

EXTENDED TO MAY 15, 2020

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2018Open to Public
Inspection

▶ 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.**A** For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization**MANATEE COMMUNITY FOUNDATION, INC.**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

2820 MANATEE AVENUE WEST

Room/suite

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

BRADENTON, FL 34205**F** Name and address of principal officer: **SUSAN BOWIE****SAME AS C ABOVE****D** Employer identification number**65-0833500****E** Telephone number**(941) 747-7765****G** Gross receipts \$ **19,571,223.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.MANATEECF.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1998** **M** State of legal domicile: **FL****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: MANATEE COMMUNITY FOUNDATION PARTNERS WITH OUR CITIZENS TO STRENGTHEN AND ENHANCE OUR COMMUNITY
	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) 15
	4	Number of independent voting members of the governing body (Part VI, line 1b) 15
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a) 6
	6	Total number of volunteers (estimate if necessary) 30
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 0.
7b	Net unrelated business taxable income from Form 990-T, line 38 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h) 10,163,732.
	9	Program service revenue (Part VIII, line 2g) 358,116.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 4,323,477.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -33,697.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 14,811,628.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 4,028,961.
	14	Benefits paid to or for members (Part IX, column (A), line 4) 0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 376,625.
	16a	Professional fundraising fees (Part IX, column (A), line 11e) 0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 463,983.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 714,236.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 5,119,822.
19	Revenue less expenses. Subtract line 18 from line 12 9,691,806.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 46,360,216.
	21	Total liabilities (Part X, line 26) 12,162,557.
	22	Net assets or fund balances. Subtract line 21 from line 20 34,197,659.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	LAURA SPENCER, CHIEF FINANCIAL OFFICER Type or print name and title				
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 EIN ▶ 59-1753337			
	Firm's address ▶ P.O. BOX 49348 SARASOTA, FL 34230-6348	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 AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:

MANATEE COMMUNITY FOUNDATION PARTNERS WITH OUR CITIZENS TO STRENGTHEN AND ENHANCE OUR COMMUNITY THROUGH PHILANTHROPY, EDUCATION, AND SERVICE-NOW AND FOREVER.

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 \$ **4,941,587.** including grants of \$ **4,535,991.**) (Revenue \$ **436,186.**)

GRANTS: MANATEE COMMUNITY FOUNDATION AWARDED 576 GRANTS \$4,535,991 TO 259 NONPROFIT ORGANIZATIONS BASED ON SPECIFIC DONOR RECOMMENDATIONS AND BROAD AREAS OF SUPPORT IDENTIFIED BY DONORS. THESE GRANTS WERE AWARDED TO SUPPORT IMPORTANT PROGRAMS AND SERVICES IN EDUCATION, HEALTH, HUMAN SERVICES, CIVIC ENGAGEMENT, YOUTH DEVELOPMENT, ANIMAL WELFARE AND THE ENVIRONMENT FOR ORGANIZATIONS SERVING MANATEE COUNTY AND BEYOND. THE FOUNDATION MANAGES CHARITABLE FUNDS OF DONORS TO ENSURE THEIR PHILANTHROPIC GOALS ARE MET AND PROVIDES KNOWLEDGE TO DONORS, BUSINESSES, AND COMMUNITY PARTNERS ABOUT LOCAL NEEDS.

SCHOLARSHIPS: MANATEE COMMUNITY FOUNDATION AWARDED 61 SCHOLARSHIPS TOTALING \$185,968 FROM SCHOLARSHIP FUNDS TO NEW AND RETURNING COLLEGE

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **4,941,587.**Form **990** (2018)

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 temporarily restricted endowments, permanent endowments, or 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	

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, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? 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?	X	

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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 6		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	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?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		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?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
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?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		X
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		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?	13a		
Note. See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	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 in 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?	15		X
If "Yes," see instructions and file Form 4720, Schedule N.			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
If "Yes," complete Form 4720, Schedule O.			

Form 990 (2018)

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

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

☒**Section A. Governing Body and Management**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	15			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b Enter the number of voting members included in line 1a, above, who are independent		15		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?				X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 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 in 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 in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records **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 ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAMES T. BRUEN DIRECTOR	1.00	X						0.	0.	0.
(2) NICHOLAS DRIZOS DIRECTOR	1.00	X						0.	0.	0.
(3) LILLIAN ELLIOTT DIRECTOR	1.00	X						0.	0.	0.
(4) JONATHAN D. FLEECE DIRECTOR	1.00	X						0.	0.	0.
(5) MICHAEL M. HAMRICK DIRECTOR	1.00	X						0.	0.	0.
(6) TIM HENNING DIRECTOR	1.00	X						0.	0.	0.
(7) JEANIE KIRKPATRICK DIRECTOR	1.00	X						0.	0.	0.
(8) STEWART MOON DIRECTOR	1.00	X						0.	0.	0.
(9) CHRISTOPHER ROMINE DIRECTOR	1.00	X						0.	0.	0.
(10) BOB TURNER DIRECTOR	1.00	X						0.	0.	0.
(11) DENISE WILLIAMS DIRECTOR	1.00	X						0.	0.	0.
(12) LISA JOHNSON CHAIR	1.00	X		X				0.	0.	0.
(13) JAMES A. DAVIS VICE CHAIR	1.00	X		X				0.	0.	0.
(14) HOWARD A. SEIDER SECRETARY	1.00	X		X				0.	0.	0.
(15) CONRAD SYZMANSKI TREASURER	1.00	X		X				0.	0.	0.
(16) SUSAN BOWIE EXECUTIVE DIRECTOR	40.00			X				116,512.	0.	14,741.
(17) LAURA SPENCER CFO	1.00			X				0.	187,665.	25,821.

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	143,665.				
	d Related organizations	1d	12,950.				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	6,396,820.				
	g Noncash contributions included in lines 1a-1f: \$		983,768.				
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a ADMINISTRATIVE FEES	Business Code	900099	436,186.	436,186.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			436,186.			
	3 Investment income (including dividends, interest, and other similar amounts)			1,333,964.			1,333,964.
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
Other Revenue	6 a Gross rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		11,178,313.					
	b Less: cost or other basis and sales expenses	11,380,398.					
	c Gain or (loss)	-202,085.					
	d Net gain or (loss)			-202,085.			-202,085.
	8 a Gross income from fundraising events (not including \$ 143,665. of contributions reported on line 1c). See Part IV, line 18	a	69,325.				
	b Less: direct expenses	b	94,044.				
	c Net income or (loss) from fundraising events		-24,719.				
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions				8,096,781.	436,186.	0.	1,107,160.

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 ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,350,023.	4,350,023.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	185,968.	185,968.		
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	133,853.	40,156.	40,156.	53,541.
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	174,479.	69,808.	29,267.	75,404.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,022.	2,949.	994.	3,079.
9 Other employee benefits	19,302.	7,401.	3,663.	8,238.
10 Payroll taxes	22,306.	8,019.	4,938.	9,349.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	523.	188.	116.	219.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	59,677.	21,455.	13,210.	25,012.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	492,644.	177,113.	109,052.	206,479.
12 Advertising and promotion	36,845.	13,246.	8,156.	15,443.
13 Office expenses	18,604.	6,688.	4,119.	7,797.
14 Information technology	13,182.	4,739.	2,918.	5,525.
15 Royalties				
16 Occupancy	14,144.	5,085.	3,131.	5,928.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	34,387.	17,232.	5,929.	11,226.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	52,593.	18,908.	11,642.	22,043.
23 Insurance	13,955.	5,017.	3,089.	5,849.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a REPAIRS & MAINTENANCE	21,117.	7,592.	4,674.	8,851.
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	5,650,624.	4,941,587.	245,054.	463,983.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,312,001.	1	4,322,754.
	2 Savings and temporary cash investments	607,361.	2	7,994.
	3 Pledges and grants receivable, net	175,305.	3	114,016.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net	127,004.	7	125,000.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	5,562.	9	11,881.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,558,384.		
	b Less: accumulated depreciation	10b 166,291.	10c	1,392,093.
	11 Investments - publicly traded securities	40,166,879.	11	41,815,583.
	12 Investments - other securities. See Part IV, line 11	2,381,805.	12	2,077,371.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	149,942.	15	165,736.
16 Total assets. Add lines 1 through 15 (must equal line 34)	46,360,216.	16	50,032,428.	
Liabilities	17 Accounts payable and accrued expenses	18,800.	17	19,722.
	18 Grants payable	93,663.	18	104,597.
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	12,050,094.	25	11,425,314.
	26 Total liabilities. Add lines 17 through 25	12,162,557.	26	11,549,633.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	33,629,562.	27	37,996,074.
	28 Temporarily restricted net assets	568,097.	28	486,721.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	34,197,659.	33	38,482,795.
	34 Total liabilities and net assets/fund balances	46,360,216.	34	50,032,428.

Form 990 (2018)

Part XI Reconciliation of Net AssetsCheck 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	8,096,781.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,650,624.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,446,157.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	34,197,659.
5	Net unrealized gains (losses) on investments	5	1,100,098.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	738,881.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	38,482,795.

Part XII Financial Statements and ReportingCheck 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? _____ 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		<input checked="" type="checkbox"/>
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<input checked="" type="checkbox"/>	
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? _____		<input checked="" type="checkbox"/>
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2018)

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

2018

Open to Public
Inspection

Name of the organization

MANATEE COMMUNITY FOUNDATION, INC.

Employer identification number

65-0833500

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 1
 - 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		
THE COMMUNITY FOUNDATION OF SARASOTA	59-1956886	7	X		4,250.	
Total					4,250.	0.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 **Schedule A (Form 990 or 990-EZ) 2018**

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2018. 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 type="checkbox"/>		
b 33 1/3% support test - 2017. 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 - 2018. 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 - 2017. 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"/>		

Schedule A (Form 990 or 990-EZ) 2018

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. 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 - 2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1	X	
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.		
2		X

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?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
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 government entity (see instructions).			
2 Activities Test. Answer (a) and (b) 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.			
2a			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .			
3a			
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.			
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 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2018

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

Section D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2018 from Section C, line 6		
10	Line 8 amount divided by line 9 amount		

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Supplemental Information.

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.)

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

2018

Name of the organization

MANATEE COMMUNITY FOUNDATION, INC.

Employer identification number

65-0833500

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 foundationCheck 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 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

2018**Open to Public
Inspection****Name of the organization**

MANATEE COMMUNITY FOUNDATION, INC.

Employer identification number

65-0833500

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	138	
2 Aggregate value of contributions to (during year)	2,881,194.	
3 Aggregate value of grants from (during year)	1,811,637.	
4 Aggregate value at end of year	15,249,446.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2018

832051 10-29-18

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

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

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

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	24,171,861.	23,030,786.	20,778,418.	21,652,495.	20,465,770.
b Contributions	350,026.	854,728.	890,094.	742,321.	1,216,158.
c Net investment earnings, gains, and losses	1,282,110.	1,720,711.	2,457,779.	-359,129.	1,156,169.
d Grants or scholarships	787,286.	1,185,341.	870,451.	987,854.	931,783.
e Other expenditures for facilities and programs	5,270.	6,183.	45,732.	58,573.	68,735.
f Administrative expenses	285,994.	242,840.	179,322.	210,842.	185,084.
g End of year balance	24,725,447.	24,171,861.	23,030,786.	20,778,418.	21,652,495.

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

- a Board designated or quasi-endowment ☒ 98.29 %
 b Permanent endowment ☒ .00 %
 c Temporarily restricted endowment ☒ 1.71 %

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 type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<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		216,603.		216,603.
b Buildings		1,204,730.	105,735.	1,098,995.
c Leasehold improvements				
d Equipment		137,051.	60,556.	76,495.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,392,093.

Schedule D (Form 990) 2018

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) FUNDS HELD AS AGENCY ENDOWMENTS	11,375,677.	
(3) SPLIT INTEREST CONTRACT LIABILITY	49,637.	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	11,425,314.	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

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

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

1	Total revenue, gains, and other support per audited financial statements	1	55,658,863.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	1,100,098.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	47,796,011.
e	Add lines 2a through 2d	2e	48,896,109.
3	Subtract line 2e from line 1	3	6,762,754.
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	50,449.
b	Other (Describe in Part XIII.)	4b	1,283,578.
c	Add lines 4a and 4b	4c	1,334,027.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	8,096,781.

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	26,599,982.
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	23,115,915.
e	Add lines 2a through 2d	2e	23,115,915.
3	Subtract line 2e from line 1	3	3,484,067.
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	50,449.
b	Other (Describe in Part XIII.)	4b	2,116,108.
c	Add lines 4a and 4b	4c	2,166,557.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	5,650,624.

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:

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

PART V - EXPLANATION OF CHANGES TO PRIOR YEAR ENDOWMENT FUNDS

DURING THE TAX YEAR IT WAS DETERMINED THAT CERTAIN ADDITIONAL FUNDS SHOULD HAVE BEEN CLASSIFIED AS BEING PART OF THE ORGANIZATION'S ENDOWMENT. ACCORDINGLY, THE AMOUNTS REPORTED IN SCHEDULE D PART V HAVE BEEN RECLASSIFIED FOR THE FULL 5-YEAR PERIOD FOR BOTH TAX AND AUDIT.

PART X, LINE 2:

Part XIII Supplemental Information (continued)

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 XI, LINE 2D - OTHER ADJUSTMENTS:

REVENUES REPORTED BY RELATED ORGANIZATIONS	47,795,613.
CHANGE IN VALUE OF SPLIT INTEREST ACCOUNTS	18,298.
DISTRIBUTIONS TO GIFT ANNUITANTS	-17,900.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	47,796,011.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

ADMINISTRATIVE EXPENSES NETTED WITH ADMINSTRATIVE REVENUE	437,213.
AGENCY CONTRIBUTIONS NOT INCLUDED ON FINANCIAL STATEMENTS	311,912.
AGENCY REALIZED GAINS NOT INCLUDED ON FINANCIAL STATEMENTS	6,603.
AGENCY INTEREST & DIVIDENDS NOT INCLUDED ON FINANCIAL STATEMENTS	433,972.
INTERCOMPANY GRANTS ELIMINATED FOR AUDIT REPORT RELATED TO 990S	187,921.
SPECIAL EVENTS EXPENSE INCLUDED IN 990 REVENUE	-94,044.
ROUNDING	1.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	1,283,578.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES REPORTED BY RELATED ORGANIZATIONS	23,021,871.
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Part XIII Supplemental Information (continued)

SPECIAL EVENTS EXPENSE INCLUDED IN 990 REVENUE 94,044.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 23,115,915.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT FEES (AGENCY) 9,228.

ADMINISTRATIVE FEES (AGENCY) 47,152.

ADMINISTRATIVE FEES NETTED WITH REVENUE FOR FINANCIAL
STATEMENTS 437,213.

AGENCY GRANTS APPROVED NOT INCLUDED ON FINANCIAL STATEMENTS 1,434,593.

INTERCOMPANY GRANTS ELIMINATED FOR AUDIT REPORT RELATED TO
990S 187,921.

ROUNDING 1.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 2,116,108.

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

		(a) Event #1 MCF HORNE & MOONE SOCIAL	(b) Event #2 MCF SPIRIT OF MANATEE	(c) Other events 1	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	128,765.	60,375.	23,850.	212,990.
	2 Less: Contributions	86,340.	39,625.	17,700.	143,665.
	3 Gross income (line 1 minus line 2)	42,425.	20,750.	6,150.	69,325.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs		6,673.		6,673.
	7 Food and beverages	23,186.	22,822.	2,525.	48,533.
	8 Entertainment	3,475.			3,475.
	9 Other direct expenses	22,119.	8,004.	5,240.	35,363.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				94,044.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-24,719.

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

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

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

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

Name ► _____

Address ► _____

- 16** Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer☐ Employee☐ Independent contractor

- 17** Mandatory distributions:

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

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

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

[illegible]

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

2018

**Open to Public
Inspection**

Name of the organization **MANATEE COMMUNITY FOUNDATION, INC.** Employer identification number **65-0833500**

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
ALL FAITHS FOOD BANK INC 8171 BLAIKIE COURT SARASOTA, FL 34240	65-0115814	501(C)(3)	10,500.	0.			GENERAL SUPPORT
AMERICAN HUMANE ASSOCIATION 1400 16TH ST NW, SUITE 360 WASHINGTON, DC 20036	84-0432950	501(C)(3)	5,000.	0.			EMERGENCY ASSISTANCE
AMIKIDS, INC. 5915 BENJAMIN CENTER DRIVE TAMPA, FL 33634	23-7440836	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
ANIMAL NETWORK INC 7815 SENRAB DRIVE BRADENTON, FL 34209	59-3591574	501(C)(3)	17,670.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
ANNA MARIA ISLAND COMMUNITY CENTER DBA THE CENTER OF ANNA MARIA ISLAND - PO BOX 253 - ANNA MARIA, FL 34216	59-6166231	501(C)(3)	22,151.	0.			GENERAL SUPPORT
ART LEAGUE OF MANATEE COUNTY DBA ART CENTER MANATEE - 209 9TH STREET WEST - BRADENTON, FL 34205	59-0967824	501(C)(3)	44,042.	0.			CAPITAL PURCHASES, GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **110.**

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) (2018)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASOLO REPERTORY THEATRE INC 5555 N. TAMiami TRAIL SARASOTA, FL 34243	59-2717909	501(C)(3)	8,000.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
BETTER FUTURES FOUNDATION INC (FKA BETTER WORLD FOUNDATION) - 9042 MIDNIGHT PASS RD. 2B - SARASOTA, FL 34242	50-0019942	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
BIG BROTHERS BIG SISTERS OF THE SUN COAST, INC. - 1000 S TAMiami TRL STE C - VENICE, FL 34285	59-1361826	501(C)(3)	5,250.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
BOXSER DIVERSITY INITIATIVE, INC. 2301 GULF OF MEXICO DR, UNIT 63 LONGBOAT KEY, FL 34228	81-3050026	501(C)(3)	5,000.	0.			GENERAL SUPPORT
BOYS & GIRLS CLUBS OF MANATEE COUNTY, INC. - 5236 30TH STREET WEST 2ND FLOOR - BRADENTON, FL 34207	59-0675141	501(C)(3)	65,753.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
BRADENTON BLUE FOUNDATION, INC. 100 10TH ST W BRADENTON, FL 34205	82-4912048	501(C)(3)	11,691.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
CARDINAL MOONEY HIGH SCHOOL 4171 FRUITVILLE ROAD SARASOTA, FL 34232	59-0900923	501(C)(3)	6,000.	0.			PROGRAM SUPPORT, SCHOLARSHIP SUPPORT
CATHOLIC BISHOP OF NORTHERN ALASKA 1316 PEGER ROAD FAIRBANKS, AK 99709	92-0019215	501(C)(3)	10,000.	0.			GENERAL SUPPORT
COEXISTENCE, INC. P.O. BOX 2559 SARASOTA, FL 34230	20-3581293	501(C)(3)	11,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY CHRISTIAN SCHOOL OF COMMUNITY BAPTIST CHURCH, INC. - 5500 18TH STREET EAST - BRADENTON, FL 34203-4403	59-1089720	501(C)(3)	14,000.	0.			GENERAL SUPPORT
COMMUNITY COALITION ON HOMELESSNESS DBA TURNING POINTS - 701 17TH AVENUE W - BRADENTON, FL 34205	59-3340921	501(C)(3)	38,090.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
CONSERVATION FOUNDATION OF THE GULF COAST - PO BOX 902 - OSPREY, FL 34229	20-0345249	501(C)(3)	345,668.	0.			CAPITAL PURCHASES, GENERAL SUPPORT, PROGRAM SUPPORT
EARLY LEARNING COALITION OF MANATEE COUNTY INC - PO BOX 939 - PALMETTO, FL 34220	65-0811318	501(C)(3)	13,894.	0.			PROGRAM SUPPORT
EASTER SEALS SOUTHWEST FLORIDA INC 350 BRADEN AVENUE SARASOTA, FL 34243	59-0638490	501(C)(3)	16,000.	0.			PROGRAM SUPPORT
EDUCATION FOUNDATION OF SARASOTA COUNTY INC - 1960 LANDINGS BOULEVARD, #120 - SARASOTA, FL 34231-3365	59-2320858	501(C)(3)	10,000.	0.			GENERAL SUPPORT
ELON UNIVERSITY 2600 CAMPUS BOX ELON, NC 27244	56-0532303	501(C)(3)	9,000.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
ETHNOS360, INC. FNA NEW TRIBES MISSION - 312 W FIRST ST - SANFORD, FL 32771-1231	39-6024926	501(C)(3)	12,000.	0.			PROGRAM SUPPORT
EVANGELISM EXPLOSION INTERNATIONAL PRISON MINISTRY - P O BOX 668 - SARASOTA, FL 34230	65-0369992	501(C)(3)	5,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EXCHANGE CLUB FAMILY PARTNERSHIP CENTER OF MANATEE COUNTY, INC. DBA PARENT - 602 3RD ST E - BRADENTON, FL 34208	65-0374386	501(C)(3)	17,392.	0.			PROGRAM SUPPORT
FAMILY NETWORK ON DISABILITIES OF MANATEE/SARASOTA - PO BOX 110025 - LAKEWOOD RANCH, FL 34211	65-0156905	501(C)(3)	8,800.	0.			PROGRAM SUPPORT
FATHER KEZAR OPENING DOORS FOUNDATION, INC. - PO BOX 428 - BRADENTON, FL 34206	46-0838397	501(C)(3)	10,000.	0.			SCHOLARSHIP SUPPORT
FIRST PRESBYTERIAN CHURCH 1402 MANATEE AVE W BRADENTON, FL 34205	59-0737879	501(C)(3)	17,050.	0.			GENERAL SUPPORT
FLORIDA STUDIO THEATRE INC. 1241 N PALM AVE SARASOTA, FL 34236	23-7362760	501(C)(3)	7,150.	0.			PROGRAM SUPPORT
FORTY CARROTS FAMILY CENTER 1500 S TUTTLE AVE SARASOTA, FL 34239	65-0405988	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
FOUNDATION FOR DREAMS, INC. 16110 DREAM OAKS PLACE BRADENTON, FL 34212	65-0704986	501(C)(3)	18,460.	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
GIVING ALLIANCE OF MYAKKA CITY INC (F/K/A MYAKKA CITY FOUNDATION INC) - 29304 SADDLEBAG TRAIL - MYAKKA CITY, FL 34251	45-1256751	501(C)(3)	6,550.	0.			GENERAL SUPPORT, PROGRAM SUPPORT

Schedule I (Form 990)

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

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GRACE COMMUNITY CHURCH OF LWR 6932 PROFESSIONAL PARKWAY E SARASOTA, FL 34240-8414	35-2388990	501(C)(3)	398,094.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
GUARDIAN ANGELS OF SW FLORIDA INC 1429 60TH AVE W SUITE 200 BRADENTON, FL 34207	02-0763545	501(C)(3)	22,265.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
HOPE FAMILY SERVICES INC P.O. BOX 1624 BRADENTON, FL 34206	59-1970241	501(C)(3)	9,163.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
HUMANE SOCIETY OF MANATEE COUNTY INC - 2515 14TH STREET WEST - BRADENTON, FL 34205	59-1819652	501(C)(3)	39,042.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
INSTRIDE THERAPY 1629 RANCH ROAD NOKOMIS, FL 34275	65-0536169	501(C)(3)	13,198.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
JOHNS HOPKINS ALL CHILDREN'S HOSPITAL FOUNDATION, INC. - PO BOX 3142 - ST. PETERSBURG, FL 33731-3142	59-2481738	501(C)(3)	12,500.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
LAWTON CHILES FOUNDATION 12008 MICCOSUKEE ROAD TALLAHASSEE, FL 32309	59-3400148	501(C)(3)	5,000.	0.			GENERAL SUPPORT
LEARN TO FISH, INC. 1312 51ST AVENUE EAST BRADENTON, FL 34203	83-0510581	501(C)(3)	42,500.	0.			CAPITAL PURCHASES, SCHOLARSHIP SUPPORT
LIBRARY FOUNDATION, INC. 1301 BARCARROTA BLVD W BRADENTON, FL 34205	59-2590387	501(C)(3)	96,233.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

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MANA-SOTA LIGHTHOUSE FOR THE BLIND INC DBA LIGHTHOUSE VISION LOSS EDUCATION - 7318 N TAMIAMI TRL - SARASOTA, FL 34243	59-2591136	501(C)(3)	18,013.	0.			GENERAL SUPPORT
MANASOTA SOLVE, INC. 1509 8TH AVENUE WEST BRADENTON, FL 34205	59-1683408	501(C)(3)	142,600.	0.			CAPITAL PURCHASES, GENERAL SUPPORT
MANATEE CHILDREN'S SERVICES INCORPORATED - 1227 9TH AVE W - BRADENTON, FL 34205	59-1771210	501(C)(3)	29,600.	0.			PROGRAM SUPPORT, GENERAL SUPPORT
MANATEE COMMUNITY FOUNDATION, INC. 2820 MANATEE AVE W BRADENTON, FL 34205	65-0833500	501(C)(3)	7,500.	0.			PROGRAM SUPPORT
MANATEE CONCERT BAND INC PO BOX 502 BRADENTON, FL 34206	47-3623178	501(C)(3)	6,500.	0.			PROGRAM SUPPORT
MANATEE COUNTY AUDUBON SOCIETY INC. - P.O. BOX 14550 - BRADENTON, FL 34280	59-2562597	501(C)(3)	10,300.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
MANATEE COUNTY FAMILY YMCA, INC. 1023 MANATEE AVE WEST 6TH FLOOR BRADENTON, FL 34205	59-1626905	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
MANATEE COUNTY GIRLS CLUB, INC. DBA JUST FOR GIRLS - 1011 21ST STREET EAST - BRADENTON, FL 34208	59-1271332	501(C)(3)	27,432.	0.			GENERAL SUPPORT
MANATEE COUNTY HABITAT FOR HUMANITY - 1901 MANATEE AVE W 2ND FLOOR - BRADENTON, FL 34205	65-0484034	501(C)(3)	7,723.	0.			EMERGENCY ASSISTANCE, GENERAL SUPPORT, PROGRAM SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MANATEE COUNTY SUBSTANCE ABUSE COALITION - 1112 MANATEE AVE WEST, STE 303 - BRADENTON, FL 34205	27-1254684	501(C)(3)	10,295.	0.			PROGRAM SUPPORT
MANATEE EDUCATION FOUNDATION 1023 MANATEE AVE. W. SUITE 215 BRADENTON, FL 34205	65-0037457	501(C)(3)	122,876.	0.			PROGRAM SUPPORT
MEALS ON WHEELS PLUS OF MANATEE, INC. - 811 23RD AVE E - BRADENTON, FL 34208	59-1420986	501(C)(3)	11,047.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
MILITARY OFFICERS ASSOCIATION OF AMERICA BRADENTON CHAPTER - P.O. BOX 381 - BRADENTON, FL 34206	27-2702507	501(C)(3)	6,500.	0.			SCHOLARSHIP SUPPORT
MISSION TO THE WORLD MINISTRIES P O BOX 744165 ATLANTA, GA 30374-4165	58-1179345	501(C)(3)	17,500.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
MOTE MARINE LABORATORY, INC. 1600 KEN THOMPSON PKWY SARASOTA, FL 34236	59-0756643	501(C)(3)	71,711.	0.			CAPITAL PURCHASES, GENERAL SUPPORT, PROGRAM SUPPORT
MULTICULTURAL HEALTH INSTITUTE 1781 DR. MARTIN LUTHER KING, JR. WA SARASOTA, FL 34234	68-0384071	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
NATIONAL PARK FOUNDATION 1110 VERMONT AVE NW, SUITE 200 WASHINGTON, DC 20005	52-1086761	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
NATIONAL PSORIASIS FOUNDATION 6600 SW 92ND AVE. SUITE 300 PORTLAND, OR 97223	93-0571472	501(C)(3)	6,000.	0.			GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEURO CHALLENGE FOUNDATION INC 722 APEX RD, STE A SARASOTA, FL 34240	26-2311656	501(C)(3)	18,500.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
NEW COLLEGE FOUNDATION, INC. 5800 BAY SHORE ROAD SARASOTA, FL 34243-2109	59-0911744	501(C)(3)	50,550.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
NEW PATH ACADEMY 3005 26TH STREET WEST BRADENTON, FL 34205	90-0931748	501(C)(3)	635,000.	0.			CAPITAL PURCHASES, GENERAL SUPPORT
OUR DAILY BREAD OF BRADENTON, INC. P.O. BOX 9544 BRADENTON, FL 34206-9544	65-0374954	501(C)(3)	29,119.	0.			CAPITAL PURCHASES, GENERAL SUPPORT
OUR LADY OF THE ANGELS ROMAN CATHOLIC CHURCH - 12905 ST RD 70 E - LAKEWOOD RANCH, FL 34202	65-0995056	501(C)(3)	19,177.	0.			CAPITAL PURCHASES, GENERAL SUPPORT, PROGRAM SUPPORT
PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA, INC. - 736 CENTRAL AVENUE - SARASOTA, FL 34236	59-1274328	501(C)(3)	38,505.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
PLYMOUTH HARBOR, INC 700 JOHN RINGLING BOULEVARD SARASOTA, FL 34236-1542	59-1031820	501(C)(3)	55,000.	0.			CAPITAL PURCHASES, GENERAL SUPPORT
PROSPECT RIDING CENTER PO BOX 424 MYAKKA CITY, FL 34251	45-5236589	501(C)(3)	5,487.	0.			PROGRAM SUPPORT
RINGLING COLLEGE OF ART AND DESIGN 2700 N. TAMiami TRAIL SARASOTA, FL 34234	59-0637903	501(C)(3)	25,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROSER MEMORIAL COMMUNITY CHURCH P. O. BOX 247 ANNA MARIA, FL 34216	59-1095982	501(C)(3)	5,000.	0.			GENERAL SUPPORT
SAINT LEO UNIVERSITY P.O. BOX 6665, MC 2097 ST. LEO, FL 33574-6665	59-1237047	501(C)(3)	5,060.	0.			SCHOLARSHIP SUPPORT
SAINT STEPHEN'S EPISCOPAL SCHOOL 315 41ST ST W BRADENTON, FL 34209-2943	59-1301635	501(C)(3)	35,255.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
SAINTS PETER & PAUL THE APOSTLES CATHOLIC CHURCH - 2850 75TH STREET W - BRADENTON, FL 34209-5395	59-2747066	501(C)(3)	20,400.	0.			GENERAL SUPPORT
SALVATION ARMY MANATEE COUNTY 1204 14TH STREET WEST BRADENTON, FL 34205	58-0660607	501(C)(3)	12,771.	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)	10,000.	0.			PROGRAM SUPPORT
SARASOTA FAMILY YMCA, INC. 1500 INDEPENDENCE BOULEVARD, STE. 21 SARASOTA, FL 34234	59-1618413	501(C)(3)	92,500.	0.			PROGRAM SUPPORT
SARASOTA KOREAN BAPTIST CHURCH INC. - 7120 34TH ST E - SARASOTA, FL 34243	46-1874304	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
SARASOTA MANATEE ASSOCIATION FOR RIDING THERAPY - 4640 COUNTY ROAD 675 E - BRADENTON, FL 34211	65-0043354	501(C)(3)	33,165.	0.			GENERAL SUPPORT, CAPITAL PURCHASES, PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SARASOTA MEMORIAL HEALTHCARE FOUNDATION, INC. - 1515 S. OSPREY AVENUE, SUITE B4 - SARASOTA, FL 34239-2919	51-0188568	501(C)(3)	5,000.	0.			GENERAL SUPPORT
SARASOTA POPS ORCHESTRA, INC. DBA POPS ORCHESTRA OF BRADENTON AND SARASOTA - P.O. BOX 1622 - SARASOTA, FL 34230	59-1694954	501(C)(3)	5,500.	0.			GENERAL SUPPORT
SAVE OUR SEABIRDS, INC. 1708 KEN THOMPSON PARKWAY SARASOTA, FL 34236	59-3078536	501(C)(3)	10,000.	0.			GENERAL SUPPORT
SEA BREEZE ELEMENTARY SCHOOL 3601 71ST STREET WEST BRADENTON, FL 34209	59-6000728	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
SELAH FREEDOM, INC. 1800 2ND ST, SUITE 880 SARASOTA, FL 34236	45-5189165	501(C)(3)	8,550.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
SEMINOLE BOOSTERS, INC. P.O. BOX 1353 TALLAHASSEE, FL 32302	59-1561180	501(C)(3)	24,042.	0.			GENERAL SUPPORT
SOUTH FLORIDA MUSEUM & BISHOP PLANETARIUM DBA THE BISHOP MUSEUM OF SCIENCE - P.O. BOX 9265 - BRADENTON, FL 34206-9265	59-0598726	501(C)(3)	163,344.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
SOUTHEASTERN GUIDE DOGS, INC. 4210 77TH STREET E. PALMETTO, FL 34221	59-2252352	501(C)(3)	18,000.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
STATE COLLEGE OF FLORIDA FOUNDATION, INC. - PO BOX 1849 - BRADENTON, FL 34206	59-1843274	501(C)(3)	23,508.	0.			, GENERAL SUPPORT, SCHOLARSHIP SUPPORT, PROGRAM SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STEP UP SUNCOAST 6428 PARKLAND DR. SARASOTA, FL 34243	59-6208766	501(C)(3)	36,000.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
STILLPOINT HOUSE OF PRAYER, INC. DBA STILLPOINT MISSION - P.O. BOX 619 - BRADENTON, FL 34206	65-0850895	501(C)(3)	21,063.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
SUN VALLEY SCHOOL PTO, INC. 75 HAPPY LN SAN RAFAEL, CA 94901	42-1759606	501(C)(3)	10,000.	0.			GENERAL SUPPORT
SUNSHINE COMMUNITY COMPOST 7416 RIVERVIEW DRIVE NW BRADENTON, FL 34209	82-1729198	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
TAKE STOCK IN CHILDREN OF MANATEE COUNTY INC - 2501 63RD AVENUE E - BRADENTON, FL 34203	46-1337168	501(C)(3)	8,100.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
THE ISLAND CHAPEL 1271 PINELLAS BAYWAY S TIERRA VERDE, FL 33715	59-3256610	501(C)(3)	7,200.	0.			GENERAL SUPPORT
THE LEGION OF CHRIST, INC. P O BOX 1122 CHESHIRE, CT 06410	53-0196617	501(C)(3)	7,528.	0.			GENERAL SUPPORT
THE MANATEE PLAYERS, INC. DBA MANATEE PERFORMING ARTS CENTER - 502 THIRD AVENUE WEST - BRADENTON, FL 34205	59-1196043	501(C)(3)	82,213.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
THE MARK WANDALL FOUNDATION, INC. P.O. BOX 21333 BRADENTON, FL 34204	20-1933021	501(C)(3)	6,400.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TIDEWELL HOSPICE, INC. 5955 RAND BOULEVARD SARASOTA, FL 34238	59-1911861	501(C)(3)	14,956.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
TUTWILER CLINIC, INC. P.O. BOX 462 TUTWILER, MS 38963	64-0678336	501(C)(3)	10,000.	0.			GENERAL SUPPORT
UNIDOSNOW, INC. 1750 17TH ST., BLDG C 2 SARASOTA, FL 34234	27-4102169	501(C)(3)	49,100.	0.			GENERAL SUPPORT, PROGRAM SUPPORT, SCHOLARSHIP SUPPORT
UNITED WAY SUNCOAST, INC. 4215 CONCEPT COURT BRADENTON, FL 34211	59-0901509	501(C)(3)	36,833.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
UNITED WAY SUNCOAST 5201 WEST KENNEDY BOULEVARD, #600 TAMPA, FL 33609	59-3725701	501(C)(3)	185,906.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
UNIVERSITY OF MARYLAND COLLEGE PARK FOUNDATION INC. - 2119 MAIN ADMINISTRATION BLDG - COLLEGE PARK, MD 20742	52-2197313	501(C)(3)	7,000.	0.			PROGRAM SUPPORT
UNIVERSITY OF SOUTH FLORIDA FOUNDATION - 4202 E. FOWLER AVE., ALC100 - TAMPA, FL 33620	59-0879015	501(C)(3)	127,500.	0.			PROGRAM SUPPORT, SCHOLARSHIP SUPPORT
VISIBLE MEN ACADEMY 921 63RD AVENUE EAST BRADENTON, FL 34203	46-0930264	501(C)(3)	71,940.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
WE CARE MANATEE, INC. 300 RIVERSIDE DRIVE EAST, STE 4500 BRADENTON, FL 34208	59-3606103	501(C)(3)	19,968.	0.			GENERAL SUPPORT, PROGRAM SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTCOAST BLACK THEATRE TROUPE 1012 N ORANGE AVE SARASOTA, FL 34236	65-1040662	501(C)(3)	20,000.	0.			CAPITAL PURCHASES, GENERAL SUPPORT
WILDLIFE, INC P.O. BOX 1449 ANNA MARIA, FL 34216	65-0093613	501(C)(3)	5,000.	0.			GENERAL SUPPORT
WOMEN'S RESOURCE CENTER OF MANATEE, INC. - 1926 MANATEE AVENUE W - BRADENTON, FL 34205-5835	59-3034653	501(C)(3)	14,048.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
WORK VESSELS FOR VETERANS, INC. P O BOX 215 WEST MYSTIC, CT 06388	26-3201760	501(C)(3)	5,000.	0.			GENERAL SUPPORT
XAVIER SOCIETY FOR THE BLIND 248 WEST 35TH STREET SUITE 1502 NEW YORK, NY 10001	13-5563026	501(C)(3)	10,000.	0.			GENEARL SUPPORT

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	61	185,968.	0.		

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

PART I, LINE 2:

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.
 STAFF VISIT PROGRAMS AND SERVICES FOR SITE VISITS AND REQUIRE THAT
 ORGANIZATIONS RECEIVING GRANTS THROUGH COMPETITIVE FUNDING COMPLETE AN
 IN-DEPTH PROFILE ON A PUBLIC SITE FOR NONPROFITS CALLED THE GIVING PARTNER,
 WWW.THEGIVINGPARTNER.ORG.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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.

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

MANATEE COMMUNITY FOUNDATION, INC.

Employer identification number

65-0833500

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

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

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

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input 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?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

a The organization?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

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

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

Yes No

1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2018

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) LAURA SPENCER CFO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	163,828.	23,837.	0.	17,176.	8,645.	213,486.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2018

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- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization

MANATEE COMMUNITY FOUNDATION, INC.

Employer identification number

65-0833500

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	28	677,768.	STOCK EXCHANGE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential	X	1	306,000.	QUALIFIED APPRAISAL
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (.....				
26 Other ▶ (.....				
27 Other ▶ (.....				
28 Other ▶ (.....				

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

29

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?

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

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.

	Yes	No
30a		X
31	X	
32a	X	
33		

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

Schedule M (Form 990) 2018

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

2018

Open to Public
Inspection

Name of the organization

MANATEE COMMUNITY FOUNDATION, INC.

Employer identification number

65-0833500

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

THROUGH PHILANTHROPY, EDUCATION, AND SERVICE-NOW AND FOREVER. WE DO

THIS THROUGH THE CREATION AND STEWARDSHIP OF CHARITABLE FUNDS,

CHARITABLE LEGACY PLANNING, EDUCATION FOR NONPROFITS AND PHILANTHROPIC

INVESTORS, AND ENGAGING OUR COMMUNITY AROUND IMPORTANT ISSUES SUCH AS

FOSTER CARE, EDUCATION, AND CIVIC ENGAGEMENT.

FORM 990, PART I, LINE 6 VOLUNTEERS

MANATEE COMMUNITY FOUNDATION UTILIZES BOARD MEMBERS AND COMMUNITY

VOLUNTEERS ON A DEVELOPMENT COMMITTEE, SCHOLARSHIP COMMITTEE, FINANCE

COMMITTEE, AND GRANTS COMMITTEE TO PROVIDE IMPORTANT INSIGHTS AND

GUIDANCE IN DECISION-MAKING. ALL BOARD MEMBERS ARE VOLUNTEERS.

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

STUDENTS, INCLUDING GRADUATING HIGH SCHOOL STUDENTS ATTENDING A

COMMUNITY COLLEGE OR 4-YEAR UNIVERSITY, STUDENTS ATTENDING GRADUATE

SCHOOL, AND BOTH YOUNG AND ADULT LEARNERS RETURNING TO SCHOOL TO PURSUE

A VOCATIONAL OR TECHNICAL CERTIFICATION. SCHOLARSHIP FUNDS ARE

ESTABLISHED AND MANAGED TO ENSURE THAT THE COMMUNITY'S EDUCATIONAL

NEEDS ARE MET.

COMMUNITY EDUCATION AND ENGAGEMENT: OVER THE LAST FISCAL YEAR,

THOUSANDS OF PEOPLE VISITED THE COMMUNITY SPACES PROVIDED AT MANATEE

COMMUNITY FOUNDATION TO ATTEND FREE EVENTS INCLUDING NONPROFIT

EDUCATION SESSIONS FOCUSED ON FUNDRAISING SUCCESS AND SUSTAINABILITY,

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization

MANATEE COMMUNITY FOUNDATION, INC.

Employer identification number

65-0833500

DONOR EDUCATION SESSIONS, AND COMMUNITY FORUMS/COLLECTIVE IMPACT TO
BUILD THE KNOWLEDGE AND PARTICIPATION OF OUR CITIZENS IN CHARITABLE
MISSIONS SERVING THE PEOPLE, PLACES, AND ANIMALS IN MANATEE COUNTY.

FORM 990, PART VI, SECTION A, LINE 4:

A. BOARD MEMBERS WILL NO LONGER BE REQUIRED TO RESIDE OR WORK IN MANATEE
COUNTY; AND

B. THE BOARD CHAIR'S BOARD TERM LIMITS MAY BE EXCEEDED TO ALLOW FOR THE
CHAIR TO SERVE IN THE PAST CHAIR ROLE.

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

SO LONG AS THE FOUNDATION IS EXCLUSIVELY AN IRC 509(A)(3) SUPPORTING
ORGANIZATION TO BENEFIT THE COMMUNITY FOUNDATION OF SARASOTA COUNTY, INC.
("SARASOTA FOUNDATION"), AND UNDER PROVISIONS OF THIS ARTICLE III, A
MAJORITY OF THE MEMBERS OF THE BOARD OF DIRECTORS OF THE FOUNDATION ARE TO
BE APPOINTED BY THE BOARD OF DIRECTORS OF THE SARASOTA FOUNDATION.

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

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

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

ANNUALLY, BOARD MEMBERS ARE REQUIRED TO FILL OUT A CONFLICT OF INTEREST
DISCLOSURE FORM WHICH IS REVIEWED UPON RECEIPT BY THE CFO AND CORPORATE
COUNSEL AND AGAIN DURING THE AUDIT PROCESS.

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

Name of the organization

MANATEE COMMUNITY FOUNDATION, INC.

Employer identification number

65-0833500

THE BOARD OF DIRECTORS ANNUALLY REVIEWS AND DETERMINES THE COMPENSATION
PACKAGE OF THE EXECUTIVE DIRECTOR.

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

ALL DOCUMENTS ARE AVAILABLE UPON REQUEST

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

CURRENT YEAR AGENCY ACTIVITY NOT INCLUDED ON FINANCIAL
STATEMENTS

738,486.

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT

18,298.

DISTRIBUTIONS TO ANNUITANTS

-17,900.

ROUNDING

-3.

TOTAL TO FORM 990, PART XI, LINE 9

738,881.

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

2018

**Open to Public
Inspection**

Name of the organization

MANATEE COMMUNITY FOUNDATION, INC.

Employer identification number

65-0833500

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

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
COMMUNITY FOUNDATION OF SARASOTA COUNTY, INC. - 59-1956886, 2635 FRUITVILLE RD., SARASOTA, FL 34237	GRANTMAKING	FLORIDA	501(C)(3)	LINE 7	N/A		X
COMMUNITY FOUNDATION TRUST OF SARASOTA COUNTY, INC. - 65-0173371, 2635 FRUITVILLE RD., SARASOTA, FL 34237	GRANTMAKING	FLORIDA	501(C)(3)	LINE 12A, I	N/A		X
WETHERINGTON FOUNDATION, INC. - 37-1472181 2635 FRUITVILLE RD. 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) 2018

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

[illegible]

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

[illegible]

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	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	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)			

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

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

[illegible]

Provide additional information for responses to questions on Schedule R. See instructions.

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

OMB No. 1545-1709

► **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.

		Enter filer's identifying number
Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. MANATEE COMMUNITY FOUNDATION, INC.	Employer identification number (EIN) or 65-0833500
	Number, street, and room or suite no. If a P.O. box, see instructions. 2820 MANATEE AVENUE WEST	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BRADENTON, FL 34205	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

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 ☐ **01**
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **0000**. If this is for the whole group, check this box ☐ **01**. If it is for part of the group, check this box ☐ **02** and attach a list with the names and EINs of all members the extension is for.

- 1** I request an automatic 6-month extension of time until **MAY 15, 2020**, 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, 2018**, and ending **JUN 30, 2019**.

- 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	\$	0.
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.