form 990) 2020

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

THE COMMUNITY FOUNDATION OF SARASOTA CO.
INC.

Schedule I (Form 990)

59-1956886

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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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY - SARASOTA, FL OFFICE - 2970 UNIVERSITY PKWY STE 104 - SARASOTA, FL 34243	13-1788491	501(C)(3)	10,718.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
AMERICAN CANCER SOCIETY, LEE COUNTY UNIT - 4575 VIA ROYALE STE 110 - FT. MYERS, FL 33919	13-1788491	501(C)(3)	19,519.	0.			GENERAL SUPPORT
AMERICAN CIVIL LIBERTIES UNION FOUNDATION, INC. - 125 BROAD ST, 18TH FLOOR - NEW YORK, NY 10004	13-6213516	501(C)(3)	10,000.	0.			GENERAL SUPPORT
AMERICAN COMMITTEE FOR THE WEIZMANN INSTITUTE OF SCIENCE, INC. - 633 THIRD AVENUE, 20TH FLOOR - NEW YORK CITY, NY 10017	13-1623886	501(C)(3)	5,200.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
AMERICAN FRIENDS OF MAGEN DAVID ADOM - PO BOX 96402 - WASHINGTON, DC 20090-6402	13-1790719	501(C)(3)	16,210.	0.			EMERGENCY ASSISTANCE, GENERAL SUPPORT
AMERICAN FRIENDS OF THE LONDON PHILHARMONIC ORCHESTRA - 39 WEST 37TH STREET, FLOOR 12A - NEW YORK, NY 10018	23-7003075	501(C)(3)	10,000.	0.			GENERAL SUPPORT
AMERICAN FRIENDS OF THE NATIONAL GALLERY, LONDON - 31 WEST 34TH STREET, 7TH FLR #7010 - NEW YORK, NY 10001	13-3321549	501(C)(3)	12,177.	0.			GENERAL SUPPORT
AMERICAN HEART ASSOCIATION SOUTHWEST FLORIDA - 9200 ESTERO PARK COMMONS BOULEVARD, SUITE 7 - ESTERO, FL 33928	13-5613797	501(C)(3)	19,461.	0.			GENERAL SUPPORT
AMERICAN LUNG ASSOCIATION - TAMPA, FL - 730 SOUTH STERLING AVENUE, SUITE 303 - TAMPA, FL 33609	13-1632524	501(C)(3)	19,461.	0.			GENERAL SUPPORT

Schedule I (Form 990)

THE COMMUNITY FOUNDATION OF SARASOTA CO.
INC.

Schedule I (Form 990)

59-1956886

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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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN NATIONAL RED CROSS PO BOX 37839 BOONE, IA 50037-0839	53-0196605	501(C)(3)	8,150.	0.			EMERGENCY ASSISTANCE, GENERAL SUPPORT
AMIKIDS MANATEE 6423 9TH ST E BRADENTON, FL 34203	59-2553270	501(C)(3)	5,500.	0.			PROGRAM SUPPORT
AMNESTY INTERNATIONAL USA, INC. 311 W. 43RD STREET, 7TH FLOOR NEW YORK, NY 10036	52-0851555	501(C)(3)	11,900.	0.			GENERAL SUPPORT
ANNE ARUNDEL MEDICAL CENTER FOUNDATION - 2001 MEDICAL PARKWAY - ANNAPOLIS, MD 21401	52-1331298	501(C)(3)	5,000.	0.			GENERAL SUPPORT
APPALSHOP, INC. 91 MADISON AVE. WHITESBURG, KY 41858	61-0890210	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
ARCHDIOCESE OF DUBUQUE 1229 MT. LORETTA AVENUE DUBUQUE, IA 52003	42-0680409	501(C)(3)	20,000.	0.			GENERAL SUPPORT
ARTIST SERIES CONCERTS OF SARASOTA, INC. - 1226 N. TAMIAMI TRL, SUITE 300 - SARASOTA, FL 34236	65-0755294	501(C)(3)	7,151.	0.			CAPITAL PURCHASES, GENERAL SUPPORT, PROGRAM SUPPORT
ARTS & CULTURAL ALLIANCE OF SARASOTA COUNTY - 1226 N. TAMIAMI TRAIL, #300 - SARASOTA, FL 34236-2431	59-2710755	501(C)(3)	11,780.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
ASIAN COMMUNITY ALLIANCE 7577 CENTRAL PARKE BLVD, STE 222 MASON, OH 45040	56-2465820	501(C)(3)	7,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

THE COMMUNITY FOUNDATION OF SARASOTA CO.
INC.

Schedule I (Form 990)

59-1956886

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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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASOLO REPERTORY THEATRE INC 5555 N. TAMIAMI TRAIL SARASOTA, FL 34243	59-2717909	501(C)(3)	218,767.	0.			CAPITAL PURCHASES, GENERAL SUPPORT, PROGRAM SUPPORT
BADGERS UNITED, INC. PO BOX 554 SUN PRAIRIE, WI 53590	83-1752750	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
BAYSIDE COMMUNITY CHURCH OF SARASOTA - 15800 FLORIDA-64 - BRADENTON, FL 34212	04-3648411	501(C)(3)	18,100.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
BEYOND THE SPECTRUM, INC. 7333 INTERNATIONAL DRIVE SARASOTA, FL 34240-8418	20-8269622	501(C)(3)	24,669.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
BIG BROTHERS BIG SISTERS OF THE SUN COAST, INC. - 1000 S. TAMIAMI TRAIL, SUITE C - VENICE, FL 34285-4122	59-1361826	501(C)(3)	31,972.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
BIG CAT HABITAT GULF COAST SANCTUARY INC - 7101 PALMER BOULEVARD - SARASOTA, FL 34232	65-0659177	501(C)(3)	7,580.	0.			GENERAL SUPPORT
BIRDS OF PARADISE SANCTUARY & RESCUE, INC. - 17020 WATERLINE ROAD - BRADENTON, FL 34212	45-3674500	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
BISHOP MUSEUM OF SCIENCE AND NATURE INC - PO BOX 9265 - BRADENTON, FL 34206-9265	59-0598726	501(C)(3)	5,850.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
BOCA GRANDE HEALTH CLINIC PO BOX 517 BOCA GRANDE, FL 33921	59-0966089	501(C)(3)	5,500.	0.			GENERAL SUPPORT, PROGRAM SUPPORT

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOCA GRANDE UNITED METHODIST CHURCH DBA LIGHTHOUSE CHURCH OF BOCA GRANDE - P.O. BOX 524 - BOCA GRANDE, FL 33921	58-2221539	501(C)(3)	18,700.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
BOOKER HIGH SCHOOL 3201 N. ORANGE AVENUE SARASOTA, FL 34234	59-6000847	501(C)(3)	45,000.	0.			EMERGENCY ASSISTANCE, GENERAL SUPPORT, PROGRAM SUPPORT
BOOKER PROMISE FOUNDATION INC PO BOX 2299 SARASOTA, FL 34230	84-2585940	501(C)(3)	7,500.	0.			GENERAL SUPPORT, SCHOLARSHIP SUPPORT
BOOSTERS FOUNDATION, INC. 2912 ALEX MCKAY PLACE SARASOTA, FL 34240	81-2127166	501(C)(3)	60,000.	0.			GENERAL SUPPORT
BOXSER DIVERSITY INITIATIVE, INC. 2301 GULF OF MEXICO DR, UNIT 63 LONGBOAT KEY, FL 34228	81-3050026	501(C)(3)	21,500.	0.			CAPITAL PURCHASES, GENERAL SUPPORT, PROGRAM SUPPORT
BOYS & GIRLS CLUB OF THE PLATEAU PO BOX 1812 CASHIERS, NC 28717	46-5336895	501(C)(3)	5,000.	0.			GENERAL SUPPORT
BOYS & GIRLS CLUBS OF CHARLOTTE COUNTY - 21450 GIBRALTER DRIVE SUITE 10 - PORT CHARLOTTE, FL 33952	65-0725247	501(C)(3)	11,550.	0.			PROGRAM SUPPORT
BOYS & GIRLS CLUBS OF GREATER DUBUQUE - 1299 LOCUST STREET - DUBUQUE, IA 52001	42-0710263	501(C)(3)	15,000.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
BOYS & GIRLS CLUBS OF MANATEE COUNTY, INC. - P.O. BOX 280 - BRADENTON, FL 34206	59-0675141	501(C)(3)	13,280.	0.			PROGRAM SUPPORT

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BOYS & GIRLS CLUBS OF SARASOTA AND DESOTO COUNTIES - 3130 FRUITVILLE ROAD - SARASOTA, FL 34237	59-6211876	501(C)(3)	232,594.	0.			EMERGENCY ASSISTANCE, GENERAL SUPPORT, PROGRAM SUPPORT
BOYS TOWN OF CENTRAL FLORIDA 975 OKLAHOMA STREET OVIEDA, FL 32765	47-0376606	501(C)(3)	30,000.	0.			PROGRAM SUPPORT
BREAST HEALTH SARASOTA, INC. 3663 BEE RIDGE ROAD SARASOTA, FL 34233	65-0945355	501(C)(3)	5,250.	0.			PROGRAM SUPPORT
BREVARD MUSIC CENTER INCORPORATED P.O. BOX 312 BREVARD, NC 28712	56-0729350	501(C)(3)	6,500.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
BUEN DIA CORPORATION 589 GUERRERO STREET SAN FRANCISCO, CA 94110	94-2590868	501(C)(3)	15,000.	0.			ENDOWMENT SUPPORT, GENERAL SUPPORT
C.G. JUNG SOCIETY OF SARASOTA P.O. BOX 1956 SARASOTA, FL 34230	65-0480102	501(C)(3)	7,359.	0.			GENERAL SUPPORT
CARDINAL MOONEY CATHOLIC HIGH SCHOOL - 4171 FRUITVILLE ROAD - SARASOTA, FL 34232	59-0900923	501(C)(3)	27,074.	0.			EMERGENCY ASSISTANCE, GENERAL SUPPORT
CARDIOVASCULAR CENTER OF SARASOTA FOUNDATION FOR RESEARCH AND EDUCATION - 1950 ARLINGTON STREET, SUITE 300 - SARASOTA, FL	47-4110671	501(C)(3)	50,000.	0.			GENERAL SUPPORT
CASEY KEY LIBRARY ASSOCIATION, INC. - P.O. BOX 1101 - OSPREY, FL 34229-1101	59-2669039	501(C)(3)	5,132.	0.			GENERAL SUPPORT

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CATHOLIC CHARITIES DIOCESE OF BROOKLYN AND QUEENS - PO BOX 25371 - BROOKLYN, NY 11201	11-1633548	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)	164,555.	0.			EMERGENCY ASSISTANCE, GENERAL SUPPORT, PROGRAM SUPPORT
CATHOLIC CHARITIES OF DESOTO COUNTY, DISTRICT IV - 1210 E. OAK STREET - ARCADIA, FL 34266-8907	59-2473176	501(C)(3)	100,000.	0.			EMERGENCY ASSISTANCE, GENERAL SUPPORT, PROGRAM SUPPORT
CATHOLIC CHARITIES/OUR MOTHER'S HOUSE - P.O. BOX 2240 - VENICE, FL 34285	59-2473176	501(C)(3)	9,000.	0.			CAPITAL PURCHASES
CATHOLIC CHURCH EXTENSION SOCIETY 150 S WACKER DR STE 2000 CHICAGO, IL 60606	36-6000520	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CATO INSTITUTE 1000 MASSACHUSETTS AVENUE NW WASHINGTON, DC 20001	23-7432162	501(C)(3)	5,000.	0.			GENERAL SUPPORT
CENTER FOR RELIGIOUS TOLERANCE 520 RALPH STREET SARASOTA, FL 34242	20-5782137	501(C)(3)	43,100.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
CENTER OF THE AMERICAN EXPERIMENT 8421 WAYZATA BLVD., STE. 110 GOLDEN VALLEY, MN 55426	36-3611426	501(C)(3)	5,000.	0.			GENERAL SUPPORT
CENTERSTONE OF FLORIDA 391 6TH AVENUE WEST BRADENTON, FL 34205	59-1009537	501(C)(3)	8,500.	0.			GENERAL SUPPORT

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CHARLOTTE COUNTY HABITAT FOR HUMANITY, INC. - 1750 MANZANA AVENUE - PUNTA GORDA, FL 33950-6409	59-2870908	501(C)(3)	5,541.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
CHARLOTTE COUNTY HOMELESS COALITION, INC. - PO BOX 380157 - MURDOCK, FL 33938-0157	65-0139525	501(C)(3)	18,750.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
CHARLOTTE COUNTY PUBLIC SCHOOLS 1445 EDUCATION WAY PORT CHARLOTTE, FL 33948	59-6000539	501(C)(3)	8,714.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
CHARLOTTE PLAYERS INC P.O. BOX 494088 PORT CHARLOTTE, FL 33949	23-7087894	501(C)(3)	10,174.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
CHARLOTTE SYMPHONY ORCHESTRA DBA PUNTA GORDA SYMPHONY - 6210 SCOTT STREET, UNIT 213 - PUNTA GORDA, FL 33950	59-2029342	501(C)(3)	10,262.	0.			CAPITAL PURCHASES, GENERAL SUPPORT, PROGRAM SUPPORT
CHATHAM UNITED METHODIST CHURCH 460 MAIN STREET CHATHAM, NJ 07928	22-1659495	501(C)(3)	6,000.	0.			GENERAL SUPPORT
CHICAGO JESUIT ACADEMY 5058 W. JACKSON BLVD. CHICAGO, IL 60644	20-2091040	501(C)(3)	32,500.	0.			SCHOLARSHIP SUPPORT
CHILD PROTECTION CENTER, INC. 720 S. ORANGE AVE SARASOTA, FL 34236	59-2113850	501(C)(3)	81,435.	0.			CAPITAL PURCHASES, GENERAL SUPPORT, PROGRAM SUPPORT
CHILDREN FIRST, INC. 1723 N. ORANGE AVENUE SARASOTA, FL 34234	59-0968249	501(C)(3)	209,932.	0.			CAPITAL PURCHASES, GENERAL SUPPORT, PROGRAM SUPPORT

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CHILDREN'S BOOK PROJECT 3433 21ST STREET SAN FRANCISCO, CA 94110-2212	94-3229734	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CHILDREN'S CANCER CENTER, INC. 4901 W. CYPRESS ST. TAMPA, FL 33607	59-1779035	501(C)(3)	30,000.	0.			GENERAL SUPPORT
CHILDREN'S GUARDIAN FUND INC P.O. BOX 49722 SARASOTA, FL 34230	65-0626074	501(C)(3)	11,920.	0.			CAPITAL PURCHASES, GENERAL SUPPORT, PROGRAM SUPPORT
CHIPOLA COLLEGE FOUNDATION, INC. 3094 INDIAN CIR MARIANNA, FL 32446	59-2074070	501(C)(3)	60,000.	0.			SCHOLARSHIP SUPPORT
CHURCH OF THE CROSS 5051 26TH STREET WEST BRADENTON, FL 34207	59-1803986	501(C)(3)	6,683.	0.			GENERAL SUPPORT
CHURCH OF THE PALMS 3224 BEE RIDGE ROAD SARASOTA, FL 34239	59-0995240	501(C)(3)	25,313.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
CHURCH OF THE REDEEMER 222 S. PALM AVENUE SARASOTA, FL 34236	59-0751911	501(C)(3)	67,133.	0.			CAPITAL PURCHASES, GENERAL SUPPORT, PROGRAM SUPPORT
CITIZEN SCIENCE FOUNDATION 7814 ABALONE ST LAS VEGAS, NV 89139	84-6753275	501(C)(3)	5,000.	0.			GENERAL SUPPORT
CITY OF NORTH PORT - DIVISION OF SOCIAL SERVICES - 6919 OUTREACH WAY - NORTH PORT, FL 34287	59-6072227	501(C)(3)	65,000.	0.			EMERGENCY ASSISTANCE, GENERAL SUPPORT

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CITY OF NORTH PORT - PARKS & RECREATION DEPARTMENT - 4970 CITY HALL BOULEVARD - NORTH PORT, FL 34286	59-6072227	501(C)(3)	7,587.	0.			PROGRAM SUPPORT
CLARE BOOTHE LUCE POLICY INSTITUTE 112 ELDEN STREET, STE P HERNDON, VA 20170	54-1672138	501(C)(3)	5,000.	0.			GENERAL SUPPORT
COASTAL BEHAVIORAL HEALTHCARE INC 4579 NORTHGATE CT SARASOTA, FL 34234-2124	59-1432136	501(C)(3)	8,300.	0.			GENERAL SUPPORT
COLLEGE OF CENTRAL FLORIDA FOUNDATION, INC. - 3001 SW COLLEGE RD, ENTERPRISE CENTER, BUILDING 42, ROOM 202 - OCALA, FL 34474	59-6139037	501(C)(3)	60,000.	0.			SCHOLARSHIP SUPPORT
COMMUNITY ASSISTED & SUPPORTED LIVING, INC. (C.A.S.L.) - 2911 FRUITVILLE ROAD - SARASOTA, FL 34237	65-0869993	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
COMMUNITY COALITION ON HOMELESSNESS DBA TURNING POINTS - 701 17TH AVENUE WEST - BRADENTON, FL 34205-7665	59-3340921	501(C)(3)	750,500.	0.			EMERGENCY ASSISTANCE, GENERAL SUPPORT, PROGRAM SUPPORT
COMMUNITY FOUNDATION OF JACKSON HOLE - PO BOX 1523 - DRIGGS, ID 83422	83-0308856	501(C)(3)	11,000.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
COMMUNITY FOUNDATION OF NORTHWEST FLORIDA, INC. - 17 W. CEDAR STREET, SUITE 2 - PENSACOLA, FL 32502	59-3371653	501(C)(3)	5,000.	0.			EMERGENCY ASSISTANCE
COMMUNITY FOUNDATION OF SARASOTA COUNTY, INC. - 2635 FRUITVILLE RD - SARASOTA, FL 34237	59-1956886	501(C)(3)	67,954.	0.			GENERAL SUPPORT

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COMMUNITY INITIATIVES 1000 BROADWAY, SUITE #480 OAKLAND, CA 94607	94-3255070	501(C)(3)	39,938.	0.			PROGRAM SUPPORT
CONGREGATION OF THE SACRED HEARTS PO BOX 668 SAN DIMAS, CA 91773	04-2160533	501(C)(3)	7,288.	0.			GENERAL SUPPORT
CONSERVATION FOUNDATION OF THE GULF COAST - PO BOX 902 - OSPREY, FL 34229-0902	20-0345249	501(C)(3)	18,400.	0.			CAPITAL PURCHASES, GENERAL SUPPORT, PROGRAM SUPPORT
CORE SRQ FKA OUR Y INC. 1075 S. EUCLID AVENUE SARASOTA, FL 34237	84-2889884	501(C)(3)	12,530.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
CORNERSTONE OF LAKEWOOD RANCH PCA 14306 COVENANT WAY LAKEWOOD RANCH, FL 34202	65-0617139	501(C)(3)	6,339.	0.			GENERAL SUPPORT
CREEKSIDE CHRISTIAN CHURCH, INC. 92 LIFESPRING WAY ST. JOHNS, FL 32259	01-0697890	501(C)(3)	40,000.	0.			CAPITAL PURCHASES, PROGRAM SUPPORT
CROWLEY MUSEUM AND NATURE CENTER 16405 MYAKKA ROAD SARASOTA, FL 34240	23-7374527	501(C)(3)	10,914.	0.			GENERAL SUPPORT
DIOCESE OF VENICE IN FLORIDA INC 1000 PINEBROOK ROAD VENICE, FL 34285	27-1988145	501(C)(3)	33,644.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
DO GOOD FUND, INC. P.O. BOX 1199 COLUMBUS, GA 31901	45-5236209	501(C)(3)	7,000.	0.			PROGRAM SUPPORT

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DOCTORS WITHOUT BORDERS USA, INC. P.O. BOX 5030 HAGERSTOWN, MD 21741-5030	13-3433452	501(C)(3)	14,050.	0.			EMERGENCY ASSISTANCE, GENERAL SUPPORT, PROGRAM SUPPORT
DREAMERS ACADEMY INC 800 BEN FRANKLIN DR, UNIT 108 SARASOTA, FL 34236-2151	82-2813068	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
DRUG COURT - TWELFTH JUDICIAL CIRCUIT - 1751 MOUND ST. - SARASOTA, FL 34230-6587	59-6000848	501(C)(3)	11,060.	0.			CAPITAL PURCHASES, PROGRAM SUPPORT
EARLY LEARNING COALITION OF SARASOTA COUNTY - 1750 17TH STREET BUILDING L - SARASOTA, FL 34234-8690	65-1110174	501(C)(3)	46,215.	0.			CAPITAL PURCHASES, GENERAL SUPPORT, PROGRAM SUPPORT, SCHOLARSHIP SUPPORT
EASTER SEALS SOUTHWEST FLORIDA INC 350 BRADEN AVENUE SARASOTA, FL 34243	59-0638490	501(C)(3)	15,919.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
EDUCATION FOUNDATION OF SARASOTA COUNTY INC - 1960 LANDINGS BOULEVARD, #120 - SARASOTA, FL 34231-3365	59-2320858	501(C)(3)	58,177.	0.			EMERGENCY ASSISTANCE, GENERAL SUPPORT, PROGRAM SUPPORT
EMBRACING OUR DIFFERENCES INC PO BOX 2559 SARASOTA, FL 34230	20-3581293	501(C)(3)	52,338.	0.			CAPITAL PURCHASES, GENERAL SUPPORT, PROGRAM SUPPORT
EMMA E. BOOKER ELEMENTARY SCHOOL 2350 DR. MARTIN LUTHER KING WAY SARASOTA, FL 34234	59-6000847	501(C)(3)	46,744.	0.			CAPITAL PURCHASES, EMERGENCY ASSISTANCE, PROGRAM SUPPORT
EMMA WILLARD SCHOOL 285 PAWLING AVENUE TROY, NY 12180	14-1338390	501(C)(3)	21,814.	0.			GENERAL SUPPORT

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ENDOWMENT FUND OF TEMPLE EMANU-EL 151 MCINTOSH ROAD SARASOTA, FL 34232	65-0488747	501(C)(3)	5,246.	0.			GENERAL SUPPORT
ENGLEWOOD COMMUNITY CARE CLINIC, INC. - PO BOX 189 - ENGLEWOOD, FL 34295-0189	27-1035312	501(C)(3)	22,000.	0.			CAPITAL PURCHASES, PROGRAM SUPPORT
EQUALITY FLORIDA INSTITUTE, INC. P.O. BOX 13184 ST. PETERSBURG, FL 33733	59-3435235	501(C)(3)	49,195.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
EVANGELISM INTERNATIONAL, INC. PO BOX 64893 VIRGINIA BEACH, VA 23467	26-2644218	501(C)(3)	57,000.	0.			CAPITAL PURCHASES, PROGRAM SUPPORT
FAIRFIELD GLADE FIRE DEPARTMENT PO BOX 1547 CROSSVILLE, TN 38558	62-1378711	501(C)(3)	5,000.	0.			GENERAL SUPPORT
FAMILY PROMISE OF SARASOTA INC 8499 TAMiami TrL PMB 267 SARASOTA, FL 34238	20-5058968	501(C)(3)	23,553.	0.			GENERAL SUPPORT
FAMILY PROMISE OF SOUTH SARASOTA COUNTY - 850 COCKRILL STREET - VENICE, FL 34285-3511	46-4906213	501(C)(3)	41,537.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
FCNL EDUCATION FUND 245 SECOND ST. NE WASHINGTON, DC 20002	52-1254489	501(C)(3)	10,000.	0.			GENERAL SUPPORT
FEEDING AMERICA PO BOX 96749 WASHINGTON, DC 20090-6749	36-3673599	501(C)(3)	50,700.	0.			GENERAL SUPPORT

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FEEDING AMERICA TAMPA BAY INC DBA FEEDING TAMPA BAY - 4702 TRANSPORT DRIVE, BUILDING 6 - TAMPA, FL 33605-5940	59-2116576	501(C)(3)	10,000.	0.			CAPITAL PURCHASES
FIRST PRESBYTERIAN CHURCH 2050 OAK STREET SARASOTA, FL 34237	23-6393377	501(C)(3)	6,144.	0.			GENERAL SUPPORT
FIRST STEP OF SARASOTA INC 4579 NORTHGATE COURT SARASOTA, FL 34234	59-1304472	501(C)(3)	59,500.	0.			CAPITAL PURCHASES, GENERAL SUPPORT, PROGRAM SUPPORT
FIRST UNITED METHODIST CHURCH 104 S. PINEAPPLE AVENUE SARASOTA, FL 34236	59-0637841	501(C)(3)	10,050.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
FISHER HOUSE FOUNDATION INC 12300 TWINBROOK PKWY, SUITE 410 ROCKVILLE, MD 20852-1650	11-3158401	501(C)(3)	10,000.	0.			GENERAL SUPPORT
FLORIDA COALITION ON DONATION, INC. DBA DONATE LIFE FLORIDA - PO BOX 51772 - SARASOTA, FL 34232	20-1169939	501(C)(3)	33,798.	0.			GENERAL SUPPORT
FLORIDA CULTURAL GROUP, INC. FKA THE MANATEE PLAYERS - 502 THIRD AVENUE WEST - BRADENTON, FL 34205	59-1196043	501(C)(3)	23,366.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
FLORIDA SHERIFFS YOUTH RANCHES INC PO BOX 2000 BOYS RANCH, FL 32064	23-7303117	501(C)(3)	65,695.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
FLORIDA STUDIO THEATRE INC. 1241 N. PALM AVENUE SARASOTA, FL 34236	23-7362760	501(C)(3)	102,960.	0.			GENERAL SUPPORT, PROGRAM SUPPORT, SCHOLARSHIP SUPPORT

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FLORIDA WINEFEST & AUCTION INC P.O. BOX 4193 SARASOTA, FL 34230-4193	65-0455486	501(C)(3)	10,400.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
FOLDS OF HONOR FOUNDATION DEPARTMENT #13 TULSA, OK 74182	75-3240683	501(C)(3)	10,000.	0.			GENERAL SUPPORT
FOOD FOR THE POOR, INC. P.O. BOX 979005 COCONUT CREEK, FL 33097	59-2174510	501(C)(3)	7,600.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
FORTY CARROTS FAMILY CENTER 1500 S. TUTTLE AVENUE SARASOTA, FL 34239	65-0405988	501(C)(3)	65,235.	0.			CAPITAL PURCHASES, GENERAL SUPPORT, PROGRAM SUPPORT
FOUNDATION FOR DREAMS, INC. 16110 DREAM OAKS PLACE BRADENTON, FL 34212	65-0704986	501(C)(3)	24,500.	0.			PROGRAM SUPPORT, SCHOLARSHIP SUPPORT
FOUNDATION FOR FLORIDA GATEWAY COLLEGE, INC. - 149 SE COLLEGE PLACE - LAKE CITY, FL 32025	59-1627997	501(C)(3)	60,000.	0.			SCHOLARSHIP SUPPORT
FOX FOSTER KITTENS INC 2618 STRATFORD DRIVE SARASOTA, FL 34232	82-4002822	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
FRIENDS OF AMANI US, INC. 11 SOUTH MAIN STREET, SUITE 501 CONCORD, NH 03301	27-3621599	501(C)(3)	8,272.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
FRIENDS OF MANATEE COUNTY ANIMAL SERVICES - 3230 EAST BAY DR #316 - HOLMES BEACH, FL 34217	81-4062317	501(C)(3)	10,000.	0.			PROGRAM SUPPORT

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FRIENDS OF SARASOTA COUNTY PARKS INC - 234 NIPPINO TRAIL E UNIT 101 - NOKOMIS, FL 34275	45-0522194	501(C)(3)	12,311.	0.			CAPITAL PURCHASES
FRIENDS OF THE FRANCES T. BOURNE JACARANDA PUBLIC LIBRARY - 4143 WOODMERE PARK BLVD. - VENICE, FL 34293	65-0350944	501(C)(3)	15,803.	0.			CAPITAL PURCHASES
FRIENDS OF THE SELBY PUBLIC LIBRARY - 1331 FIRST STREET - SARASOTA, FL 34236	59-1715741	501(C)(3)	5,808.	0.			GENERAL SUPPORT
FRIENDS OF THE WORLD FOOD PROGRAM DBA WORLD FOOD PROGRAM USA - 1725 I STREET NW, SUITE 510 - WASHINGTON, DC 20006	13-3843435	501(C)(3)	10,000.	0.			CAPITAL PURCHASES
FSU/ASOLO CONSERVATORY FOR ACTOR TRAINING - 5555 N. TAMIAMI TRAIL - SARASOTA, FL 34243	59-6152180	501(C)(3)	13,340.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
GATOR WILDERNESS CAMP SCHOOL 44930 FARABEE ROAD PUNTA GORDA, FL 33982-9536	65-0704638	501(C)(3)	9,666.	0.			GENERAL SUPPORT
GIRLS INCORPORATED OF SARASOTA COUNTY - 201 S. TUTTLE AVENUE - SARASOTA, FL 34237-6333	23-7363275	501(C)(3)	99,043.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
GIVE ME A CHANCE FOUNDATION 1717 N. NAPER BLVD., SUITE 108 NAPERVILLE, IL 60563	26-2832456	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
GLASSER-SCHOENBAUM HUMAN SERVICES CENTER - 1750 17TH STREET, BUILDING J-1 - SARASOTA, FL 34234-8666	59-2707877	501(C)(3)	1,269,669.	0.			EMERGENCY ASSISTANCE, GENERAL SUPPORT, PROGRAM SUPPORT

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GLEANERS FOOD BANK OF INDIANA INC 3737 WALDEMERE AVE. INDIANAPOLIS, IN 46241	35-1483868	501(C)(3)	5,000.	0.			EMERGENCY ASSISTANCE
GLENRIDGE ON PALMER RANCH, INC. 7333 SCOTLAND WAY SARASOTA, FL 34238	59-3472733	501(C)(3)	9,908.	0.			GENERAL SUPPORT
GLOBAL OUTREACH INC 7326 WINDEMERE LANE UNIVERSITY PARK, FL 34201	20-2247890	501(C)(3)	6,000.	0.			GENERAL SUPPORT
GO-PHER GREEN INC DBA BOCILLA ISLANDS CONSERVANCY - PO BOX 881 - PLACIDA, FL 33946	81-1139087	501(C)(3)	7,050.	0.			PROGRAM SUPPORT
GOCIO ELEMENTARY SCHOOL 3450 GOCIO ROAD SARASOTA, FL 34235	59-6000847	501(C)(3)	107,296.	0.			CAPITAL PURCHASES, GENERAL SUPPORT, PROGRAM SUPPORT
GOOD SHEPHERD EVANGELICAL LUTHERAN CHURCH, INC. - 5659 HONORE AVE. - SARASOTA, FL 34233	59-2170050	501(C)(3)	86,043.	0.			GENERAL SUPPORT
GOODWILL INDUSTRIES MANASOTA INC 2705 51ST AVE EAST BRADENTON, FL 34203	59-2074391	501(C)(3)	35,928.	0.			GENERAL SUPPORT
GRANTMAKERS IN AGING, INC. 901 NORTH GLEBE ROAD, SUITE 200 ARLINGTON, VA 22203	13-4014982	501(C)(3)	5,000.	0.			GENERAL SUPPORT
GULF COAST PARTNERSHIP INC 408 TAMIAMI TRL UNIT 121 PUNTA GORDA, FL 33950-4847	38-3913077	501(C)(3)	10,000.	0.			GENERAL SUPPORT

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GULF COAST STATE COLLEGE FOUNDATION, INC. - 5230 WEST HIGHWAY 98, STUDENT UNION WEST, #325 - PANAMA CITY, FL 32401	59-1682455	501(C)(3)	60,000.	0.			SCHOLARSHIP SUPPORT
GULFCOAST LEGAL SERVICES INC 501 FIRST AVE NORTH SUITE 420 ST. PETERSBURG, FL 33701	59-1882749	501(C)(3)	22,000.	0.			PROGRAM SUPPORT
H. LEE MOFFITT CANCER CENTER & RESEARCH INSTITUTE - P.O. BOX 23827 - TAMPA, FL 33623-3827	59-2451713	501(C)(3)	31,131.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
H. LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE FOUNDATION INC. - 12902 MAGNOLIA DRIVE - TAMPA, FL 33612	59-3238636	501(C)(3)	14,150.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
HABITAT FOR HUMANITY OF THE ROARING FORK VALLEY - 53 CALAWAY CT - GLENWOOD SPRINGS, CO 81601	84-1499538	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
HABITAT FOR HUMANITY SARASOTA INC 1757 NORTH EAST AVENUE SARASOTA, FL 34234	59-2495597	501(C)(3)	53,248.	0.			CAPITAL PURCHASES, EMERGENCY ASSISTANCE, GENERAL SUPPORT, PROGRAM SUPPORT
HADASSAH THE WOMENS ZIONIST ORGANIZATION OF AMERICA, INC. - 40 WALL STREET - NEW YORK, NY 10005	13-1656651	501(C)(3)	10,374.	0.			GENERAL SUPPORT
HARVEST TABERNACLE OF SARASOTA D/B/A HARVEST HOUSE TRANSITIONAL CENTERS - 3650 17TH ST. - SARASOTA, FL 34235	59-2186807	501(C)(3)	121,969.	0.			CAPITAL PURCHASES, GENERAL SUPPORT, PROGRAM SUPPORT
HERMITAGE ARTIST RETREAT INC 6630 MANASOTA KEY ROAD ENGLEWOOD, FL 34223	30-0104608	501(C)(3)	105,820.	0.			GENERAL SUPPORT, PROGRAM SUPPORT

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HERSHORIN SCHIFF DAY SCHOOLS OF TOMORROW INC - 4335 WILKINSON ROAD - SARASOTA, FL 34233	47-3558984	501(C)(3)	14,429.	0.			EMERGENCY ASSISTANCE, GENERAL SUPPORT
HEWITT SCHOOL 45 E 75TH STREET NEW YORK, NY 10021	13-1658789	501(C)(3)	5,000.	0.			GENERAL SUPPORT
HILL-STEAD MUSEUM 35 MOUNTAIN RD FARMINGTON, MA 06032	06-0646673	501(C)(3)	5,000.	0.			GENERAL SUPPORT
HILLEL THE FOUNDATION FOR JEWISH CAMPUS LIFE AT PENN STATE UNIVERSITY - 114-117 PASQUERILLA SPIRITUAL CENTER - UNIVERSITY	38-3829311	501(C)(3)	10,000.	0.			GENERAL SUPPORT
HILLSDALE COLLEGE 33 E. COLLEGE STREET HILLSDALE, MI 49242-9989	38-1374230	501(C)(3)	74,500.	0.			GENERAL SUPPORT, PROGRAM SUPPORT, SCHOLARSHIP SUPPORT
HISTORICAL SOCIETY OF SARASOTA COUNTY - PO BOX 1632 - SARASOTA, FL 34230	59-6169574	501(C)(3)	9,997.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
HONOR SANCTUARY INC DBA HONOR ANIMAL RESCUE - 4951 LORRAINE RD - BRADENTON, FL 34211	26-0878064	501(C)(3)	50,174.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
HOPE FAMILY SERVICES INC P.O. BOX 1624 BRADENTON, FL 34206	59-1970241	501(C)(3)	8,000.	0.			GENERAL SUPPORT
HORIZONS UNLIMITED CHRISTIAN ACADEMY, INC. - 2674 DR. M. L. KING JR WAY - SARASOTA, FL 34234-6344	14-1879521	501(C)(3)	9,900.	0.			CAPITAL PURCHASES

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HOUSTON FOOD BANK 535 PORTWALL ST HOUSTON, TX 77029	74-2181456	501(C)(3)	5,000.	0.			GENERAL SUPPORT
HOWARD YOUNG FOUNDATION, INC. P.O. BOX 470 WOODRUFF, WI 54568	39-1521169	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
HUMANE SOCIETY AT LAKEWOOD RANCH INC - 26920 GOPHER HILL RD - MYAKKA CITY, FL 34251	27-3937966	501(C)(3)	8,000.	0.			PROGRAM SUPPORT
HUMANE SOCIETY OF MANATEE COUNTY INC - 2515 14TH STREET WEST - BRADENTON, FL 34205	59-1819652	501(C)(3)	15,453.	0.			CAPITAL PURCHASES, GENERAL SUPPORT, PROGRAM SUPPORT
HUMANE SOCIETY OF SARASOTA COUNTY INC - 2331 15TH STREET - SARASOTA, FL 34237	59-6014943	501(C)(3)	166,158.	0.			CAPITAL PURCHASES, GENERAL SUPPORT, PROGRAM SUPPORT
HUNTER COLLEGE FOUNDATION, INC. 695 PARK AVENUE, SUITE E1313 NEW YORK, NY 10065	13-3598671	501(C)(3)	5,000.	0.			SCHOLARSHIP SUPPORT
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI - ONE GUSTAVE L. LEVY PLACE, BOX 1049 - NEW YORK, NY 10029	13-6171197	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
IDAHO FOODBANK WAREHOUSE, INC. 3630 E. COMMERCIAL CT. MERIDIAN, ID 83642	82-0425400	501(C)(3)	5,250.	0.			GENERAL SUPPORT
ILLINOIS STATE UNIVERSITY FOUNDATION - CAMPUS BOX 3200 - NORMAL, IL 61790-3060	37-6025713	501(C)(3)	5,000.	0.			GENERAL SUPPORT

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IMPACT 100 SRQ, INC. PO BOX 49887 SARASOTA, FL 34230	82-1754541	501(C)(3)	7,200.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
INSTRIDE THERAPY 1629 RANCH ROAD NOKOMIS, FL 34275	65-0536169	501(C)(3)	482,518.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
INTERCOLLEGIATE STUDIES INSTITUTE, INC. - 3901 CENTERVILLE ROAD - WILMINGTON, DE 19807	23-6050131	501(C)(3)	9,000.	0.			GENERAL SUPPORT
IOWA CITY HOSPICE, INC. 1025 WADE STREET IOWA CITY, IA 52240	42-1154098	501(C)(3)	5,000.	0.			GENERAL SUPPORT
J5 EXPERIENCE, INC. P.O. BOX 231 TALLEVAST, FL 34270	82-2991546	501(C)(3)	20,000.	0.			PROGRAM SUPPORT
JERSEY COUNTY HISTORICAL SOCIETY 601 NORTH STATE STREET JERSEYVILLE, IL 62052	51-0153238	501(C)(3)	9,470.	0.			GENERAL SUPPORT
JERSEYVILLE PUBLIC LIBRARY 105 N. LIBERTY ST. JERSEYVILLE, IL 62052	37-1175704	501(C)(3)	18,934.	0.			GENERAL SUPPORT
JEWISH BIG BROTHERS BIG SISTERS OF GREATER BOSTON - 333 NAHANTON ST. - NEWTON CENTRE, MA 02459	04-2104354	501(C)(3)	5,000.	0.			GENERAL SUPPORT
JEWISH FAMILY & CHILDREN'S SERVICE OF THE SUNCOAST, INC. - 2688 FRUITVILLE ROAD - SARASOTA, FL 34237-5223	59-2693318	501(C)(3)	68,121.	0.			EMERGENCY ASSISTANCE, GENERAL SUPPORT, PROGRAM SUPPORT

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JEWISH NATIONAL FUND -KEREN KAYEMETH LEISRAEL, INC. - 78 RANDALL AVENUE - ROCKVILLE CENTER, NY 11570	13-1659627	501(C)(3)	5,660.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
JOHN & MABLE RINGLING MUSEUM OF ART FOUNDATION - 5401 BAY SHORE ROAD - SARASOTA, FL 34243	59-6214423	501(C)(3)	64,329.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
JOSEPH ROBERT SHAW FOUNDATION, INC. - 5117 52ND STREET NW - WASHINGTON, DC 20016	82-0765105	501(C)(3)	10,000.	0.			GENERAL SUPPORT
JOSHPROVIDES EPILEPSY ASSISTANCE FOUNDATION, INC. - 5428 SUNDEW DRIVE - SARASOTA, FL 34238	46-2322505	501(C)(3)	6,264.	0.			GENERAL SUPPORT
JUNIOR LEAGUE OF SARASOTA, INC. 3300 S. TAMiami TRAIL, #3 SARASOTA, FL 34239-5100	59-6159037	501(C)(3)	54,723.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
KEY CHORALE, INC. 1233-C SOUTH TAMiami TRAIL SARASOTA, FL 34239	59-2779200	501(C)(3)	15,500.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
LAUREL CIVIC ASSOCIATION, INC. PO BOX 511 LAUREL, FL 34272	65-0187752	501(C)(3)	24,750.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
LAWRENCE UNIVERSITY OF WISCONSIN 711 E. BOLDT WAY APPLETON, WI 54911	39-0806297	501(C)(3)	16,541.	0.			GENERAL SUPPORT
LEARN MY HISTORY FOUNDATION PO BOX 3333 SARASOTA, FL 34230-3333	20-5794552	501(C)(3)	10,250.	0.			PROGRAM SUPPORT

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LEMUR CONSERVATION FOUNDATION PO BOX 249 MYAKKA CITY, FL 34251	59-3359549	501(C)(3)	9,000.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
LIBRARY FOUNDATION FOR SARASOTA COUNTY, INC. - P.O. BOX 17903 - SARASOTA, FL 34276	45-2585429	501(C)(3)	280,079.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
LIGHT OF THE WORLD INTERNATIONAL CHURCH - P.O. BOX 48974 - SARASOTA, FL 34230	83-0499021	501(C)(3)	11,125.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
LIGHTHOUSE FOR THE VISUALLY IMPAIRED AND BLIND - 6492 CALIFORNIA ST. - BROOKSVILLE, FL 34604	59-2311666	501(C)(3)	5,000.	0.			GENERAL SUPPORT
LITERACY COUNCIL OF MANATEE COUNTY, INC. - 3501 CORTEZ ROAD W STE 6 - BRADENTON, FL 34210	59-2116479	501(C)(3)	26,578.	0.			PROGRAM SUPPORT
LONGBOAT KEY CENTER FOR HEALTHY LIVING INC (DBA THE PARADISE CENTER) - 546 BAY ISLES ROAD - LONGBOAT KEY, FL 34228	35-2548455	501(C)(3)	33,284.	0.			EMERGENCY ASSISTANCE, GENERAL SUPPORT
LONGBOAT KEY GARDEN CLUB P O BOX 8375 LONGBOAT KEY, FL 34228	59-2387836	501(C)(3)	5,250.	0.			PROGRAM SUPPORT
LOUIS AND GLORIA FLANZER PHILANTHROPIC TRUST - 1843 FLOYD STREET - SARASOTA, FL 34239	14-6285967	501(C)(3)	40,830.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
LOVE MCKINLEY, INC. 6726 10TH AVE N ST. PETERSBURG, FL 33710	81-2098367	501(C)(3)	10,000.	0.			GENERAL SUPPORT

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LOVELAND CENTER, INC. 157 SOUTH HAVANA ROAD VENICE, FL 34292-3104	59-1011392	501(C)(3)	80,489.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
LSU ALUMNI ASSOCIATION 3838 W LAKESHORE DR BATON ROUGE, LA 70808	72-6027430	501(C)(3)	10,000.	0.			ENDOWMENT SUPPORT
LUPUS RESEARCH ALLIANCE, INC. 275 MADISON AVENUE, 10TH FLOOR NEW YORK, NY 10016	58-2492929	501(C)(3)	10,000.	0.			GENERAL SUPPORT
LUTHERAN SERVICES FLORIDA, INC. 3627 W. WATERS AVE TAMPA, FL 33614	59-2198911	501(C)(3)	17,155.	0.			GENERAL SUPPORT
MAKE A WISH FOUNDATION OF SOUTHERN FLORIDA SUNCOAST REGIONAL OFFICE - 3430 MAGIC OAK LANE - SARASOTA, FL 34232	59-2620322	501(C)(3)	5,050.	0.			PROGRAM SUPPORT
MANA-SOTA LIGHTHOUSE FOR THE BLIND INC DBA LIGHTHOUSE VISION LOSS EDUCATION - 7318 N. TAMIAMI TRAIL - SARASOTA, FL 34243	59-2591136	501(C)(3)	171,095.	0.			CAPITAL PURCHASES, GENERAL SUPPORT, PROGRAM SUPPORT
MANA-SOTA LIGHTHOUSE FOR THE BLIND INC DBA LIGHTHOUSE VISION LOSS EDUCATION - 2850 75TH STREET W - BRADENTON, FL 34209	59-2378750	501(C)(3)	11,609.	0.			GENERAL SUPPORT
MANASOTA SOLVE, INC. 1335 MANATEE AVENUE WEST BRADENTON, FL 34205	59-1683408	501(C)(3)	12,245.	0.			GENERAL SUPPORT
MANATEE COMMUNITY FOUNDATION, INC. 2820 MANATEE AVE W BRADENTON, FL 34205	65-0833500	501(C)(3)	6,346.	0.			GENERAL SUPPORT, PROGRAM SUPPORT

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MANATEE COUNTY BOARD OF COUNTY COMMISSIONERS - 1112 MANATEE AVENUE WEST - BRADENTON, FL 34205	59-6000727	501(C)(3)	7,887.	0.			PROGRAM SUPPORT
MANATEE COUNTY FAMILY YMCA, INC. 701 CENTER ROAD VENICE, FL 34285	59-1626905	501(C)(3)	7,389.	0.			PROGRAM SUPPORT
MANATEE COUNTY HABITAT FOR HUMANITY - 1901 MANATEE AVENUE W., 2ND FLOOR - BRADENTON, FL 34205	65-0484034	501(C)(3)	9,374.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
MANATEE SHERIFFS CHARITY, INC. 600 301 BLVD. WEST, SUITE 202 BRADENTON, FL 34205	82-2616247	501(C)(3)	10,000.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
MARIE SELBY BOTANICAL GARDENS INC 1534 MOUND STREET SARASOTA, FL 34236	59-1848965	501(C)(3)	180,882.	0.			CAPITAL PURCHASES, GENERAL SUPPORT, PROGRAM SUPPORT
MARQUETTE UNIVERSITY P.O. BOX 1881 MILWAUKEE, WI 53201	39-0806251	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
MARROW MATES INCORPORATED 875 PONCE DE LEON DRIVE TIERRA VERDE, FL 33715	82-5199409	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
MASONIC HOME FOR CHILDREN AT OXFORD - 600 COLLEGE STREET - OXFORD, NC 27565	56-0603924	501(C)(3)	36,335.	0.			GENERAL SUPPORT
MASSACHUSETTS INSTITUTE OF TECHNOLOGY - 600 MEMORIAL DRIVE, W98-200 - CAMBRIDGE, MA 02139	04-2103594	501(C)(3)	5,000.	0.			PROGRAM SUPPORT

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MAYORS' FEED THE HUNGRY PROGRAM, INC. - P.O. BOX 1992 - SARASOTA, FL 34230	65-0369363	501(C)(3)	17,010.	0.			CAPITAL PURCHASES, GENERAL SUPPORT, PROGRAM SUPPORT
MEALS ON WHEELS OF SARASOTA INC 421 NORTH LIME AVENUE SARASOTA, FL 34237	59-1391249	501(C)(3)	69,617.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
MEALS ON WHEELS PLUS OF MANATEE, INC. - 811 23RD AVENUE E. - BRADENTON, FL 34208	59-1420986	501(C)(3)	97,521.	0.			CAPITAL PURCHASES, GENERAL SUPPORT, PROGRAM SUPPORT
MEMORIAL SLOAN-KETTERING CANCER CENTER - PO BOX 27106 - NEW YORK, NY 10087	13-1924236	501(C)(3)	8,450.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
MESOTHELIOMA APPLIED RESEARCH FOUNDATION - 1615 L STREET NW, SUITE 430 - WASHINGTON, DC 20036	75-2816066	501(C)(3)	5,000.	0.			GENERAL SUPPORT
METHODIST CHILDREN'S HOME SOCIETY 26645 W. SIX MILE RD. REDFORD, MI 48240	38-1240951	501(C)(3)	11,745.	0.			GENERAL SUPPORT
METROPOLITAN MINISTRIES - PASCO COUNTY - 3214 US HWY 19 - HOLIDAY, FL 34691	59-1477007	501(C)(3)	5,000.	0.			CAPITAL PURCHASES
MILITARY HERITAGE MUSEUM INC 900 WEST MARION AVE PUNTA GORDA, FL 33950	65-1036360	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
MINNEAPOLIS COLLEGE OF ART & DESIGN - 2501 STEVENS AVE - MINNEAPOLIS, MN 55404-4347	41-1607453	501(C)(3)	40,000.	0.			PROGRAM SUPPORT

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISSION & WELFARE INTERNATIONAL P.O. BOX 1135 BATTLE GROUND, WA 98604-1135	20-0239517	501(C)(3)	11,000.	0.			CAPITAL PURCHASES, PROGRAM SUPPORT
MODERN MARIMBA CONCERT SERIES P.O. BOX 2066 SARASOTA, FL 34230	84-2738377	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
MONTESSORI FOUNDATION, INC. 19600 STATE ROAD 64 E BRADENTON, FL 34212-8921	52-1798231	501(C)(3)	5,000.	0.			GENERAL SUPPORT
MOTE MARINE FOUNDATION 1600 KEN THOMPSON PARKWAY SARASOTA, FL 34236	59-2226800	501(C)(3)	37,181.	0.			GENERAL SUPPORT
MOTE MARINE LABORATORY, INC. 1600 KEN THOMPSON PKWY SARASOTA, FL 34236	59-0756643	501(C)(3)	117,957.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
MOTHERS HELPING MOTHERS P.O. BOX 342 SARASOTA, FL 34243	65-0416462	501(C)(3)	10,200.	0.			EMERGENCY ASSISTANCE, GENERAL SUPPORT
MOUNTAIN ASSOCIATION FOR COMMUNITY ECONOMIC DEVELOPMENT INC - 433 CHESTNUT STREET - BEREVA, KY 40403-1510	31-0900246	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
MULTICULTURAL HEALTH INSTITUTE 1781 DR. MARTIN LUTHER KING, JR. WA SARASOTA, FL 34234	68-0384071	501(C)(3)	32,250.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
MUSEUM OF FINE ARTS OF ST. PETERSBURG FLORIDA, INC. - 255 BEACH DRIVE NE - ST. PETERSBURG, FL 33701	59-0949278	501(C)(3)	19,590.	0.			GENERAL SUPPORT

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MYOSITIS ASSOCIATION OF AMERICA, INC. - 2000 DUKE STREET, SUITE 300 - ALEXANDRIA, VA 22314	54-1660976	501(C)(3)	10,000.	0.			GENERAL SUPPORT
NASHOTAH HOUSE 2777 MISSION RD NASHOTAH, WI 53058-9790	39-0806195	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
NATIONAL ASSOCIATION OF FREE & CHARITABLE CLINICS, INC. - 1800 DIAGONAL RD., STE 600 - ALEXANDRIA, VA 22314	56-2273242	501(C)(3)	5,000.	0.			GENERAL SUPPORT
NATIONAL MULTIPLE SCLEROSIS SOCIETY/MID FLORIDA CHAPTER - 2701 MAITLAND CENTER PKWY STE 100 - MAITLAND, FL 32751	13-5661935	501(C)(3)	17,155.	0.			GENERAL SUPPORT
NATIONAL MULTIPLE SCLEROSIS SOCIETY/NATIONAL - 900 S. BROADWAY, 2ND FLOOR - DENVER, CO 80209	13-5661935	501(C)(3)	18,587.	0.			GENERAL SUPPORT
NATIONAL PSORIASIS FOUNDATION 6600 SW 92ND AVE. SUITE 300 PORTLAND, OR 97223	93-0571472	501(C)(3)	8,846.	0.			GENERAL SUPPORT
NATIONAL SOCIETY OF THE SONS OF THE AMERICAN REVOLUTION, SARAMANA CHAPTER - 149 BIG PASS LANE - SARASOTA, FL 34242	59-6177703	501(C)(3)	8,517.	0.			GENERAL SUPPORT
NATIONAL YIDDISH BOOK CENTER 1021 WEST STREET AMHERST, MA 01002	04-2708878	501(C)(3)	10,000.	0.			GENERAL SUPPORT
NATURE CONSERVANCY, INC. 4245 N. FAIRFAX DR., SUITE 100 ARLINGTON, VA 22203	53-0242652	501(C)(3)	10,100.	0.			GENERAL SUPPORT, PROGRAM SUPPORT

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NAVY LEAGUE OF THE UNITED STATES SARASOTA-MANATEE COUNCIL - P.O. BOX 5531 - SARASOTA, FL 34277-5531	65-1124136	501(C)(3)	6,000.	0.			GENERAL SUPPORT
NEURO CHALLENGE FOUNDATION INC 722 APEX RD, STE A SARASOTA, FL 34240	26-2311656	501(C)(3)	11,600.	0.			GENERAL SUPPORT
NEW AVENUES FOR YOUTH, INC. 1220 SW COLUMBIA STREET PORTLAND, OR 97201	93-0910213	501(C)(3)	35,155.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
NEW COLLEGE FOUNDATION, INC. 5800 BAY SHORE ROAD SARASOTA, FL 34243-2109	59-0911744	501(C)(3)	174,285.	0.			CAPITAL PURCHASES, ENDOWMENT SUPPORT, GENERAL SUPPORT, PROGRAM SUPPORT, SCHOLARSHIP
NEW MEXICO STATE UNIVERSITY FOUNDATION INC. - PO BOX 3590 - LAS CRUCES, NM 88003	85-0170157	501(C)(3)	5,000.	0.			SCHOLARSHIP SUPPORT
NEWTOWN NATION, INC. P. O. BOX 2111 SARASOTA, FL 34230	47-3465787	501(C)(3)	10,875.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
NORTH FLORIDA COMMUNITY COLLEGE FOUNDATION, INC. - 325 NW TURNER DAVIS DR. - MADISON, FL 32340	59-6179948	501(C)(3)	60,000.	0.			SCHOLARSHIP SUPPORT
NORTH LIBERTY COMMUNITY PANTRY 89 NORTH JONES BLVD. NORTH LIBERTY, IA 52317	42-1233284	501(C)(3)	10,000.	0.			GENERAL SUPPORT
NORTHERN NEW YORK COMMUNITY FOUNDATION, INC. - 131 WASHINGTON STREET - WATERTOWN, NY 13601	15-6020989	501(C)(3)	10,000.	0.			GENERAL SUPPORT

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NYU LANGONE HEALTH SYSTEM ONE PARK AVE, 5TH FLOOR NEW YORK, NY 10016	47-2613531	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
OLD SALEM INCORPORATED 600 S. MAIN STREET WINSTON SALEM, NC 27101	56-0587289	501(C)(3)	10,000.	0.			ENDOWMENT SUPPORT
ONEBLOOD FOUNDATION, INC. 10100 DR. MLK JR. STREET N ST. PETERSBURG, FL 33716-3806	59-2216675	501(C)(3)	46,252.	0.			GENERAL SUPPORT
OPERATION FINALLY HOME P.O. BOX 732667 DALLAS, TX 75373	20-8964096	501(C)(3)	5,000.	0.			GENERAL SUPPORT
OPERATION KINDNESS OF FLORIDA INC 601 YARDARM LANE LONGBOAT KEY, FL 34228-3529	47-2377526	501(C)(3)	8,000.	0.			GENERAL SUPPORT
OPERATION WARRIOR RESOLUTION 242 S. WASHINGTON BLVD. #130 SARASOTA, FL 34236	82-3982294	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
ORT AMERICA, INC. 75 MAIDEN LANE, 10TH FLOOR NEW YORK, NY 10038	13-5562424	501(C)(3)	11,000.	0.			CAPITAL PURCHASES
OSPREY FIRST BAPTIST CHURCH PO BOX 808 OSPREY, FL 34229	65-0108914	501(C)(3)	22,800.	0.			GENERAL SUPPORT
OTSEGO COUNTY FOOD PANTRY P.O. BOX 1976 GAYLORD, MI 49734	38-3374066	501(C)(3)	5,000.	0.			GENERAL SUPPORT

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PASCO-HERNANDO STATE COLLEGE FOUNDATION, INC. - 10230 RIDGE ROAD, WEST CAMPUS, E-215 - NEW PORT RICHEY, FL 34654	59-1731676	501(C)(3)	60,000.	0.			SCHOLARSHIP SUPPORT
PENNSYLVANIA STATE UNIVERSITY 2583 GATEWAY DRIVE, SUITE 130 STATE COLLEGE, PA 16801	24-6000376	501(C)(3)	167,862.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
PINELLAS EDUCATION FOUNDATION 12090 STARKEY ROAD LARGO, FL 33773	59-2688253	501(C)(3)	10,000.	0.			SCHOLARSHIP SUPPORT
PINES OF SARASOTA FOUNDATION, INC. 1501 N. ORANGE AVENUE SARASOTA, FL 34236-2631	59-2988752	501(C)(3)	59,970.	0.			CAPITAL PURCHASES, GENERAL SUPPORT, PROGRAM SUPPORT
PINNACLE ACADEMY PTO 6215 LORRAINE RD. BRADENTON, FL 34202	26-3580726	501(C)(3)	16,000.	0.			CAPITAL PURCHASES, PROGRAM SUPPORT
PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA, INC. - 736 CENTRAL AVENUE - SARASOTA, FL 34236	59-1274328	501(C)(3)	126,917.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
PLAYWRIGHTS HORIZONS INC. 416 WEST 42 ST NEW YORK, NY 10036	13-2805131	501(C)(3)	10,000.	0.			GENERAL SUPPORT
PLYMOUTH HARBOR, INC 700 JOHN RINGLING BOULEVARD SARASOTA, FL 34236-1542	59-1031820	501(C)(3)	7,198.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
PRADER-WILLI SYNDROME ASSOCIATION, INC. - 8588 POTTER PARK DR, STE 500 - SARASOTA, FL 34238-5439	41-1306908	501(C)(3)	190,237.	0.			GENERAL SUPPORT

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PROJECT 180 SARASOTA, INC. PO BOX 25684 SARASOTA, FL 34277	26-3092460	501(C)(3)	9,506.	0.			GENERAL SUPPORT
PROSPECT RIDING CENTER PO BOX 424 MYAKKA CITY, FL 34251	45-5236589	501(C)(3)	25,250.	0.			CAPITAL PURCHASES, GENERAL SUPPORT, PROGRAM SUPPORT
PTSD FOUNDATION OF AMERICA 9724 DERRINGTON ROAD HOUSTON, TX 77064	20-3864341	501(C)(3)	5,000.	0.			GENERAL SUPPORT
PURDUE RESEARCH FOUNDATION 403 WEST WOOD STREET WEST LAFAYETTE, IN 47907-2007	35-1052049	501(C)(3)	50,000.	0.			GENERAL SUPPORT
QUEENS BRIGADE, INC. 828 EVANS RIDGE ROAD LAKE TOXAWAY, NC 28747	84-4161461	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
RADIO TRAINING NETWORK, INC. - THE JOY FM - 6469 PARKLAND DRIVE - SARASOTA, FL 34243	581585542	501(C)(3)	5,000.	0.			GENERAL SUPPORT
RESILIENT RETREAT, INC. 1207 SARASOTA CENTER BLVD SARASOTA, FL 34240	83-1677056	501(C)(3)	104,500.	0.			CAPITAL PURCHASES, GENERAL SUPPORT, PROGRAM SUPPORT
RESURRECTION HOUSE, INC. 507 KUMQUAT CT., PO BOX 398 SARASOTA, FL 34236	65-0096171	501(C)(3)	20,401.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
RIDING BEYOND P.O. BOX 1281 ASHLAND, OR 97520	82-4933031	501(C)(3)	5,000.	0.			GENERAL SUPPORT

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RINGLING COLLEGE LIBRARY ASSOCIATION, INC. - P.O. BOX 4071 - SARASOTA, FL 34230-4071	51-0173628	501(C)(3)	16,225.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
RINGLING COLLEGE OF ART AND DESIGN 2700 N. TAMiami TRAIL SARASOTA, FL 34234	59-0637903	501(C)(3)	453,606.	0.			CAPITAL PURCHASES, GENERAL SUPPORT, PROGRAM SUPPORT, SCHOLARSHIP SUPPORT
RIVERVIEW HIGH SCHOOL FOUNDATION 1 RAM WAY SARASOTA, FL 34231	59-2229914	501(C)(3)	20,018.	0.			CAPITAL PURCHASES, GENERAL SUPPORT, PROGRAM SUPPORT
ROLLINS COLLEGE PO BOX 850001, DEPT# 9921 ORLANDO, FL 32885	59-0624440	501(C)(3)	5,000.	0.			SCHOLARSHIP SUPPORT
ROMAN CATHOLIC CHURCH OF SAINT SIMON STOCK AND SAINT JOSEPH - 2195 VALENTINE AVENUE - BRONX, NY 10457	81-2984223	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
ROSKAMP INSTITUTE, INC. 2040 WHITFIELD AVENUE SARASOTA, FL 34243	27-1397124	501(C)(3)	10,349.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
ROTARY CLUB OF SARASOTA FOUNDATION, INC. - PO BOX 2766 - SARASOTA, FL 34230	59-6153330	501(C)(3)	19,416.	0.			GENERAL SUPPORT
ROTARY CLUB OF SARASOTA SUNRISE FOUNDATION, INC. - PO BOX 595 - SARASOTA, FL 34230	59-2812994	501(C)(3)	20,100.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
ROWLETT MIDDLE ACADEMY 400 30TH AVENUE WEST BRADENTON, FL 34205	46-5521687	501(C)(3)	10,000.	0.			PROGRAM SUPPORT

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SACRED HEARTS OF JESUS AND MARY CATHOLIC SCHOOL - 219 COLUMBUS ST - SUN PRAIRIE, WI 53590	53-0196617	501(C)(3)	5,000.	0.			CAPITAL PURCHASES
SAFE CHILDREN COALITION, INC. 1500 INDEPENDENCE BOULEVARD, STE. 21 SARASOTA, FL 34234	59-1618413	501(C)(3)	64,358.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
SAFE HAVEN MINISTRIES, INC. 10364 TRIPLE CROWN AVENUE JACKSONVILLE, FL 32257	81-3312432	501(C)(3)	5,000.	0.			GENERAL SUPPORT
SAFE PLACE AND RAPE CRISIS CENTER INC (SPARCC) - 2139 MAIN STREET - SARASOTA, FL 34237	59-1943399	501(C)(3)	73,459.	0.			ENDOWMENT SUPPORT, GENERAL SUPPORT, PROGRAM SUPPORT
SAINT MARY MAGDALENE SCHOOL 2940 PARKSIDE ROAD COLUMBUS, OH 43204	31-4379603	501(C)(3)	11,111.	0.			PROGRAM SUPPORT
SAINT MARY'S COLLEGE 110 LE MANS HALL NOTRE DAME, IN 46556-5001	35-0868158	501(C)(3)	5,000.	0.			GENERAL SUPPORT
SAINTS PETER & PAUL SCHOOL 5480 MAIN STREET WILLIAMSVILLE, NY 14221	53-0196617	501(C)(3)	20,000.	0.			PROGRAM SUPPORT
SALISBURY SINGERS, INC. 370 MAIN STREET, SUITE 1200 WORCESTER, MA 01608	04-2619664	501(C)(3)	9,054.	0.			GENERAL SUPPORT
SALVATION ARMY 16130 NORTHLAND DR. SOUTHFIELD, MI 48075	38-1370971	501(C)(3)	11,745.	0.			GENERAL SUPPORT

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SALVATION ARMY - SARASOTA PO BOX 2792 SARASOTA, FL 34230	58-0660607	501(C)(3)	159,429.	0.			EMERGENCY ASSISTANCE, GENERAL SUPPORT, PROGRAM SUPPORT
SALVATION ARMY - VENICE PO BOX 69 VENICE, FL 34284-0069	58-0660607	501(C)(3)	86,243.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
SAMARITAN COUNSELING SERVICES OF THE GULF COAST, INC. - 3224 BEE RIDGE RD. - SARASOTA, FL 34239-7201	59-3457923	501(C)(3)	27,550.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
SAMARITAN'S PURSE INTERNATIONAL RELIEF - P O BOX 3000 - BOONE, NC 28607-3000	58-1437002	501(C)(3)	11,745.	0.			GENERAL SUPPORT
SAN FRANCISCO FOOD BANK 900 PENNSYLVANIA AVENUE SAN FRANCISCO, CA 94107	94-3041517	501(C)(3)	50,000.	0.			GENERAL SUPPORT
SAN PEDRO PARISH OF THE DIOCESE OF VENICE - 14380 TAMIAI TRAIL - NORTH PORT, FL 34287	59-2473176	501(C)(3)	53,708.	0.			GENERAL SUPPORT
SARASOTA AUDUBON SOCIETY, INC. 999 CENTER RD. SARASOTA, FL 34240	23-7382804	501(C)(3)	7,850.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
SARASOTA BALLET OF FLORIDA, INC. 5555 N TAMIAI TRAIL SARASOTA, FL 34243-2141	65-0135900	501(C)(3)	225,823.	0.			EMERGENCY ASSISTANCE, GENERAL SUPPORT, PROGRAM SUPPORT
SARASOTA CHRISTIAN SCHOOL 5415 BAHIA VISTA STREET SARASOTA, FL 34232	59-0931269	501(C)(3)	75,492.	0.			GENERAL SUPPORT, PROGRAM SUPPORT

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SARASOTA CONCERT ASSOCIATION, INC. PO BOX 211 SARASOTA, FL 34230-0211	59-2850861	501(C)(3)	9,389.	0.			GENERAL SUPPORT
SARASOTA CONTEMPORARY DANCE 1400 BLVD OF THE ARTS SUITE 300 SARASOTA, FL 34236	41-2211673	501(C)(3)	10,430.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
SARASOTA COUNTY LIBRARIES 1660 RINGLING BLVD SARASOTA, FL 34236	59-6000848	501(C)(3)	14,314.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
SARASOTA COUNTY PARKS, RECREATION AND NATURAL RESOURCES - 1660 RINGLING BLVD., 5TH FLOOR - SARASOTA, FL 34236	59-6000848	501(C)(3)	16,695.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
SARASOTA CUBAN BALLET SCHOOL INC 501 N BENEVA RD, STE 580 SARASOTA, FL 34232	45-5074780	501(C)(3)	19,000.	0.			GENERAL SUPPORT, PROGRAM SUPPORT, SCHOLARSHIP SUPPORT
SARASOTA GARDEN CLUB INC 1131 BLVD OF THE ARTS SARASOTA, FL 34236	59-0968250	501(C)(3)	13,031.	0.			GENERAL SUPPORT
SARASOTA HOUSING FUNDING CORPORATION - 269 S. OSPREY AVENUE SUITE 100 - SARASOTA, FL 34236	80-0418699	501(C)(3)	1,538,745.	0.			CAPITAL PURCHASES, GENERAL SUPPORT, PROGRAM SUPPORT
SARASOTA INSTITUTE OF LIFETIME LEARNING, INC. - BOX 219, 8499 S. TAMiami TRAIL - SARASOTA, FL 34238	59-2344325	501(C)(3)	100,350.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
SARASOTA MEDICAL PREGNANCY CENTER, INC. - 1762 HAWTHORNE STREET, #5 - SARASOTA, FL 34239	05-0533818	501(C)(3)	10,129.	0.			GENERAL SUPPORT, PROGRAM SUPPORT

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SARASOTA MEMORIAL HEALTHCARE FOUNDATION, INC. - 1515 S. OSPREY AVENUE, SUITE B4 - SARASOTA, FL 34239-2919	51-0188568	501(C)(3)	258,439.	0.			CAPITAL PURCHASES, GENERAL SUPPORT, PROGRAM SUPPORT, SCHOLARSHIP SUPPORT
SARASOTA MILITARY ACADEMY 801 N. ORANGE AVENUE SARASOTA, FL 34236	65-1149763	501(C)(3)	16,298.	0.			CAPITAL PURCHASES, GENERAL SUPPORT
SARASOTA MUSIC CONSERVATORY INC 1693 MAIN STREET UNIT A SARASOTA, FL 34236	45-4180504	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
SARASOTA OPERA ASSOCIATION, INC. 61 N. PINEAPPLE AVE SARASOTA, FL 34236-5716	23-7089047	501(C)(3)	81,778.	0.			EMERGENCY ASSISTANCE, GENERAL SUPPORT, PROGRAM SUPPORT
SARASOTA ORCHESTRA 709 N. TAMIAMI TRAIL SARASOTA, FL 34236	59-2603081	501(C)(3)	221,723.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
SATCHEL'S LAST RESORT 8101 COASH RD SARASOTA, FL 34241	04-3585931	501(C)(3)	36,000.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
SAVE OUR SEABIRDS, INC. 1708 KEN THOMPSON PARKWAY SARASOTA, FL 34236	59-3078536	501(C)(3)	18,508.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
SCHOOL BOARD OF SARASOTA COUNTY 1960 LANDINGS BLVD. SARASOTA, FL 34231-3331	59-6000847	501(C)(3)	359,015.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
SECOND CHANCE-LAST OPPORTUNITY PO BOX 1027 SARASOTA, FL 34230-1027	65-0699257	501(C)(3)	18,083.	0.			GENERAL SUPPORT, PROGRAM SUPPORT

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SELAH FREEDOM, INC. PO BOX 21415 SARASOTA, FL 34276	45-5189165	501(C)(3)	10,600.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
SELBY LIBRARY 1331 FIRST STREET SARASOTA, FL 34236	59-6000848	501(C)(3)	14,646.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
SEMINOLE BOOSTERS, INC. P.O. BOX 1353 TALLAHASSEE, FL 32302	59-1561180	501(C)(3)	6,500.	0.			GENERAL SUPPORT
SENIOR FRIENDSHIP CENTERS FOUNDATION, INC. - 1888 BROTHER GEENEN WAY - SARASOTA, FL 34236	65-0364819	501(C)(3)	9,520.	0.			GENERAL SUPPORT
SENIOR FRIENDSHIP CENTERS, INC. 1888 BROTHER GEENEN WAY SARASOTA, FL 34236	59-1522614	501(C)(3)	246,168.	0.			EMERGENCY ASSISTANCE, GENERAL SUPPORT, PROGRAM SUPPORT
SERTOMA KIDS, INC. 2750 STICKNEY POINT ROAD, SUITE 210 SARASOTA, FL 34231	45-5472110	501(C)(3)	10,200.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
SHRINERS HOSPITALS FOR CHILDREN - TAMPA UNIT - 12502 USF PINE DR - TAMPA, FL 33612	04-2121377	501(C)(3)	59,038.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
SIESTA KEY CHAPEL PRESBYTERIAN 4615 GLEASON AVENUE SARASOTA, FL 34242	59-1399716	501(C)(3)	5,200.	0.			GENERAL SUPPORT
SIESTA KEY KIWANIS CLUB FOUNDATION INC - PO BOX 5485 - SARASOTA, FL 34277	54-2067657	501(C)(3)	13,672.	0.			GENERAL SUPPORT

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SIMMARON RESEARCH INC 948 INCLINE WAY INCLINE VILLAGE, NV 89451	45-2191464	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
SIMON WIESENTHAL CENTER 1399 SOUTH ROXBURY DRIVE LOS ANGELES, CA 90035	95-3964928	501(C)(3)	10,508.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
SISTER CITIES ASSOCIATION OF SARASOTA, INC. - 111 SOUTH ORANGE AVE - SARASOTA, FL 34236	65-0178684	501(C)(3)	5,000.	0.			GENERAL SUPPORT
SMALLCIRCLE INC. 4373 REFLECTIONS PKWY. SARASOTA, FL 34233	84-2387119	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
SOAR LEARNING CENTER, INC. P.O. BOX 51917 SARASOTA, FL 34232	81-4840233	501(C)(3)	55,760.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
SOCIETY OF ST. VINCENT DE PAUL SOUTH PINELLAS INC - 384 15TH ST N - ST PETERSBURG, FL 33705-2016	59-2380770	501(C)(3)	45,850.	0.			PROGRAM SUPPORT
SOKA GAKKAI INTERNATIONAL - USA 606 WILSHIRE BOULEVARD SANTA MONICA, CA 90401	95-2265667	501(C)(3)	40,000.	0.			GENERAL SUPPORT
SOUTH FLORIDA STATE COLLEGE FOUNDATION, INC. - 13 E. MAIN STREET - AVON PARK, FL 33825	59-3050497	501(C)(3)	60,000.	0.			SCHOLARSHIP SUPPORT
SOUTH SHORE COMMUNITY CHURCH 1899 S. TUTTLE AVENUE SARASOTA, FL 34239	59-3211830	501(C)(3)	10,000.	0.			GENERAL SUPPORT

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SOUTHEASTERN GUIDE DOGS, INC. 4210 77TH STREET E. PALMETTO, FL 34221	59-2252352	501(C)(3)	50,200.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
SOUTHERLY INC. 613 HICKS ST APT A DURHAM, NC 27705	85-2638065	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
ST. ANTHONY'S HOSPITAL FOUNDATION 1200 7TH AVENUE NORTH ST. PETERSBURG, FL 33705	59-2043026	501(C)(3)	46,252.	0.			GENERAL SUPPORT
ST. AUGUSTINE'S EPISCOPAL CHURCH 1140 WILMETTE AVENUE WILMETTE, IL 60091	36-2334635	501(C)(3)	6,500.	0.			GENERAL SUPPORT
ST. BONIFACE CHURCH 5615 MIDNIGHT PASS ROAD SARASOTA, FL 34242-1721	59-0900993	501(C)(3)	5,500.	0.			CAPITAL PURCHASES, GENERAL SUPPORT, PROGRAM SUPPORT
ST. FRANCIS OF ASSISI CATHOLIC CHURCH - 5265 PLACIDA RD. - GROVE CITY, FL 34224	59-1933467	501(C)(3)	6,300.	0.			GENERAL SUPPORT
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105-1905	62-0646012	501(C)(3)	21,918.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
ST. MARTHA CATHOLIC CHURCH 200 N. ORANGE AVE. SARASOTA, FL 34236	59-0737906	501(C)(3)	5,000.	0.			GENERAL SUPPORT
ST. MARY ACADEMY 4380 FRUITVILLE RD SARASOTA, FL 34232-1623	65-0931385	501(C)(3)	38,000.	0.			SCHOLARSHIP SUPPORT

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ST. MICHAEL THE ARCHANGEL CATHOLIC CHURCH - 5394 MIDNIGHT PASS ROAD - SARASOTA, FL 34242	59-2473176	501(C)(3)	200,000.	0.			CAPITAL PURCHASES
ST. PETERSBURG COLLEGE FOUNDATION FBO THE PALLADIUM - P.O. BOX 13489 - ST. PETERSBURG, FL 33733	59-1954362	501(C)(3)	13,876.	0.			GENERAL SUPPORT
ST. PETERSBURG FREE CLINIC, INC. 863 3RD AVE N. ST. PETERSBURG, FL 33701	23-7208280	501(C)(3)	52,722.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
ST. ROBERT BELLARMINE CHURCH 310 N. CHERRY STREET FLUSHING, MI 48433	38-1443389	501(C)(3)	8,400.	0.			GENERAL SUPPORT
ST. THOMAS MORE CATHOLIC CHURCH 2506 GULF GATE DRIVE SARASOTA, FL 34231-5731	59-1992896	501(C)(3)	6,500.	0.			PROGRAM SUPPORT
STARFISH KENYA, INC. 760 CLEAR LAKE CITY BLVD. WEBSTER, TX 77598	83-0363699	501(C)(3)	5,000.	0.			GENERAL SUPPORT
STATE COLLEGE OF FLORIDA FOUNDATION - 5840 26TH STREET WEST - BRADENTON, FL 34207	59-1843274	501(C)(3)	39,600.	0.			PROGRAM SUPPORT, SCHOLARSHIP SUPPORT
STEP UP SUNCOAST 6428 PARKLAND DR. SARASOTA, FL 34243	59-6208766	501(C)(3)	591,200.	0.			EMERGENCY ASSISTANCE, GENERAL SUPPORT, PROGRAM SUPPORT
SUGAR VOLUNTEERS INC 8130 LAKEWOOD MAIN STREET SUITE 103 BRADENTON, FL 34202	82-3150448	501(C)(3)	9,500.	0.			GENERAL SUPPORT

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SUNCOAST BLACK ARTS COLLABORATIVE, INC. - PO BOX 21185 - BRADENTON, FL 34204	85-0847497	501(C)(3)	35,250.	0.			PROGRAM SUPPORT
SUNCOAST HUMANE SOCIETY, INC. 6781 SAN CASA DRIVE ENGLEWOOD, FL 34224	23-7174193	501(C)(3)	12,158.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
SUNCOAST TECHNICAL COLLEGE 4748 S. BENEVA ROAD SARASOTA, FL 34233	59-6000847	501(C)(3)	8,308.	0.			GENERAL SUPPORT, PROGRAM SUPPORT, SCHOLARSHIP SUPPORT
SUNNY HOLLOW MONTESSORI 636 MISSISSIPPI RIVER BLVD. S. ST. PAUL, MN 55116	41-1408529	501(C)(3)	6,100.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
TAKE STOCK IN CHILDREN OF SARASOTA COUNTY, INC. - PO BOX 48186 - SARASOTA, FL 34230	33-1012774	501(C)(3)	5,625.	0.			GENERAL SUPPORT, PROGRAM SUPPORT, SCHOLARSHIP SUPPORT
TBS ENDOWMENT FUND INC 1050 SOUTH TUTTLE AVE. SARASOTA, FL 34237	26-1421638	501(C)(3)	15,547.	0.			GENERAL SUPPORT
TEEN COURT OF SARASOTA, INC. P.O. BOX 48927 SARASOTA, FL 34230	65-0108304	501(C)(3)	33,250.	0.			GENERAL SUPPORT, PROGRAM SUPPORT, SCHOLARSHIP SUPPORT
TEMPLE BETH AMI 14330 TRAVILAH ROAD ROCKVILLE, MD 20850	52-1198064	501(C)(3)	5,590.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
TEMPLE BETH ISRAEL OF LONGBOAT KEY FLORIDA, INC. - 567 BAY ISLES ROAD - LONGBOAT KEY, FL 34228	59-1970401	501(C)(3)	86,925.	0.			CAPITAL PURCHASES, GENERAL SUPPORT, PROGRAM SUPPORT

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TEMPLE BETH SHOLOM & JEWISH CENTER, INC. - 1050 S. TUTTLE AVENUE - SARASOTA, FL 34237	23-7156328	501(C)(3)	11,902.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
TEMPLE EMANU-EL 151 MCINTOSH ROAD SARASOTA, FL 34232	59-1145961	501(C)(3)	9,480.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
THE ACADEMY AT GLENGARY, INC. 1910 GLENGARY ST. SARASOTA, FL 34231	83-0608910	501(C)(3)	5,900.	0.			CAPITAL PURCHASES, GENERAL SUPPORT
THE AMERICAN FRIENDS OF THE BRITISH MUSEUM, INC. - 31 WEST 34TH STREET, 7TH FLOOR #7010 - NEW YORK, NY 10001	52-1640217	501(C)(3)	14,346.	0.			GENERAL SUPPORT
THE ASPEN INSTITUTE 2300 N STREET NW, STE 700 WASHINGTON, DC 20037-1122	84-0399006	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
THE BAY PARK CONSERVANCY INC 655 N. TAMIAMI TRAIL SARASOTA, FL 34236	81-4653473	501(C)(3)	188,279.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
THE CIRCUS ARTS CONSERVATORY, INC. 2075 BAHIA VISTA ST. SARASOTA, FL 34239	65-0786312	501(C)(3)	55,750.	0.			CAPITAL PURCHASES, GENERAL SUPPORT, PROGRAM SUPPORT
THE DALI MUSEUM, INC. 1 DALI BLVD. ST. PETERSBURG, FL 33701	59-2015192	501(C)(3)	13,876.	0.			GENERAL SUPPORT
THE FLORIDA CENTER FOR EARLY CHILDHOOD - 4620 17TH STREET - SARASOTA, FL 34235	59-1947024	501(C)(3)	252,023.	0.			CAPITAL PURCHASES, GENERAL SUPPORT, PROGRAM SUPPORT

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THE JEWISH FEDERATION OF SARASOTA-MANATEE - 580 MCINTOSH ROAD - SARASOTA, FL 34232-1957	59-1227747	501(C)(3)	81,458.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
THE LEUKEMIA & LYMPHOMA SOCIETY, INC. - P.O. BOX 98018 - WASHINGTON, DC 20090	13-5644916	501(C)(3)	23,531.	0.			GENERAL SUPPORT
THE LITERACY COUNCIL OF SARASOTA, INC. - 1750 17TH ST., BLDG K-3 - SARASOTA, FL 34234-8666	59-1911680	501(C)(3)	35,860.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
THE MARK WANDALL FOUNDATION, INC. P.O. BOX 21333 BRADENTON, FL 34204	20-1933021	501(C)(3)	5,000.	0.			GENERAL SUPPORT
THE MARSH A BREEDING GROUND FOR NEW PERFORMANCE - 1062 VALENCIA ST - SAN FRANCISCO, CA 94110	94-3142152	501(C)(3)	10,000.	0.			GENERAL SUPPORT
THE PARENT PROJECT FOR MUSCULAR DYSTROPHY RESEARCH, INC. - 401 HACKENSACK AVENUE, 9TH FLOOR - HACKENSACK, NJ 07601	31-1405490	501(C)(3)	20,000.	0.			PROGRAM SUPPORT
THE PAYTON WRIGHT FOUNDATION, INC. P.O. BOX 110067 BRADENTON, FL 34211	33-1204054	501(C)(3)	9,358.	0.			GENERAL SUPPORT
THE PLAYERS, INC. AKA THE PLAYERS CENTRE FOR PERFORMING ARTS - 1400 BOULEVARD OF THE ARTS, STE 200 - SARASOTA, FL 34236	59-0711182	501(C)(3)	18,149.	0.			CAPITAL PURCHASES, PROGRAM SUPPORT
THE WAREHOUSE OF VENICE, INC. PO BOX 844 VENICE, FL 34284-0844	57-1176809	501(C)(3)	6,200.	0.			PROGRAM SUPPORT

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THOMAS JEFFERSON UNIVERSITY - MEDICAL COLLEGE - P.O. BOX 71331 - PHILADELPHIA, PA 19176	23-1352651	501(C)(3)	9,399.	0.			GENERAL SUPPORT
THURGOOD MARSHALL COLLEGE FUND, INC. - 901 F STREET, NW, SUITE 700 - WASHINGTON, DC 20004	41-1750692	501(C)(3)	5,000.	0.			GENERAL SUPPORT
TIDEWELL FOUNDATION INC. 5955 RAND BLVD SARASOTA, FL 34238	85-0729071	501(C)(3)	433,296.	0.			CAPITAL PURCHASES, GENERAL SUPPORT, PROGRAM SUPPORT
TRADERS POINT CHRISTIAN CHURCH, INC. - PO BOX 5100 - ZIONSVILLE, IN 46077	35-1181695	501(C)(3)	10,000.	0.			GENERAL SUPPORT
TRIUMPH OVER KID CANCER FOUNDATION 723 COLEMAN AVENUE CORPUS CHRISTI, TX 78401	27-2224984	501(C)(3)	10,000.	0.			GENERAL SUPPORT
TRUSTEES OF THE MASONIC HALL AND ASYLUM FUND - 71 WEST 23RD STREET, SUITE 1003 - NEW YORK, NY 10010	13-5563012	501(C)(3)	6,490.	0.			GENERAL SUPPORT
UNIDOSNOW, INC. 1750 17TH ST., BLDG C 2 SARASOTA, FL 34234	27-4102169	501(C)(3)	89,433.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
UNITARIAN UNIVERSALIST CHURCH OF SARASOTA - 3975 FRUITVILLE RD. - SARASOTA, FL 34232	59-0954128	501(C)(3)	8,850.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
UNITED BOARD FOR CHRISTIAN HIGHER EDUCATION IN ASIA - 475 RIVERSIDE DR., STE 1221 - NEW YORK, NY 10115	13-5562367	501(C)(3)	6,000.	0.			GENERAL SUPPORT

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UNITED WAY OF CHARLOTTE COUNTY 17831 MURDOCK CIRCLE, STE A PORT CHARLOTTE, FL 33948	59-1149995	501(C)(3)	540,000.	0.			EMERGENCY ASSISTANCE, PROGRAM SUPPORT
UNITED WAY OF EAST CENTRAL IOWA 317 7TH AVENUE SE, UNIT 401 CEDAR RAPIDS, IA 52401	42-0861239	501(C)(3)	5,000.	0.			EMERGENCY ASSISTANCE
UNITED WAY SUNCOAST 5201 WEST KENNEDY BOULEVARD, #600 TAMPA, FL 33609	59-3725701	501(C)(3)	13,046.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
UNIVERSITY OF DETROIT JESUIT HIGH SCHOOL AND ACADEMY - 8400 S. CAMBRIDGE AVE. - DETROIT, MI 48221	38-1360587	501(C)(3)	9,000.	0.			GENERAL SUPPORT
UNIVERSITY OF MINNESOTA FOUNDATION P.O. BOX 860266 MINNEAPOLIS, MN 55486	41-6042488	501(C)(3)	15,202.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
UNIVERSITY OF SOUTH FLORIDA FOUNDATION - 4202 E. FOWLER AVE., ALC100 - TAMPA, FL 33620	59-0879015	501(C)(3)	16,668.	0.			GENERAL SUPPORT, PROGRAM SUPPORT, SCHOLARSHIP SUPPORT
UNIVERSITY OF SOUTH FLORIDA FOUNDATION WUSF 89.7 - 4202 E. FOWLER AVE., TVB 100 - TAMPA, FL 33620-6870	59-0879015	501(C)(3)	22,900.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
UNIVERSITY OF SOUTHERN CALIFORNIA 1150 SOUTH OLIVE STREET, 25TH FLOOR LOS ANGELES, CA 90015	95-1642394	501(C)(3)	14,202.	0.			GENERAL SUPPORT
UNIVERSITY OF ST. FRANCIS 500 WILCOX ST JOLIET, IL 60435	36-2170999	501(C)(3)	20,000.	0.			GENERAL SUPPORT, SCHOLARSHIP SUPPORT

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UNIVERSITY OF THE CUMBERLANDS 6191 COLLEGE STATION DRIVE WILLIAMSBURG, KY 40769-1372	61-0470593	501(C)(3)	34,404.	0.			GENERAL SUPPORT
UNIVERSITY OF WISCONSIN FOUNDATION US BANK LOCKBOX, BOX 78807 MILWAUKEE, WI 53278-0807	39-0743975	501(C)(3)	22,100.	0.			GENERAL SUPPORT, PROGRAM SUPPORT, SCHOLARSHIP SUPPORT
UPPER DES MOINES OPPORTUNITY, INC. 101 EAST ROBINS STREET GRAETTINGER, IA 51342	42-0923424	501(C)(3)	10,000.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
URBANITE THEATRE INC. 1487 2ND STREET SARASOTA, FL 34236	46-5554467	501(C)(3)	5,765.	0.			GENERAL SUPPORT
VAN WEZEL FOUNDATION, INC. 777 NORTH TAMiami TRAIL 3RD FLOOR SARASOTA, FL 34236	59-2807055	501(C)(3)	55,750.	0.			CAPITAL PURCHASES, GENERAL SUPPORT, PROGRAM SUPPORT
VANDERBILT UNIVERSITY GIFT AND DONOR SERVICES - PMB 407727, 2301 VANDERBILT PLACE - NASHVILLE, TN	62-0476822	501(C)(3)	8,462.	0.			GENERAL SUPPORT
VENICE CAT COALITION PO BOX 991 VENICE, FL 34284-0991	26-3193138	501(C)(3)	12,000.	0.			PROGRAM SUPPORT
VENICE MAIN STREET INC. 101 W. VENICE AVE. #23 VENICE, FL 34285	59-2815346	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
VENICE SYMPHONY, INC. P.O. BOX 1561 VENICE, FL 34284-1561	59-1710244	501(C)(3)	11,600.	0.			GENERAL SUPPORT

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VENICE YOUTH BOATING ASSOCIATION 1330 TARPON CENTER DRIVE VENICE, FL 34285	23-7112816	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
VINTAGE PAWS SANCTUARY 7950 SR 72 SARASOTA, FL 34241	45-3687769	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
VISIBLE MEN ACADEMY 921 63RD AVENUE EAST BRADENTON, FL 34203	46-0930264	501(C)(3)	81,550.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
VIVIAN BEAUMONT THEATER INC DBA LINCOLN CENTER THEATER - 150 WEST 65TH STREET - NEW YORK, NY 10023	13-3004747	501(C)(3)	10,000.	0.			GENERAL SUPPORT
WEDU-FLORIDA WEST COAST PUBLIC BROADCASTING INC - 1300 NORTH BOULEVARD - TAMPA, FL 33607-5645	59-0840626	501(C)(3)	90,273.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
WESLEY UNITED METHODIST CHURCH 2540 CENTER ST BETHLEHEM, PA 18017	24-0818348	501(C)(3)	5,000.	0.			GENERAL SUPPORT
WEST VIRGINIA HEALTH RIGHT, INC. 1520 WASHINGTON ST., E CHARLESTON, WV 25311	31-1066881	501(C)(3)	10,000.	0.			ENDOWMENT SUPPORT
WESTCOAST BLACK THEATRE TROUPE 1012 N. ORANGE AVENUE SARASOTA, FL 34236	65-1040662	501(C)(3)	104,175.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
WESTMINSTER RETIREMENT COMMUNITIES FOUNDATION INC. - 80 WEST LUCERNE CIR - ORLANDO, FL 32801	23-7414048	501(C)(3)	10,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

THE COMMUNITY FOUNDATION OF SARASOTA CO.
INC.

Schedule I (Form 990)

59-1956886

Page 1

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WET MOUNTAIN BROADCASTING CORP. - KLZR - 103 SOUTH 2ND STREET - WESTCLIFFE, CO 81252	26-3825042	501(C)(3)	25,000.	0.			GENERAL SUPPORT
WILDLIFE, INC P.O. BOX 1449 ANNA MARIA, FL 34216	65-0093613	501(C)(3)	5,500.	0.			GENERAL SUPPORT
WILLIAM AND MARY BUSINESS SCHOOL FOUNDATION - PO BOX 2220 - WILLIAMSBURG, VA 23187	23-7079011	501(C)(3)	10,000.	0.			CAPITAL PURCHASES
WILLIAM CAREY UNIVERSITY WCU BOX #141, 710 WILLIAM CAREY PKW HATTIESBURG, MS 39401	64-0329300	501(C)(3)	10,000.	0.			SCHOLARSHIP SUPPORT
WILLIAM MONROE ROWLETT ACADEMY FOR ARTS AND COMMUNICATIONS, INC. - 3500 9TH STREET EAST - BRADENTON, FL 34208	46-5521687	501(C)(3)	28,500.	0.			PROGRAM SUPPORT
WINGSPAN PRODUCTIONS, INC. 4118 ROBERTS POINT CIRCLE SARASOTA, FL 34242	861837793	501(C)(3)	27,500.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
WOMEN'S RESOURCE CENTER OF MANATEE, INC. - 1926 MANATEE AVENUE W - BRADENTON, FL 34205-5835	59-3034653	501(C)(3)	93,441.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
WOMENS HEALTH CENTER OF WEST VIRGINIA, INC. - PO BOX 20580 - CHARLESTON, WV 25362	55-0559874	501(C)(3)	17,500.	0.			GENERAL SUPPORT
WORLD CENTRAL KITCHEN, INC. 655 NEW YORK AVE NW, 6TH FLOOR WASHINGTON, DC 20001	27-3521132	501(C)(3)	25,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

THE COMMUNITY FOUNDATION OF SARASOTA CO.
INC.

Schedule I (Form 990)

59-1956886

Page 1

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOUNDED WARRIOR PROJECT, INC. 4899 BELFORT RD., SUITE 300 JACKSONVILLE, FL 32256	20-2370934	501(C)(3)	11,180.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
WSLR INC PO BOX 2540 SARASOTA, FL 34230	56-2485148	501(C)(3)	10,100.	0.			CAPITAL PURCHASES, PROGRAM SUPPORT
YMCA OF SOUTHWEST FLORIDA INC. 701 CENTER ROAD VENICE, FL 34285	59-1629660	501(C)(3)	53,986.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
YOUNG WOMENS CHRISTIAN ASSOCIATION OF CHARLESTON WEST VIRGINIA - 1426 KANAWHA BLVD. E. - CHARLESTON, WV 25301	55-0357060	501(C)(3)	65,000.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
ACADIA UNIVERSITY FOUNDATION OFFICE OF ADVANCEMENT, 15 UNIVERSITY AVE - WOLFVILLE, NOVA SCOTIA, CANADA B4	98-0537324	501(C)(3)	8,462.	0.			GENERAL SUPPORT

THE COMMUNITY FOUNDATION OF SARASOTA CO.
INC.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	832	1,864,899.	0.		SCHOLARSHIPS
HUMAN SERVICES	3	3,000.	0.		EMERGENCY ASSISTANCE

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

PART I, LINE 2:

CERTAIN GRANTEEES ARE REQUIRED TO SUBMIT WRITTEN FINAL 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.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: NEW COLLEGE FOUNDATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: CAPITAL PURCHASES, ENDOWMENT
SUPPORT, GENERAL SUPPORT, PROGRAM SUPPORT, SCHOLARSHIP SUPPORT

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization **THE COMMUNITY FOUNDATION OF SARASOTA CO. INC.** Employer identification number **59-1956886**

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
1b		
2		
4a	<input checked="" type="checkbox"/>	
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9		

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

Schedule J (Form 990) 2020

THE COMMUNITY FOUNDATION OF SARASOTA CO.
INC.

59-1956886

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ROXANNE JERDE PRESIDENT/CEO	(i)	272,160.	52,931.	0.	25,193.	8,810.	359,094.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LAURA SPENCER CFO/CAO	(i)	184,695.	32,561.	0.	19,830.	8,596.	245,682.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ELIZABETH PENNEWILL CORPORATE COUNSEL	(i)	168,345.	21,013.	0.	17,103.	8,596.	215,057.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MARLO DUFFY-TURNER SVP, PHILANTHROPY	(i)	93,181.	15,193.	41,396.	12,944.	11,169.	173,883.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MISCHA KIRBY VP, STRATEGIC COMM. & MARK	(i)	132,475.	16,246.	0.	12,516.	8,284.	169,521.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) KIRSTEN RUSSELL VP, COMMUNITY IMPACT	(i)	128,849.	15,082.	0.	10,611.	780.	155,322.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 4A:

SVP DONOR ENGAGEMENT MARLO DUFFY-TURNER TERMINATED HER EMPLOMENT ON
7.31.2020, AND RECEIVED \$41,396 IN SEVERANCE PAYMENTS DURING THE FISCAL
YEAR.

SUPPLEMENTAL OFFICER WAGE INFORMATION

THE OFFICERS OF THE BOARD OF DIRECTORS ANNUALLY REVIEWS AND DETERMINES
THE COMPENSATION PACKAGE OF THE PRESIDENT/CEO.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

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 **THE COMMUNITY FOUNDATION OF SARASOTA CO. INC.** Employer identification number **59-1956886**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	171	3,761,588.	STOCK EXCHANGE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests	X	1	246,703.	INDEPENDENT APPRAISA
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** **0**

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

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

Schedule M (Form 990) 2020

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 O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization	THE COMMUNITY FOUNDATION OF SARASOTA CO. INC.	Employer identification number	59-1956886
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FORM 990, PART I, LINE 6 VOLUNTEERS

THE BOARD MEMBERS ARE NOT PAID AND THEREFORE ARE CONSIDERED VOLUNTEERS.
COMMUNITY VOLUNTEERS ALSO SERVE ON BOARD APPOINTED TASK FORCES AND
COMMITTEES INCLUDING OUR SCHOLARSHIP COMMITTEE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PROCESSES PROVIDE SUPPORT OF UP TO \$10,000 TO LOCAL NONPROFIT
ORGANIZATIONS TO ADDRESS INNOVATIVE, URGENT AND EMERGENCY NEEDS, SO
THAT UNEXPECTED OBSTACLES OR OPPORTUNITIES CAN BE ADDRESSED BY
NONPROFITS AS PART OF THE IMPORTANT WORK THEY DO FOR THE COMMUNITY.

II) THE COMMUNITY FOUNDATION OF SARASOTA COUNTY BELIEVES THAT ALL WHO
WISH TO FURTHER THEIR EDUCATION AND INCREASE FUTURE POTENTIAL FOR
SUCCESS SHOULD HAVE AN EQUAL CHANCE TO TAKE ADVANTAGE OF THE
OPPORTUNITIES AVAILABLE TO THEM. EACH YEAR, THE COMMUNITY FOUNDATION OF
SARASOTA COUNTY AWARDS SCHOLARSHIPS TO A VARIETY OF INDIVIDUALS WHO ARE
PURSUING FURTHER EDUCATION.

III) EACH YEAR, SIGNIFICANT INVESTMENTS ARE MADE TO THE COMMUNITY FROM
THE FUNDS OF DONORS WHO ENSURED SUPPORT OF VARIOUS ORGANIZATIONS AND
CAUSES IN PERPETUITY. SUBSTANTIAL TIME, FUNDING, AND STRATEGIES ARE
COALESCED TO SUPPORT AN ARRAY OF KEY INITIATIVES SPEARHEADED BY THE
COMMUNITY FOUNDATION. WE HAVE DEDICATED OURSELVES TO HELPING THOSE IN
NEED IN OUR COMMUNITIES BY PROVIDING TARGETED FINANCIAL ASSISTANCE

(PRIMARYLY FOR MORTGAGE, RENT AND UTILITIES) TO FAMILIES AND

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization	THE COMMUNITY FOUNDATION OF SARASOTA CO. INC.	Employer identification number	59-1956886
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INDIVIDUALS ON THE VERGE OF HOMELESSNESS THROUGH THE SEASON OF SHARING FUND, AS WELL AS SUPPORTING OUR REGION'S YOUTH THROUGH OUR STUDENT EMERGENCY FUND OPERATED IN PARTNERSHIP WITH SARASOTA COUNTY SCHOOLS. ADDITIONALLY, OUR EXTENDED WORK IN EDUCATION LEVERAGES NATIONAL RESEARCH AND INITIATIVES SUCH AS THE CAMPAIGN FOR GRADE-LEVEL READING AND THE REGIONAL COLLABORATIVE PARTNERSHIP OF EDEXPLORESRQ. INSPIRED BY ASCEND AT THE ASPEN INSTITUTE, WE HAVE FOCUSED THESE EFFORTS (AND OTHERS) THROUGH A TWO-GENERATION LENS, WHICH LOOKS TO ADDRESS THE NEEDS OF BOTH VULNERABLE CHILDREN AND THEIR PARENTS TOGETHER IN ORDER TO CREATE A COMMUNITY IN WHICH A LEGACY OF ECONOMIC SECURITY AND EDUCATIONAL SUCCESS PASSES FROM ONE GENERATION TO THE NEXT.

THE GIVING PARTNER: IN AN EFFORT TO INCREASE TRANSPARENCY AND ENCOURAGE INFORMED GIVING, THE COMMUNITY FOUNDATION FUNDS AND MAINTAINS A LOCAL ONLINE RESOURCE TO REVIEW NONPROFITS SERVING OUR FOUR-COUNTY REGION. MORE THAN 700 NONPROFITS HAVE PROFILES THAT ARE EASILY ACCESSED BY POTENTIAL FUNDERS, DONORS AND THE PUBLIC AT THEGIVINGPARTNER.ORG. EACH PROFILE SHARES GOVERNANCE, MANAGEMENT, FINANCIAL AND PROGRAMMATIC INFORMATION. THIS PLATFORM IS USED TO ASSESS GRANT FUNDING BY THE COMMUNITY FOUNDATION, OUR DONORS AND OTHER REGIONAL FUNDERS. IT IS ALSO A KEY COMPONENT OF THE REGION'S ONLINE GIVING CAMPAIGN, THE GIVING CHALLENGE, WHICH THE FOUNDATION ORGANIZES FOR THE COMMUNITY ON A ROLLING SCHEDULE. SINCE 2012, DONORS FROM THROUGHOUT OUR REGION HAVE SHOWN THEIR LOVE FOR LOCAL NONPROFIT ORGANIZATIONS BY PROVIDING MORE THAN \$59 MILLION IN UNRESTRICTED FUNDING TO SUPPORT THEIR MISSIONS THROUGH SEVEN CHALLENGES TO BENEFIT MORE THAN 700 NONPROFITS LISTED IN THE GIVING PARTNER.

Name of the organization	THE COMMUNITY FOUNDATION OF SARASOTA CO. INC.	Employer identification number	59-1956886
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IN FALL 2020 WE LAUNCHED A NEW DEPARTMENT TO ANALYZE COMMUNITY TRENDS AND OUR DEEP DATA RESOURCES AVAILABLE THROUGH THE GIVING PARTNER. KNOWN AT THE "KNOWLEDGE & EQUITY" DEPARTMENT, THIS TEAM IS ALSO IDENTIFYING OPERATIONAL NEEDS OF NONPROFIT ORGANIZATIONS TO BETTER SERVE THE COMMUNITY AND WILL ADDRESS THOSE NEEDS THROUGH OUTREACH, TRAININGS, OR OTHER MEANS. THESE SERVICES ARE AN EVOLUTION OF THE FOUNDATION'S LONGSTANDING OFFERINGS OF WORKSHOPS AND CONSULTING SERVICES.

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

THE CHIEF FINANCIAL & ADMINISTRATIVE OFFICER AND THE PRESIDENT / CEO INITIALLY REVIEW THE RETURN BEFORE PRESENTING THE RETURN TO THE AUDIT COMMITTEE WHO RECOMMENDS FINAL APPROVAL TO THE BOARD OF DIRECTORS BEFORE FILING THE RETURN.

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

ANNUALLY, BOARD MEMBERS, EMPLOYEES, CONSULTANTS AND VOLUNTEERS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE WHICH IS REVIEWED UPON RECEIPT BY THE PRESIDENT/CEO, CFAO OR CORPORATE 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 PRESIDENT/CEO.

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

THE ORGANIZATION MAKES ALL DOCUMENTS AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

Name of the organization	THE COMMUNITY FOUNDATION OF SARASOTA CO. INC.	Employer identification number	59-1956886
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ADMINISTRATIVE FEES:

PROGRAM SERVICE EXPENSES	1,236,496.
MANAGEMENT AND GENERAL EXPENSES	1,251,107.
FUNDRAISING EXPENSES	1,052,501.
TOTAL EXPENSES	3,540,104.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	3,540,104.

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

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	2,986,080.
DISTRIBUTIONS TO ANNUITANTS	-658,672.
OPERATING EXPENSES ALLOCATED TO TRUST	-148,286.
CURRENT YEAR AGENCY ACTIVITY	-3,308,226.
NET INVESTMENT INCOME ON K-1'S RECEIVED	-510,615.
ROUNDING	3.
TOTAL TO FORM 990, PART XI, LINE 9	-1,639,716.

FORM 990, PART XII, LINE 2C AUDIT REVIEW PROCESS

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **THE COMMUNITY FOUNDATION OF SARASOTA CO. INC.** Employer identification number **59-1956886**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CFSC ASSET COMPANY, LLC - 02-0630928 2635 FRUITVILLE ROAD SARASOTA, FL 34237	ASSET HOLDING COMPANY	FLORIDA	87,239.	2,264,937.	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
MANATEE COMMUNITY FOUNDATION, INC. - 65-0833500, 2820 MANATEE AVENUE WEST, BRADENTON, FL 34205	GRANTMAKING	FLORIDA	501(C)(3)	LINE 12A, I	N/A		X
COMMUNITY FOUNDATION TRUST OF SARASOTA COUNTY - 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 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.

Schedule R (Form 990) 2020

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

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

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

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

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

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

June 30, 2021

Prepared for	The Community Foundation of Sarasota CO. Inc. 2635 Fruitville Road Sarasota, FL 34237
Prepared by	Kerkering, Barberio & CO. P.O. Box 49348 Sarasota, FL 34230-6348
Amount due or refund	Overpayment of \$1,708. The entire overpayment has been applied to the estimated tax payments.
Make check payable to	No amount is due.
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required.

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning JUL 1, 2020, and ending JUN 30, 2021

2020

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization or person subject to tax: THE COMMUNITY FOUNDATION OF SARASOTA CO. INC. Taxpayer identification number: 59-1956886

Name and title of officer or person subject to tax: LAURA SPENCER CFO/CAO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

Table with 2 columns: Line number and Description. Line 6a is checked with 'X' and has '0.' in column 7b.

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization), (EIN) and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete.

PIN: check one box only. [X] I authorize KERKERING, BARBERIO & CO. to enter my PIN 15607. ERO firm name. Enter five numbers, but do not enter all zeros.

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[] As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 65021619908 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature Date

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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

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

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

Type or print	Name of exempt organization or other filer, see instructions. THE COMMUNITY FOUNDATION OF SARASOTA CO. INC.	Taxpayer identification number (TIN) 59-1956886
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 2635 FRUITVILLE ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SARASOTA, FL 34237	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 7

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

LAURA SPENCER

- The books are in the care of ▶ **2635 FRUITVILLE ROAD - SARASOTA, FL 34237**
Telephone No. ▶ **(941) 955-3000** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 16, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2020**, and ending **JUN 30, 2021**.

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

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	1,708.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0047

2020

For calendar year 2020 or other tax year beginning JUL 1, 2020, and ending JUN 30, 2021.

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury
Internal Revenue Service

Open to Public Inspection for
501(c)(3) Organizations Only

<p>A <input type="checkbox"/> Check box if address changed.</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529S</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) THE COMMUNITY FOUNDATION OF SARASOTA CO. INC.</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 2635 FRUITVILLE ROAD</p> <p>City or town, state or province, country, and ZIP or foreign postal code SARASOTA, FL 34237</p>	<p>D Employer identification number 59-1956886</p> <p>E Group exemption number (see instructions)</p> <p>F <input type="checkbox"/> Check box if an amended return.</p>
<p>C Book value of all assets at end of year ▶ 436,461,198.</p>			
<p>G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> Applicable reinsurance entity</p>			
<p>H Check if filing only to ▶ <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439</p>			
<p>I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶ <input type="checkbox"/></p>			
<p>J Enter the number of attached Schedules A (Form 990-T) ▶ 1</p>			
<p>K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation. ▶</p>			
<p>L The books are in care of ▶ LAURA SPENCER Telephone number ▶ (941) 955-3000</p>			

Part I Total Unrelated Business Taxable Income		
1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	0.
2 Reserved	2	
3 Add lines 1 and 2	3	
4 Charitable contributions (see instructions for limitation rules)	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	
6 Deduction for net operating loss. See instructions	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation		
1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2020)

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b	Other credits (see instructions)	1b		
c	General business credit. Attach Form 3800 (see instructions)	1c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e	Total credits. Add lines 1a through 1d	1e		
2	Subtract line 1e from Part II, line 7	2		0.
3	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3		
4	Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4		0.
5	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5		0.
6a	Payments: A 2019 overpayment credited to 2020	6a	1,708.	
b	2020 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b		
c	Tax deposited with Form 8868	6c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e	Backup withholding (see instructions)	6e		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	6g		
7	Total payments. Add lines 6a through 6g	7		1,708.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		1,708.
11	Enter the amount of line 10 you want: Credited to 2021 estimated tax 1,708. Refunded	11		0.

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

	Yes	No
1 At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4a Did the organization change its method of accounting? (see instructions)		X
b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

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

Sign Here

Signature of officer _____ Date _____ CFO/CAO _____ Title _____

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

Paid Preparer Use Only

Print/Type preparer's name: REBECCA U. STONER
 Preparer's signature: _____ Date: _____
 Check if self-employed PTIN: P00585910
 Firm's name: KERKERING, BARBERIO & CO. Firm's EIN: 59-1753337
 P.O. BOX 49348
 Firm's address: SARASOTA, FL 34230-6348 Phone no. 941-365-4617

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

ENTITY 1

OMB No. 1545-0047

2020

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization THE COMMUNITY FOUNDATION OF SARASOTA CO INC.	B Employer identification number 59-1956886
C Unrelated business activity code (see instructions) ▶ 523000	D Sequence: 1 of 1

E Describe the unrelated trade or business ▶ **MAKENA CAPITAL SPLITTER X, L.P.**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance ▶	1c		
2 Cost of goods sold (Part III, line 8)	2			
3 Gross profit. Subtract line 2 from line 1c	3			
4 a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	4a	39,985.		39,985.
b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 1	5	27,742.		27,742.
6 Rent income (Part IV)	6			
7 Unrelated debt-financed income (Part V)	7			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10 Exploited exempt activity income (Part VIII)	10			
11 Advertising income (Part IX)	11			
12 Other income (see instructions; attach statement)	12			
13 Total. Combine lines 3 through 12	13	67,727.		67,727.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)				1
2 Salaries and wages				2
3 Repairs and maintenance				3
4 Bad debts				4
5 Interest (attach statement) (see instructions)				5
6 Taxes and licenses				6
7 Depreciation (attach Form 4562) (see instructions)	7			
8 Less depreciation claimed in Part III and elsewhere on return	8a			8b
9 Depletion				9
10 Contributions to deferred compensation plans				10
11 Employee benefit programs				11
12 Excess exempt expenses (Part VIII)				12
13 Excess readership costs (Part IX)				13
14 Other deductions (attach statement)				14
15 Total deductions. Add lines 1 through 14				66,248.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)				1,479.
17 Deduction for net operating loss (see instructions) STATEMENT 2				1,479.
18 Unrelated business taxable income. Subtract line 17 from line 16				

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total, 7 Inventory at end of year, 8 Cost of goods sold. Row 9 is a checkbox question about section 263A rules.

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

Table for Rent Income. Row 1: Description of property with checkboxes A, B, C, D. Rows 2-4: Rent received or accrued breakdown by source (personal vs real property) and total. Row 5: Total deductions. Row 6: Total rents received or accrued with a total of 0.

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income. Row 1: Description of debt-financed property with checkboxes A, B, C, D. Rows 2-8: Gross income from debt-financed property, deductions, average acquisition debt, and gross income reportable. Row 9: Allocable deductions. Row 10: Total allocable deductions. Row 11: Total dividends-received deductions.

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10		
(1)						
(2)						
(3)						
(4)						
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)		
Totals			0.	0.		

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A B C D checkboxes

Enter amounts for each periodical listed above in the corresponding column.

Table with 4 columns (A, B, C, D) and 2 rows (Gross advertising income, Add columns A through D)

Table with 4 columns (A, B, C, D) and 2 rows (Direct advertising costs, Add columns A through D)

Table with 4 columns (A, B, C, D) and 4 rows (Advertising gain/loss, Readership costs, Circulation income, Excess readership costs)

a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13

Part X Compensation of Officers, Directors, and Trustees (see instructions)

Table with 4 columns (1. Name, 2. Title, 3. Percentage of time devoted to business, 4. Compensation attributable to unrelated business)

Total. Enter here and on Part II, line 1

Part XI Supplemental Information (see instructions)

Blank lines for supplemental information

FORM 990-T (A)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT	1
DESCRIPTION		NET INCOME OR (LOSS)	
MAKENA CAPITAL SPLITTER X, L.P. - ORDINARY BUSINESS INCOME (LOSS)		7,506.	
MAKENA CAPITAL SPLITTER X, L.P. - NET RENTAL REAL ESTATE INCOME		-4,300.	
MAKENA CAPITAL SPLITTER X, L.P. - OTHER NET RENTAL INCOME (LOSS)		3.	
MAKENA CAPITAL SPLITTER X, L.P. - INTEREST INCOME		899.	
MAKENA CAPITAL SPLITTER X, L.P. - DIVIDEND INCOME		711.	
MAKENA CAPITAL SPLITTER X, L.P. - ROYALTIES		366.	
MAKENA CAPITAL SPLITTER X, L.P. - OTHER PORTFOLIO INCOME (LOSS)		-17.	
MAKENA CAPITAL SPLITTER X, L.P. - OTHER INCOME (LOSS)		22,574.	
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5		27,742.	

FORM 990-T (A)	POST 2017 NOL SCHEDULE	STATEMENT	2
PRIOR YEAR POST 2017 NOL	NOL DEDUCTION	CARRYFORWARD OF POST 2017 NOL	
116,304.	1,479.	114,825.	

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2020

Name THE COMMUNITY FOUNDATION OF SARASOTA CO. INC.	Employer identification number 59-1956886
--	---

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less				
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				14,286.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	14,286.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year				
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				15,851.
11 Enter gain from Form 4797, line 7 or 9			11	9,848.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	25,699.

Part III Summary of Parts I and II				
16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)			16	14,286.
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)			17	25,699.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns			18	39,985.

Note: If losses exceed gains, see *Capital Losses* in the instructions.

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.
▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return
**THE COMMUNITY FOUNDATION OF SARASOTA CO.
INC.**

Social security number or taxpayer identification no.
59-1956886

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	MAKENA CAPITAL SPLITTER X, L.P.							14,286.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ▶								14,286.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

THE COMMUNITY FOUNDATION OF SARASOTA CO. INC.

Social security number or taxpayer identification no.

59-1956886

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
(X) (F) Long-term transactions not reported to you on Form 1099-B

Table with 8 columns: (a) Description of property, (b) Date acquired, (c) Date sold or disposed of, (d) Proceeds (sales price), (e) Cost or other basis, (f) Code(s), (g) Amount of adjustment, (h) Gain or (loss). Row 1: MAKENA CAPITAL SPLITTER X, L.P., 15,851.

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)

15,851.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2020

Name THE COMMUNITY FOUNDATION OF SARASOTA CO. INC.	Employer identification number 59-1956886
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Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				14,286.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	14,286.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				15,851.
11 Enter gain from Form 4797, line 7 or 9			11	9,848.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	25,699.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	14,286.
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	25,699.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	39,985.

Note: If losses exceed gains, see *Capital Losses* in the instructions.

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.
▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return
**THE COMMUNITY FOUNDATION OF SARASOTA CO.
INC.**

Social security number or taxpayer identification no.
59-1956886

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.
Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	MAKENA CAPITAL SPLITTER X, L.P.							14,286.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ▶								14,286.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1
**THE COMMUNITY FOUNDATION OF SARASOTA CO.
 INC.**

**Social security number or
 taxpayer identification no.**
59-1956886

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.
Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E) Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F) Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	MAKENA CAPITAL SPLITTER X, L.P.							15,851.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)								15,851.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Form **4797**

Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

2020

Attachment
Sequence No. **27**

**THE COMMUNITY FOUNDATION OF SARASOTA CO.
INC.**

Identifying number

59-1956886

1 Enter the gross proceeds from sales or exchanges reported to you for 2020 on Form(s) 1099-B or 1099-S
(or substitute statement) that you are including on line 2, 10, or 20

1

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	MAKENA CAPITAL SPLITTER X, L.P.						9,848.

3 Gain, if any, from Form 4684, line 39

4 Section 1231 gain from installment sales from Form 6252, line 26 or 37

5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824

6 Gain, if any, from line 32, from other than casualty or theft

7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows

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9,848.

Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

8 Nonrecaptured net section 1231 losses from prior years. See instructions

9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions

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9,848.

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11 Loss, if any, from line 7

12 Gain, if any, from line 7 or amount from line 8, if applicable

13 Gain, if any, from line 31

14 Net gain or (loss) from Form 4684, lines 31 and 38a

15 Ordinary gain from installment sales from Form 6252, line 25 or 36

16 Ordinary gain or (loss) from like-kind exchanges from Form 8824

17 Combine lines 10 through 16

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.

a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions

b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4

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18a
18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2020)

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)		
A					
B					
C					
D					
These columns relate to the properties on lines 19A through 19D.		Property A	Property B	Property C	Property D
20	Gross sales price (Note: See line 1 before completing.)	20			
21	Cost or other basis plus expense of sale	21			
22	Depreciation (or depletion) allowed or allowable	22			
23	Adjusted basis. Subtract line 22 from line 21	23			
24	Total gain. Subtract line 23 from line 20	24			
25 If section 1245 property:					
a	Depreciation allowed or allowable from line 22	25a			
b	Enter the smaller of line 24 or 25a	25b			
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a	Additional depreciation after 1975. See instructions	26a			
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b			
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c			
d	Additional depreciation after 1969 and before 1976	26d			
e	Enter the smaller of line 26c or 26d	26e			
f	Section 291 amount (corporations only)	26f			
g	Add lines 26b, 26e, and 26f	26g			
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.					
a	Soil, water, and land clearing expenses	27a			
b	Line 27a multiplied by applicable percentage	27b			
c	Enter the smaller of line 24 or 27b	27c			
28 If section 1254 property:					
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a			
b	Enter the smaller of line 24 or 28a	28b			
29 If section 1255 property:					
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a			
b	Enter the smaller of line 24 or 29a. See instructions	29b			

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33	
34	Recomputed depreciation. See instructions	34	
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

Form **4797**

Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

2020

Attachment
Sequence No. **27**

**THE COMMUNITY FOUNDATION OF SARASOTA CO.
INC.**

Identifying number

59-1956886

1 Enter the gross proceeds from sales or exchanges reported to you for 2020 on Form(s) 1099-B or 1099-S
(or substitute statement) that you are including on line 2, 10, or 20

1

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	MAKENA CAPITAL SPLITTER X, L.P.						9,848.

3 Gain, if any, from Form 4684, line 39

4 Section 1231 gain from installment sales from Form 6252, line 26 or 37

5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824

6 Gain, if any, from line 32, from other than casualty or theft

7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows

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6

7 **9,848.**

Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

8 Nonrecaptured net section 1231 losses from prior years. See instructions

9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions

8

9 **9,848.**

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11 Loss, if any, from line 7

12 Gain, if any, from line 7 or amount from line 8, if applicable

13 Gain, if any, from line 31

14 Net gain or (loss) from Form 4684, lines 31 and 38a

15 Ordinary gain from installment sales from Form 6252, line 25 or 36

16 Ordinary gain or (loss) from like-kind exchanges from Form 8824

17 Combine lines 10 through 16

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.

a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions

b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4

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18a

18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2020)

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)		
A					
B					
C					
D					
These columns relate to the properties on lines 19A through 19D.		Property A	Property B	Property C	Property D
20	Gross sales price (Note: See line 1 before completing.)	20			
21	Cost or other basis plus expense of sale	21			
22	Depreciation (or depletion) allowed or allowable	22			
23	Adjusted basis. Subtract line 22 from line 21	23			
24	Total gain. Subtract line 23 from line 20	24			
25 If section 1245 property:					
a	Depreciation allowed or allowable from line 22	25a			
b	Enter the smaller of line 24 or 25a	25b			
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a	Additional depreciation after 1975. See instructions	26a			
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b			
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c			
d	Additional depreciation after 1969 and before 1976	26d			
e	Enter the smaller of line 26c or 26d	26e			
f	Section 291 amount (corporations only)	26f			
g	Add lines 26b, 26e, and 26f	26g			
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.					
a	Soil, water, and land clearing expenses	27a			
b	Line 27a multiplied by applicable percentage	27b			
c	Enter the smaller of line 24 or 27b	27c			
28 If section 1254 property:					
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a			
b	Enter the smaller of line 24 or 28a	28b			
29 If section 1255 property:					
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a			
b	Enter the smaller of line 24 or 29a. See instructions	29b			

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33	
34	Recomputed depreciation. See instructions	34	
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

2020 TAX RETURN FILING INSTRUCTIONS

FLORIDA FORM F-1120

FOR THE YEAR ENDING

June 30, 2021

Prepared for	The Community Foundation of Sarasota CO. Inc. 2635 Fruitville Road Sarasota, FL 34237
Prepared by	Kerkering, barberio & co. P.o. Box 49348 sarasota, fl 34230-6348
To be signed and dated by	Not Applicable
Amount of tax	Total tax \$ 0.00 Less: payments and credits \$ 0.00 Plus: other amount \$ 0.00 Plus: interest and penalties \$ 0.00 No pmt required \$
Overpayment	Credited to your estimated tax \$ 0.00 Other amount \$ 0.00 Refunded to you \$ 0.00
Make check payable to	Not Applicable
Mail tax return and check (if applicable) to	This return has qualified for electronic filing. Please review your return for completeness and accuracy. We will then transmit your return electronically to the Florida DOR. Do not mail the paper copy of the return to the Florida DOR.
Return must be mailed on or before	Not Applicable
Special Instructions	

**Florida Tentative Income / Franchise Tax Return
and Application for Extension of Time to File Return**

1019
F-7004
R. 01/17
Rule 12C-1.051
Florida Administrative Code
Effective 01/17

FOR YOUR RECORDS
Information for Filing Florida Form F-7004

F-7004
R. 01/17

When to file - File this application on or before the original due date of the taxpayer's corporate income tax or partnership return. Do not file before the end of the tax year.

To file online go to www.floridarevenue.com

Penalties - If you are required to pay tax with this application, failure to pay will void any extension of time and subject the taxpayer to penalties and interest. There is also a penalty for late-file return when no tax is due.

Signature - A person authorized by the taxpayer must sign Florida Form F-7004. They must be an officer or partner of the taxpayer; a person currently enrolled to practice before the Internal Revenue Service (IRS); or attorney or Certified Public Accountant qualified to practice before the IRS under Public Law 89-332.

The Florida Form F-7004 must be filed - To receive an extension of time to file your Florida return, Florida Form F-7004 must be timely filed, even if you have already filed a federal extension request. A federal extension by itself does not extend the time to file a Florida return.

An extension for Florida tax purposes may be granted, even though no federal extension was granted. See Rule 12C-1.0222, F.A.C., for information on the requirements that must be met for your request for an extension of time to be valid.

A. If applicable, state the reason you need the extension: _____

DO NOT FILE

B. Type of federal return filed: 990-T
 Contact person for questions: ROXANNE G. JERDE
 Telephone number: 941-955-3000
 Contact Person email address: LSPENCER@CFSARASOTA.

Extension of Time Request	Florida Income/Franchise Tax Due
1. Tentative amount of Florida tax for the taxable year	1. 0.00
2. LESS: Estimated tax payments for the taxable year	2. 0.00
3. Balance due - You must pay 100% of the tax tentatively determined due with this extension request.	3. 0.00

Transfer the amount on Line 3 to **Tentative tax due**.

Make checks payable and mail to:

FLORIDA DEPARTMENT OF REVENUE, 5050 W TENNESSEE STREET, TALLAHASSEE FL 32399-0135

044961
10-20-20

Florida Department of Revenue - Corporate Income Tax
Florida Tentative Income / Franchise Tax Return
and Application for Extension of Time to File Return

1019
F-7004
R. 01/17

Name **THE COMMUNITY FOUNDATION OF SARASOTA CO. INC.**
 Address **2635 FRUITVILLE ROAD**
 City/State/ZIP **SARASOTA, FL 34237**

FEIN 59-1956886
 Taxable Year End 06/30/21
 FILING STATUS Partnership S-corporation
 All other federal returns to be filed X
 Tentative Tax Due \$ 0.00

Under penalties of perjury, I declare that I have been authorized by the above named taxpayer to make this application, that to the best of my knowledge and belief the statements herein are true and correct:

Sign Here: _____

Date: _____

FOR YOUR RECORDS

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20210630	0	0	0
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0	0	0	0

DO NOT FILE

0

8133 0 20210630 0002005030 9 3591956886 0000 0



Florida Corporate Income/Franchise Tax Return

F-1120, R. 01/20 1019

FEIN 59-1956886

For calendar year 2020 or tax year beginning JUL 1, 2020 ending JUN 30, 2021

Rule 12C-1.051 Florida Administrative Code Effective 01/21 Page 1 of 6

813302021063000020050372359195688600000

Name THE COMMUNITY FOUNDATION OF SARASOTA CO. INC. Address 2635 FRUITVILLE ROAD City/State/ZIP SARASOTA, FL 34237

Check here if any changes have been made to name or address

Computation of Florida Net Income Tax

- 1. Federal taxable income (see instructions) - Attach pages 1-5 of federal return Check here if negative 0.00
2. State income taxes deducted in computing federal taxable income (attach schedule) Check here if negative
3. Additions to federal taxable income (from Schedule I) Check here if negative
4. Total of Lines 1, 2 and 3 Check here if negative 0.00
5. Subtractions from federal taxable income (from Schedule II) Check here if negative
6. Adjusted federal income (Line 4 minus Line 5) Check here if negative
7. Florida portion of adjusted federal income (see instructions) Check here if negative 0.00
8. Nonbusiness income allocated to Florida (from Schedule R) Check here if negative
9. Florida exemption 0.00
10. Florida net income (Line 7 plus Line 8 minus Line 9) 0.00
11. Tax due: 4.458% of Line 10 0.00
12. Credits against the tax (from Schedule V)
13. Total corporate income/franchise tax due (Line 11 minus Line 12) 0.00
14. a) Penalty: F-2220 b) Other c) Interest: F-2220 d) Other Line 14 Total
15. Total of Lines 13 and 14
16. Payment credits: Estimated tax payments 16a \$ Tentative tax payment 16b \$
17. Total amount due: Subtract Line 16 from Line 15. If positive, enter amount due here and on payment coupon. If the amount is negative (overpayment), enter on Line 18 and/or Line 19
18. Credit: Enter amount of overpayment credited to next year's estimated tax here and on payment coupon
19. Refund: Enter amount of overpayment to be refunded here and on payment coupon

044081 10-20-20

Payment Coupon for Florida Corporate Income Tax Return

1019 F-1120 R. 01/20

Do Not Detach

YEAR ENDING 06/30/21

To ensure proper credit to your account, enclose your check with tax return when mailing.

Name THE COMMUNITY FOUNDATION OF S INC. Address 2635 FRUITVILLE ROAD City/State/ZIP SARASOTA, FL 34237

If 6/30 year end, return is due 1st day of the 4th month after the close of the taxable year, otherwise return is due 1st day of the 5th month after the close of the taxable year.

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20210630 0 0 0
00000000 0.000000 0 0
012 0 0 0
201 0 0 0
0 0 0 0
0 0 0 0

0

8133 0 20210630 0002005037 2 3591956886 0000 0



THE COMMUNITY FOUNDATION OF SARASOTA

FEIN 59-1956886

1019
F-1120
R. 01/20
Page 2 of 6
06/30/21

This return is considered incomplete unless a copy of the federal return is attached.
If your return is not signed, or improperly signed and verified, it will be subject to a penalty. The statute of limitations will not start until your return is properly signed and verified. Your return must be completed in its entirety.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Sign here: Signature of officer (must be an original signature), Date, Title CFO/CAO
Paid preparers only: Preparer's signature, Date, Preparer check if self-employed, Preparer's PTIN P00585910
Firm's name (or yours if self-employed) and address: P.O. BOX 49348, SARASOTA, FL
FEIN: 59-1753337
ZIP: 34230-6348

All Taxpayers Must Answer Questions A through M Below - See Instructions

- A. State of incorporation: FLORIDA
B. Florida Secretary of State document number: 749965
C. Florida consolidated return? YES NO X
D. Initial return Final return (final federal return filed)
E. Principal Business Activity Code (as pertains to Florida) 523000
F. A Florida extension of time was timely filed? YES X NO
G-1. Corporation is a member of a controlled group? YES NO X
G-2. Part of a federal consolidated return? YES NO X
G-3. The federal common parent has sales, property, or payroll in Florida? YES NO X
H. Location of corporate books: 2635 FRUITVILLE ROAD, SARASOTA, FL 34237
I. Taxpayer is a member of a Florida partnership or joint venture? YES NO X
J. Enter date of latest IRS audit:
a) List years examined:
K. Contact person concerning this return: ROXANNE G. JERDE
a) Contact person telephone number: 941-955-3000
b) Contact person e-mail address: LSPENCER@CFSARASOTA.
L. Type of federal return filed 1120 1120S or 990-T

L

T

Online Information Reporting Requirement

Visit the Department website to obtain a list of the required information, due date, penalty rate and application to enter the information. (See section 220.27, Florida Statutes)

Where to Send Payments and Returns

Make check payable to and mail with return to:

Florida Department of Revenue
5050 W Tennessee Street
Tallahassee FL 32399-0135

If you are requesting a refund (Line 19), send your return to:

Florida Department of Revenue
PO Box 6440
Tallahassee FL 32314-6440

Remember:

- Make your check payable to the Florida Department of Revenue.
Write your FEIN on your check.
Sign your check and return.
Attach a copy of your federal return.
Attach a copy of your Florida Form F-7004 (extension of time) if applicable.



NAME THE COMMUNITY FOUNDATION OF SARASOTA FEIN 59-1956886 TAXABLE YEAR ENDING 06/30/21

Schedule I - Additions and/or Adjustments to Federal Taxable Income	
1. Interest excluded from federal taxable income (see instructions)	1.
2. Undistributed net long-term capital gains (see instructions)	2.
3. Net operating loss deduction (attach schedule)	3.
4. Net capital loss carryover (attach schedule)	4.
5. Excess charitable contribution carryover (attach schedule)	5.
6. Employee benefit plan contribution carryover (attach schedule)	6.
7. Enterprise zone jobs credit (Florida Form F-1156Z)	7.
8. Ad valorem taxes allowable as enterprise zone property tax credit (Florida Form F-1158Z)	8.
9. Guaranty association assessment(s) credit	9.
10. Rural and/or urban high crime area job tax credits	10.
11. State housing tax credit	11.
12. Florida Tax Credit Scholarship Program Credits	12.
13. Florida Renewable energy production tax credit	13.
14. New markets tax credit	14.
15. Entertainment industry tax credit	15.
16. Research and Development tax credit	16.
17. Energy Economic Zone tax credit	17.
18. s. 168(k) IRC special bonus depreciation	18.
19. Other additions (attach schedule)	19.
20. Total Lines 1 through 19. Enter total on Line 20 and on Page 1, Line 3.	20.

Schedule II - Subtractions from Federal Taxable Income	
1. Gross foreign source income less attributable expenses (a) Enter s. 78, IRC income \$ _____ (b) plus s. 862, IRC dividends \$ _____ (c) plus s. 951A, IRC, income \$ _____ (d) less direct and indirect expenses and related amounts deducted under s. 250, IRC \$ _____	1.
2. Gross subpart F income less attributable expenses (a) Enter s. 951, IRC subpart F income \$ _____ (b) less direct and indirect expenses \$ _____	2.
Note: Taxpayers doing business outside Florida enter zero on Lines 3 through 6, and complete Schedule IV.	
3. Florida net operating loss carryover deduction (see instructions)	3.
4. Florida net capital loss carryover deduction (see instructions)	4.
5. Florida excess charitable contribution carryover (see instructions)	5.
6. Florida employee benefit plan contribution carryover (see instructions)	6.
7. Nonbusiness income (from Schedule R, Line 3)	7.
8. Eligible net income of an international banking facility (see instructions)	8.
9. s. 179, IRC expense (see instructions)	9.
10. s. 168(k), IRC special bonus depreciation (see instructions)	10.
11. Other subtractions (attach statement)	11.
12. Total Lines 1 through 11. Enter total on Line 12 and on Page 1, Line 5.	12.



NAME THE COMMUNITY FOUNDATION OF SARASOTA FEIN 59-1956886 TAXABLE YEAR ENDING 06/30/21

Schedule III - Apportionment of Adjusted Federal Income					
III-A For use by taxpayers doing business outside Florida, except those providing insurance or transportation services.					
	(a) WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)	(c) Col. (a) ÷ Col. (b) Rounded to Six Decimal Places	(d) Weight <small>If any factor in Column (b) is zero, see note on Pg 9 of the instructions.</small>	(e) Weighted Factors Rounded to Six Decimal Places
1. Property (Schedule III-B below)				X 25% or	
2. Payroll				X 25% or	
3. Sales (Schedule III-C below)				X 50% or	
4. Apportionment fraction (Sum of Lines 1, 2, and 3, Column (e)). Enter here and on Schedule IV, Line 2.					1.000000
III-B For use in computing average value of property (use original cost).					
	WITHIN FLORIDA		TOTAL EVERYWHERE		
	a. Beginning of year	b. End of year	c. Beginning of year	d. End of year	
1. Inventories of raw material, work in process, finished goods					
2. Buildings and other depreciable assets					
3. Land owned					
4. Other tangible and intangible (financial org. only) assets (attach schedule)					
5. Total (Lines 1 through 4)					
6. Average value of property					
a. Add Line 5, Columns (a) and (b) and divide by 2 (for within Florida) 6a.	_____				
b. Add Line 5, Columns (c) and (d) and divide by 2 (for total everywhere)	6b. _____				
7. Rented property (8 times net annual rent)					
a. Rented property in Florida	7a. _____				
b. Rented property Everywhere	7b. _____				
8. Total (Lines 6 and 7). Enter on Line 1, Schedule III-A, Columns (a) and (b).					
a. Enter Lines 6 a. plus 7 a. and also enter on Schedule III-A, Line 1, Column (a) for total average property in Florida	8a. _____				
b. Enter Lines 6 b. plus 7 b. and also enter on Schedule III-A, Line 1, Column (b) for total average property Everywhere	8b. _____				
III-C Sales Factor					
	(a) TOTAL WITHIN FLORIDA (Numerator)		(b) TOTAL EVERYWHERE (Denominator)		
1. Sales (gross receipts)	N/A				
2. Sales delivered or shipped to Florida purchasers			N/A		
3. Other gross receipts (rents, royalties, interest, etc. when applicable)					
4. TOTAL SALES (Enter on Schedule III-A, Line 3, Columns (a) and (b))					
III-D Special Apportionment Fractions (see instructions)					
	(a) WITHIN FLORIDA		(b) TOTAL EVERYWHERE		(c) FLORIDA Fraction ((a) ÷ (b)) Rounded to Six Decimal Places
1. Insurance companies (attach copy of Schedule T - Annual Report)					
2. Transportation services					

Schedule IV - Computation of Florida Portion of Adjusted Federal Income	
1. Apportionable adjusted federal income from Page 1, Line 6	1.
2. Florida apportionment fraction (Schedule III-A, Line 4)	2.
3. Tentative apportioned adjusted federal income (multiply Line 1 by Line 2)	3.
4. Net operating loss carryover apportioned to Florida (attach schedule; see instructions)	4.
5. Net capital loss carryover apportioned to Florida (attach schedule; see instructions)	5.
6. Excess charitable contribution carryover apportioned to Florida (attach schedule; see instructions)	6.
7. Employee benefit plan contribution carryover apportioned to Florida (attach schedule; see instructions)	7.
8. Total carryovers apportioned to Florida (add Lines 4 through 7)	8.
9. Adjusted federal income apportioned to Florida (Line 3 less Line 8; see instructions)	9.



NAME THE COMMUNITY FOUNDATION OF SARASOTA FEIN 59-1956886 TAXABLE YEAR ENDING 06/30/21

Schedule V - Credits Against the Corporate Income/Franchise Tax	
1. Florida health maintenance organization credit (attach assessment notice)	1.
2. Capital investment tax credit (attach certification letter)	2.
3. Enterprise zone jobs credit (from Florida Form F-1156Z attached)	3.
4. Community contribution tax credit (attach certification letter)	4.
5. Enterprise zone property tax credit (from Florida Form F-1158Z attached)	5.
6. Rural job tax credit (attach certification letter)	6.
7. Urban high crime area job tax credit (attach certification letter)	7.
8. Hazardous waste facility tax credit	8.
9. Florida alternative minimum tax (AMT) credit	9.
10. Contaminated site rehabilitation tax credit (attach tax credit certificate)	10.
11. State housing tax credit (attach certification letter)	11.
12. Florida Tax Credit: Scholarship Program Credits. (attach certificate)	12.
13. Florida renewable energy production tax credit	13.
14. New markets tax credit	14.
15. Entertainment industry tax credit	15.
16. Research and Development tax credit	16.
17. Energy Economic Zone tax credit	17.
18. Other credits (attach schedule)	18.
19. Total credits against the tax (sum of Lines 1 through 18 not to exceed the amount on Page 1, Line 11). Enter total credits on Page 1, Line 12	19.

Schedule R - Nonbusiness Income

Line 1. Nonbusiness income (loss) allocated to Florida

<u>Type</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
Total allocated to Florida 1.	_____
(Enter here and on Page 1, Line 8)	

Line 2. Nonbusiness income (loss) allocated elsewhere

<u>Type</u>	<u>State/country allocated to</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total allocated elsewhere 2.		_____

Line 3. Total nonbusiness income

Grand total. Total of Lines 1 and 2 3. _____
(Enter here and on Schedule II, Line 7)



NAME THE COMMUNITY FOUNDATION OF SARASOTA FEIN 59-1956886 TAXABLE YEAR ENDING 06/30/21

**Estimated Tax Worksheet
For Taxable Years Beginning On or After January 1,**

1. Florida income expected in taxable year	1.	\$	_____
2. Florida exemption \$50,000 (Members of a controlled group, see instructions on Page 14 of Florida Form F-1120N)	2.	\$	_____
3. Estimated Florida net income (Line 1 less Line 2)	3.	\$	_____
4. Total Estimated Florida tax (4.458% of Line 3)		\$	_____
Less: Credits against the tax	4.	\$	_____
5. Computation of installments:			
Payment due dates and			
payment amounts:			
If 6/30 year end, last day of 4th month,			
otherwise last day of 5th month - Enter 0.25 of Line 4	5a.		_____
Last day of 6th month - Enter 0.25 of Line 4	5b.		_____
Last day of 9th month - Enter 0.25 of Line 4	5c.		_____
Last day of fiscal year - Enter 0.25 of Line 4	5d.		_____

NOTE: If your estimated tax should change during the year, you may use the amended computation below to determine the amended amounts to be entered on the declaration (Florida Form F-1120ES).

1. Amended estimated tax	1.	\$	_____
2. Less:			
(a) Amount of overpayment from last year elected for credit to estimated tax and applied to date	2a.	\$	_____
(b) Payments made on estimated tax declaration (Florida Form F-1120ES)	2b.	\$	_____
(c) Total of Lines 2(a) and 2(b)	2c.	\$	_____
3. Unpaid balance (Line 1 less Line 2(c))	3.	\$	_____
4. Amount to be paid (Line 3 divided by number of remaining installments)	4.	\$	_____

References

The following documents were mentioned in this form and are incorporated by reference in the rules indicated below. The forms are available online at floridarevenue.com/forms.

Form F-2220	Underpayment of Estimated Tax on Florida Corporate Income/Franchise Tax	Rule 12C-1.051, F.A.C.
Form F-7004	Florida Tentative Income/Franchise Tax Return and Application for Extension of Time to File Return	Rule 12C-1.051, F.A.C.
Form F-1156Z	Florida Enterprise Zone Jobs Credit Certificate of Eligibility for Corporate Income Tax	Rule 12C-1.051, F.A.C.
Form F-1158Z	Enterprise Zone Property Tax Credit	Rule 12C-1.051, F.A.C.
Form F-1120N	Instructions for Corporate Income/Franchise Tax Return	Rule 12C-1.051, F.A.C.
Form F-1120ES	Declaration/Installment of Florida Estimated Income/Franchise Tax	Rule 12C-1.051, F.A.C.



THE COMMUNITY FOUNDATION OF SARASOTA CO.

1019
F-1120
R. 01/20

FEIN 59-1956886
DATA Page 1 of 2

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THE COMMUNITY FOUNDATION OF SARASOTA CO.

1019
F-1120
R. 01/20

FEIN 59-1956886

DATA Page 2 of 2

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