

Form **990**

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

OMB No. 1545-0047

**2020**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

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

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>MANATEE COMMUNITY FOUNDATION, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>2820 MANATEE AVENUE WEST</b> City or town, state or province, country, and ZIP or foreign postal code <b>BRADENTON, FL 34205</b> <b>F</b> Name and address of principal officer: <b>SUSAN BOWIE</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>65-0833500</b> <b>E</b> Telephone number <b>(941) 747-7765</b> <b>G</b> Gross receipts \$ <b>23,098,178.</b> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.MANATEECF.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L</b> Year of formation: <b>1998</b>		<b>M</b> State of legal domicile: <b>FL</b>

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>MANATEE COMMUNITY FOUNDATION PARTNERS WITH OUR CITIZENS TO STRENGTHEN AND ENHANCE OUR COMMUNITY</b>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>17</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>17</b>
<b>5</b>	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<b>6</b>
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>30</b>
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>7,061,814.</b>	<b>8,046,788.</b>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>468,142.</b>	<b>509,992.</b>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>1,155,425.</b>	<b>4,577,351.</b>
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>-5,714.</b>	<b>-3,692.</b>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>8,679,667.</b>	<b>13,130,439.</b>
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>5,864,050.</b>	<b>5,947,657.</b>
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>446,231.</b>	<b>457,974.</b>
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>564,082.</b>	<b>0.</b>	<b>0.</b>
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>868,951.</b>	<b>930,837.</b>
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>7,179,232.</b>	<b>7,336,468.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>1,500,435.</b>	<b>5,793,971.</b>
<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>21</b>	Total liabilities (Part X, line 26)	<b>51,383,604.</b>	<b>65,364,400.</b>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>11,772,509.</b>	<b>14,872,851.</b>
		<b>39,611,095.</b>	<b>50,491,549.</b>

**Part II Signature Block**

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

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
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 [X] 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 [X] 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 \$ 6,506,588. including grants of \$ 5,947,657. ) (Revenue \$ 509,992. )
GRANTS: MANATEE COMMUNITY FOUNDATION AWARDED 734 GRANTS TALLING \$5,342,692 TO 310 NONPROFIT ORGANIZATIONS BASED ON SPECIFIC DONOR RECOMMENDATIONS AND BROAD AREAS OF SUPPORT. 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 92 SCHOLARSHIPS TOTALING \$221,322 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 on Schedule O.)
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 6,506,588.

**Part IV Checklist of Required Schedules**

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various IRS requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (17); 1b Enter the number of voting members included on line 1a, above, who are independent (17); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b 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); 11b 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); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c 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); 16b 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. [X] Own website [X] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records LAURA SPENCER - (941) 955-3000 2635 FRUITVILLE ROAD, SARASOTA, FL 34237

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LAURA SPENCER CFO/CAO	1.00			X			0.	217,256.	28,426.	
(2) SUSAN BOWIE EXECUTIVE DIRECTOR	40.00			X			131,729.	0.	16,368.	
(3) TOM BREITER DIRECTOR	1.00	X					0.	0.	0.	
(4) JAMES T. BRUEN DIRECTOR	1.00	X					0.	0.	0.	
(5) LILLIAN ELLIOTT DIRECTOR	1.00	X					0.	0.	0.	
(6) MICHAEL M. HAMRICK DIRECTOR	1.00	X					0.	0.	0.	
(7) TIM HENNING DIRECTOR	1.00	X					0.	0.	0.	
(8) BARBARA JENNINGS DIRECTOR	1.00	X					0.	0.	0.	
(9) SIMONE PETERSON DIRECTOR	1.00	X					0.	0.	0.	
(10) CHRISTOPHER ROMINE DIRECTOR	1.00	X					0.	0.	0.	
(11) STEVE ROSKAMP DIRECTOR	1.00	X					0.	0.	0.	
(12) JENIFER SCHEMBRI DIRECTOR	1.00	X					0.	0.	0.	
(13) DANIELLE SHERRILL DIRECTOR	1.00	X					0.	0.	0.	
(14) BOB TURNER DIRECTOR	1.00	X					0.	0.	0.	
(15) DENISE WILLIAMS DIRECTOR	1.00	X					0.	0.	0.	
(16) JAMES A. DAVIS CHAIR	1.00	X		X			0.	0.	0.	
(17) JEANIE KIRKPATRICK VICE CHAIR	1.00	X		X			0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) HOWARD A. SEIDER SECRETARY	1.00	X		X				0.	0.	0.
(19) CONRAD SYZMANSKI TREASURER	1.00	X		X				0.	0.	0.
<b>1b Subtotal</b>								131,729.	217,256.	44,794.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								131,729.	217,256.	44,794.

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	7,500.				
	<b>d</b> Related organizations	<b>1d</b>	100.				
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	8,039,188.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 2,200,757.				
	<b>h Total.</b> Add lines 1a-1f			8,046,788.			
<b>Program Service Revenue</b>	<b>2 a</b> ADMINISTRATIVE FEES	<b>Business Code</b>	900099	509,992.	509,992.		
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			509,992.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			1,287,606.		1,287,606.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	13,253,792.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	9,964,047.				
	<b>c</b> Gain or (loss)	<b>7c</b>	3,289,745.				
<b>d</b> Net gain or (loss)			3,289,745.		3,289,745.		
<b>8 a</b> Gross income from fundraising events (not including \$ 7,500. of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>		0.				
<b>b</b> Less: direct expenses	<b>8b</b>	3,692.					
<b>c</b> Net income or (loss) from fundraising events			-3,692.		-3,692.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>	<b>11 a</b>	<b>Business Code</b>					
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions			13,130,439.	509,992.	0.	4,573,659.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,726,335.	5,726,335.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	221,322.	221,322.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	145,411.	43,623.	43,623.	58,165.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	237,226.	100,559.	34,000.	102,667.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	14,644.	6,213.	2,092.	6,339.
<b>9</b> Other employee benefits	32,879.	13,182.	5,667.	14,030.
<b>10</b> Payroll taxes	27,814.	10,577.	5,521.	11,716.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	907.	345.	180.	382.
<b>c</b> Accounting	411.	156.	82.	173.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	65,933.	25,073.	13,086.	27,774.
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	569,657.	216,623.	113,072.	239,962.
<b>12</b> Advertising and promotion	61,556.	23,408.	12,218.	25,930.
<b>13</b> Office expenses	20,715.	7,877.	4,112.	8,726.
<b>14</b> Information technology	18,128.	6,894.	3,598.	7,636.
<b>15</b> Royalties				
<b>16</b> Occupancy	13,773.	5,237.	2,734.	5,802.
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	66,752.	56,192.	3,382.	7,178.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	51,477.	19,575.	10,218.	21,684.
<b>23</b> Insurance	17,330.	6,590.	3,440.	7,300.
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> REPAIRS & MAINTENANCE	44,198.	16,807.	8,773.	18,618.
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	7,336,468.	6,506,588.	265,798.	564,082.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	4,649,582.	<b>1</b>	3,644,985.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	201,618.	<b>3</b>	38,500.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	354,644.	<b>7</b>	294,941.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	9,069.	<b>9</b>	6,939.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,571,473.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 268,254.		
	<b>11</b> Investments - publicly traded securities .....	1,339,338.	<b>10c</b>	1,303,219.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	43,571,098.	<b>11</b>	58,953,277.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	1,123,456.	<b>12</b>	941,275.
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	134,799.	<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	51,383,604.	<b>15</b>	181,264.	
		<b>16</b>	65,364,400.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	22,228.	<b>17</b>	29,262.
	<b>18</b> Grants payable .....	215,355.	<b>18</b>	197,910.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	11,534,926.	<b>25</b>	14,645,679.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	11,772,509.	<b>26</b>	14,872,851.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	39,084,287.	<b>27</b>	49,833,502.
	<b>28</b> Net assets with donor restrictions .....	526,808.	<b>28</b>	658,047.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	39,611,095.	<b>32</b>	50,491,549.
<b>33</b> Total liabilities and net assets/fund balances .....	51,383,604.	<b>33</b>	65,364,400.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,130,439.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,336,468.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,793,971.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	39,611,095.
5	Net unrealized gains (losses) on investments	5	5,878,803.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-792,320.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	50,491,549.

**Part XII Financial Statements and Reporting**

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

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

Form 990 (2020)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

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		32,861.	
<b>Total</b>					<b>32,861.</b>	<b>0.</b>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

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

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

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

**Section A. Public Support**

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

**Section B. Total Support**

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

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

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

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

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

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

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

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	X	
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		X

**Section C. Type II Supporting Organizations**

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

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI</b> .		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		

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

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

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

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	<b>5</b>
<b>6</b>	Other distributions (describe in Part VI). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

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

Schedule A (Form 990 or 990-EZ) 2020

**Part VI**

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

Series of horizontal lines for supplemental information.

**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

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 foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

**SCHEDULE 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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**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 .....	164	187
2 Aggregate value of contributions to (during year) .....	446,097.	7,600,691.
3 Aggregate value of grants from (during year) .....	1,887,209.	4,060,448.
4 Aggregate value at end of year .....	19,911,908.	45,180,122.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

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

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

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

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

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

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)? .....

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

(ii) Assets included in Form 990, Part X .....

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

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

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	24,366,493.	24,725,447.	24,171,861.	23,030,786.	20,778,418.
b Contributions	321,401.	1,026,598.	350,026.	854,728.	890,094.
c Net investment earnings, gains, and losses	6,833,349.	391,862.	1,282,110.	1,720,711.	2,457,779.
d Grants or scholarships	902,146.	1,481,870.	787,286.	1,185,341.	870,451.
e Other expenditures for facilities and programs			5,270.	6,183.	45,732.
f Administrative expenses	322,347.	295,544.	285,994.	242,840.	179,322.
g End of year balance	30,296,750.	24,366,493.	24,725,447.	24,171,861.	23,030,786.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  98.9200 %
  - b Permanent endowment  .0000 %
  - c Term endowment  1.0800 %
- 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  |     | X  |
| (ii) Related organizations   |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? |     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		216,603.		216,603.
b Buildings		1,204,730.	170,871.	1,033,859.
c Leasehold improvements				
d Equipment		150,140.	97,383.	52,757.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,303,219.

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (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	14,600,481.
(3) SPLIT INTEREST CONTRACT LIABILITY	45,198.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	14,645,679.

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



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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	121,508,134.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	5,878,803.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	104,721,575.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	110,600,378.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	10,907,756.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	58,610.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	2,164,073.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	2,222,683.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	13,130,439.

**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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	32,955,859.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	27,021,030.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	27,021,030.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	5,934,829.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	58,610.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	1,343,029.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	1,401,639.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	7,336,468.

**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 X, LINE 2:**

UNDER THE INCOME TAXES TOPIC OF THE FASB ACCOUNTING STANDARDS CODIFICATION, THE FOUNDATION HAS REVIEWED AND EVALUATED THE RELEVANT TECHNICAL MERITS OF EACH OF ITS TAX POSITIONS IN ACCORDANCE WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA FOR ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, AND DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS THAT WOULD HAVE A MATERIAL IMPACT ON THE

**Part XIII** Supplemental Information (continued)

## COMBINED FINANCIAL STATEMENTS.

## PART XI, LINE 2D - OTHER ADJUSTMENTS:

REVENUES REPORTED BY RELATED ORGANIZATIONS	104,689,156.
CHANGE IN VALUE OF SPLIT INTEREST ACCOUNTS	50,319.
DISTRIBUTIONS TO GIFT ANNUITANTS	-17,900.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	104,721,575.

## PART XI, LINE 4B - OTHER ADJUSTMENTS:

ADMINISTRATIVE EXPENSES NETTED WITH ADMINSTRATIVE REVENUE	513,229.
AGENCY CONTRIBUTIONS NOT INCLUDED ON FINANCIAL STATEMENTS	548,740.
AGENCY REALIZED GAINS NOT INCLUDED ON FINANCIAL STATEMENTS	585,891.
AGENCY INTEREST & DIVIDENDS NOT ON FINANCIAL STATEMENTS	353,220.
INTERCOMPANY GRANTS ELIMINATED FOR AUDIT RELATED TO 990S	166,685.
SPECIAL EVENTS EXPENSE INCLUDED IN 990 REVENUE	-3,692.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	2,164,073.

## PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES REPORTED BY RELATED ORGANIZATIONS	27,017,338.
SPECIAL EVENTS EXPENSE INCLUDED IN 990 REVENUE	3,692.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	27,021,030.

## PART XII, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT FEES (AGENCY)	7,325.
ADMINISTRATIVE FEES (AGENCY)	50,921.
ADMINISTRATIVE FEES NETTED WITH REVENUE FOR FINANCIAL STATEMENTS	513,229.
AGENCY GRANTS APPROVED NOT INCLUDED ON FINANCIAL STATEMENTS	604,866.

**Part XIII** Supplemental Information *(continued)*

INTERCOMPANY GRANTS ELIMINATED FOR AUDIT RELATED TO 990S 166,685.

ROUNDING 3.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 1,343,029.

Multiple horizontal lines for supplemental information.

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
CONSERVATION FOUNDATION OF THE GULF COAST - PO BOX 902 - OSPREY, FL 34229-0902	20-0345249	501(C)(3)	1,381,724.	0.			GENERAL SUPPORT, PROGRAM SUPPORT, CAPITAL PURCHASES
NEW PATH ACADEMY 3005 26TH STREET WEST BRADENTON, FL 34205	90-0931748	501(C)(3)	420,532.	0.			GENERAL SUPPORT
UNITED WAY SUNCOAST 5201 WEST KENNEDY BOULEVARD, #600 TAMPA, FL 33609	59-3725701	501(C)(3)	306,040.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
BISHOP MUSEUM OF SCIENCE AND NATURE INC - PO BOX 9265 - BRADENTON, FL 34206-9265	59-0598726	501(C)(3)	262,801.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
SARASOTA ORCHESTRA 709 N. TAMIAMI TRAIL SARASOTA, FL 34236	59-2603081	501(C)(3)	154,296.	0.			GENERAL SUPPORT
TAKE STOCK IN CHILDREN OF MANATEE COUNTY INC - P.O. BOX 325 - PALMETTO, FL 34220	46-1337168	501(C)(3)	119,492.	0.			GENERAL SUPPORT, PROGRAM SUPPORT

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 153.

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

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

Schedule I (Form 990) 2020

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLORIDA CULTURAL GROUP, INC. FKA THE MANATEE PLAYERS - 502 THIRD AVENUE WEST - BRADENTON, FL 34205	59-1196043	501(C)(3)	111,566.	0.			GENERAL SUPPORT, PROGRAM SUPPORT, CAPITAL PURCHASES
MANATEE EDUCATION FOUNDATION 1023 MANATEE AVE. W. SUITE 215 BRADENTON, FL 34205-7824	65-0037457	501(C)(3)	111,014.	0.			PROGRAM SUPPORT
UNIDOSNOW, INC. 1750 17TH ST., BLDG C 2 SARASOTA, FL 34234	27-4102169	501(C)(3)	97,007.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
STEP UP SUNCOAST 6428 PARKLAND DR. SARASOTA, FL 34243	59-6208766	501(C)(3)	79,600.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
COMMUNITY COALITION ON HOMELESSNESS DBA TURNING POINTS - 701 17TH AVENUE WEST - BRADENTON, FL 34205-7665	59-3340921	501(C)(3)	78,229.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
SAFE CHILDREN COALITION, INC. 1500 INDEPENDENCE BOULEVARD, STE. 21 SARASOTA, FL 34234	59-1618413	501(C)(3)	68,096.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
MEALS ON WHEELS PLUS OF MANATEE, INC. - 811 23RD AVENUE E. - BRADENTON, FL 34208	59-1420986	501(C)(3)	68,090.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
REALIZE BRADENTON, INC. P.O. BOX 9114 BRADENTON, FL 34206-9114	27-1330078	501(C)(3)	67,050.	0.			PROGRAM SUPPORT
SAINT JAMES SCHOOL INC. 17641 COLLEGE ROAD HAGERSTOWN, MD 21740	52-0591413	501(C)(3)	65,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S GUARDIAN FUND INC P.O. BOX 49722 SARASOTA, FL 34230	65-0626074	501(C)(3)	55,849.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
MANATEE COUNTY HABITAT FOR HUMANITY - 1901 MANATEE AVENUE W., 2ND FLOOR - BRADENTON, FL 34205	65-0484034	501(C)(3)	53,977.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
MANATEE COUNTY GOVERNMENT P.O. BOX 1000 BRADENTON, FL 34206-1000	59-6000727	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
EASTER SEALS SOUTHWEST FLORIDA INC 350 BRADEN AVENUE SARASOTA, FL 34243	59-0638490	501(C)(3)	48,500.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
MOTE MARINE LABORATORY, INC. 1600 KEN THOMPSON PKWY SARASOTA, FL 34236	59-0756643	501(C)(3)	45,500.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
HUMANE SOCIETY OF MANATEE COUNTY INC - 2515 14TH STREET WEST - BRADENTON, FL 34205	59-1819652	501(C)(3)	44,616.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
STATE COLLEGE OF FLORIDA FOUNDATION, INC. - PO BOX 1849 - BRADENTON, FL 34206	59-1843274	501(C)(3)	43,878.	0.			PROGRAM SUPPORT, SCHOLARSHIP SUPPORT, CAPITAL PURCHASES
SALVATION ARMY - MANATEE 1204 14TH STREET WEST BRADENTON, FL 34205	58-0660607	501(C)(3)	42,962.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
MISSION TO THE WORLD MINISTRIES P O BOX 744165 ATLANTA, GA 30374-4165	58-1179345	501(C)(3)	42,500.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRG, INC. 2017 E 38TH ST MINNEAPOLIS, MN 55407	41-1280596	501(C)(3)	37,882.	0.			GENERAL SUPPORT
UNITED COMMUNITY CENTERS, INC. 922 24TH ST. E. BRADENTON, FL 34208	65-0282384	501(C)(3)	36,628.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
HARVEST TABERNACLE OF SARASOTA D/B/A HARVEST HOUSE TRANSITIONAL CENTERS - 3650 17TH ST. - SARASOTA, FL 34235	59-2186807	501(C)(3)	34,450.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
COMMUNITY FOUNDATION OF SARASOTA COUNTY, INC. - 2635 FRUITVILLE ROAD - SARASOTA, FL 34237	59-1956886	501(C)(3)	32,861.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
TRULY VALUED INC P.O. BOX 381 PALMETTO, FL 34220	81-2755747	501(C)(3)	31,900.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
ST. JOSEPH FOOD PANTRY 2704 33RD AVENUE WEST BRADENTON, FL 34205	59-2473176	501(C)(3)	31,500.	0.			GENERAL SUPPORT, PROGRAM SUPPORT, CAPITAL PURCHASES
FOUNDATION FOR DREAMS, INC. 16110 DREAM OAKS PLACE BRADENTON, FL 34212	65-0704986	501(C)(3)	31,382.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
MANATEE COUNTY PUBLIC LIBRARY SYSTEM - 1301 BARCARROTA BLVD. WEST - BRADENTON, FL 34205	59-2243345	501(C)(3)	30,400.	0.			CAPITAL PURCHASES
ROSALYN WALTON EDUCATION AND ENRICHMENT SERVICES INC. - 713 46TH ST E - BRADENTON, FL 34208	81-4297668	501(C)(3)	30,100.	0.			GENERAL SUPPORT, PROGRAM SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ORANGE COUNTY KOREAN WAR MEMORIAL COMMITTEE - 13043 MAGNOLIA ST - GARDEN GROVE, CA 92844-1312	46-3567140	501(C)(3)	30,000.	0.			PROGRAM SUPPORT
BRIDGE A LIFE INC 1680 FRUITVILLE RD SUITE 312B SARASOTA, FL 34236	46-2391027	501(C)(3)	26,000.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
ALL FAITHS FOOD BANK INC 8171 BLAIKIE COURT SARASOTA, FL 34240	65-0115814	501(C)(3)	25,600.	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)	25,100.	0.			GENERAL SUPPORT
GULFCOAST LEGAL SERVICES INC 501 FIRST AVE NORTH SUITE 420 ST. PETERSBURG, FL 33701	59-1882749	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
TIDEWELL FOUNDATION INC. 5955 RAND BLVD SARASOTA, FL 34238	85-0729071	501(C)(3)	23,734.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
EXCHNG CLUB FAMILY PARTNERSHIP CTR OF MANATEE COUNTY DBA PARENTING MATTERS - 602 3RD ST E - BRADENTON, FL 34208	65-0374386	501(C)(3)	23,685.	0.			PROGRAM SUPPORT, CAPITAL PURCHASES
MANA-SOTA LIGHTHOUSE FOR THE BLIND DBA LIGHTHOUSE VISION LOSS EDUCATION CTR - 7318 N. TAMIAMI TRAIL - SARASOTA, FL 34243	59-2591136	501(C)(3)	23,000.	0.			GENERAL SUPPORT
MANATEE ELEMENTARY SCHOOL 1609 6TH AVENUE EAST BRADENTON, FL 34208	59-6000728	501(C)(3)	22,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW COLLEGE FOUNDATION, INC. 5800 BAY SHORE ROAD SARASOTA, FL 34243-2109	59-0911744	501(C)(3)	21,100.	0.			GENERAL SUPPORT, PROGRAM SUPPORT, SCHOLARSHIP SUPPORT
FIRST PRESBYTERIAN CHURCH 1402 MANATEE AVE W BRADENTON, FL 34205	59-0737879	501(C)(3)	20,540.	0.			GENERAL SUPPORT
JOHN & MABLE RINGLING MUSEUM OF ART FOUNDATION - 5401 BAY SHORE ROAD - SARASOTA, FL 34243	59-6214423	501(C)(3)	20,500.	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
FEEDING AMERICA TAMPA BAY INC DBA FEEDING TAMPA BAY - 4702 TRANSPORT DRIVE, BUILDING 6 - TAMPA, FL 33605-5940	59-2116576	501(C)(3)	20,332.	0.			PROGRAM SUPPORT
BOYS & GIRLS CLUBS OF MANATEE COUNTY, INC. - P.O. BOX 280 - BRADENTON, FL 34206	59-0675141	501(C)(3)	20,121.	0.			GENERAL SUPPORT, PROGRAM SUPPORT, SCHOLARSHIP SUPPORT
EDUCATION FOUNDATION OF SARASOTA COUNTY INC - 1960 LANDINGS BOULEVARD, #120 - SARASOTA, FL 34231-3365	59-2320858	501(C)(3)	20,000.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
SEA BREEZE ELEMENTARY SCHOOL 3601 71ST STREET WEST BRADENTON, FL 34209	59-6000728	501(C)(3)	20,000.	0.			PROGRAM SUPPORT
SUNCOAST WATERKEEPER INC P O BOX 1028 SARASOTA, FL 34230	30-0753993	501(C)(3)	20,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANNA MARIA ISLAND COMMUNITY CENTER DBA THE CENTER OF ANNA MARIA ISLAND - PO BOX 253 - ANNA MARIA, FL 34216-0253	59-6166231	501(C)(3)	19,767.	0.			GENERAL SUPPORT
SARASOTA MANATEE ASSOCIATION FOR RIDING THERAPY - 4640 COUNTY ROAD 675 E - BRADENTON, FL 34211-9600	65-0043354	501(C)(3)	18,774.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
SOUTHEASTERN GUIDE DOGS, INC. 4210 77TH STREET E. PALMETTO, FL 34221	59-2252352	501(C)(3)	18,708.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
PARTNERS HEALTHCARE SYSTEM INC DBA MASSACHUSETTS GENERAL HOSPITAL - 125 NASHUA STREET, SUITE 540 - BOSTON, MA 02114-1101	04-1564655	501(C)(3)	18,600.	0.			PROGRAM SUPPORT
STILLPOINT MISSION P.O. BOX 619 BRADENTON, FL 34206	65-0850895	501(C)(3)	17,500.	0.			GENERAL SUPPORT, PROGRAM SUPPORT, CAPITAL PURCHASES
ALSO FOR GAY YOUTH, INC. 1470 BOULEVARD OF THE ARTS SARASOTA, FL 34236	74-2840470	501(C)(3)	17,000.	0.			PROGRAM SUPPORT
OUR DAILY BREAD OF BRADENTON, INC. P.O. BOX 9544 BRADENTON, FL 34206-9544	65-0374954	501(C)(3)	17,000.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
PROSPECT RIDING CENTER PO BOX 424 MYAKKA CITY, FL 34251	45-5236589	501(C)(3)	17,000.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
ETHNOS360, INC. FNA NEW TRIBES MISSION - 312 W FIRST ST - SANFORD, FL 32771-1231	39-6024926	501(C)(3)	16,500.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUNGERS END INC 4914 100TH DRIVE EAST PARRISH, FL 34219	47-3038591	501(C)(3)	16,238.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
CHRIST CHURCH OF LONGBOAT KEY 6400 GULF OF MEXICO DR. LONGBOAT KEY, FL 34228	42-1662224	501(C)(3)	16,000.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
BRADENTON CHRISTIAN SCHOOL 3304 43RD STREET W BRADENTON, FL 34209	59-6045439	501(C)(3)	15,879.	0.			GENERAL SUPPORT
WOMEN'S RESOURCE CENTER OF MANATEE, INC. - 1926 MANATEE AVENUE W - BRADENTON, FL 34205-5835	59-3034653	501(C)(3)	15,750.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
INSTRIDE THERAPY 1629 RANCH ROAD NOKOMIS, FL 34275	65-0536169	501(C)(3)	15,512.	0.			GENERAL SUPPORT
SARASOTA MEMORIAL HEALTHCARE FOUNDATION, INC. - 1515 S. OSPREY AVENUE, SUITE B4 - SARASOTA, FL 34239-2919	51-0188568	501(C)(3)	15,500.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
FORTY CARROTS FAMILY CENTER 1500 S. TUTTLE AVENUE SARASOTA, FL 34239	65-0405988	501(C)(3)	15,250.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
RINGLING COLLEGE OF ART AND DESIGN 2700 N. TAMiami TRAIL SARASOTA, FL 34234	59-0637903	501(C)(3)	15,100.	0.			PROGRAM SUPPORT
AMIKIDS MANATEE 6423 9TH ST E BRADENTON, FL 34203	59-2553270	501(C)(3)	15,000.	0.			CAPITAL PURCHASES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLORIDA INSTITUTE FOR SALTWATER HERITAGE INC - P.O. BOX 606 - CORTEZ, FL 34215-0606	65-0272644	501(C)(3)	15,000.	0.			CAPITAL PURCHASES
MANATEE COUNTY BLACK CHAMBER OF COMMERCE - P O BOX 981 - ONECO, FL 34264	46-4253135	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
PROJECT 180 SARASOTA, INC. PO BOX 25684 SARASOTA, FL 34277	26-3092460	501(C)(3)	15,000.	0.			GENERAL SUPPORT
EARLY LEARNING COALITION OF MANATEE COUNTY INC - 600 8TH AVE W, SUITE 100 - PALMETTO, FL 34221	65-0811318	501(C)(3)	14,867.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
PALMETTO YOUTH CENTER P.O. BOX 608 PALMETTO, FL 34220	59-1090377	501(C)(3)	14,775.	0.			CAPITAL PURCHASES
SCHOOL DISTRICT OF MANATEE COUNTY 215 MANATEE AVE WEST BRADENTON, FL 34205	59-6000728	501(C)(3)	14,500.	0.			PROGRAM SUPPORT
WE CARE MANATEE, INC. 353 6TH AVE W BRADENTON, FL 34205	59-3606103	501(C)(3)	14,000.	0.			GENERAL SUPPORT
ANIMAL NETWORK INC 3230 EAST BAY DRIVE #103 HOLMES BEACH, FL 34217	59-3591574	501(C)(3)	13,600.	0.			PROGRAM SUPPORT
FATHER KEZAR OPENING DOORS FOUNDATION, INC. - PO BOX 428 - BRADENTON, FL 34206	46-0838397	501(C)(3)	13,122.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTHY TEENS COALITION OF MANATEE COUNTY INC - 1023 MANATEE AVE W, SUITE 210 - BRADENTON, FL 34205	45-0990646	501(C)(3)	13,000.	0.			PROGRAM SUPPORT
HOPE FAMILY SERVICES INC P.O. BOX 1624 BRADENTON, FL 34206	59-1970241	501(C)(3)	12,750.	0.			GENERAL SUPPORT, PROGRAM SUPPORT, CAPITAL PURCHASES
PLYMOUTH HARBOR, INC 700 JOHN RINGLING BOULEVARD SARASOTA, FL 34236-1542	59-1031820	501(C)(3)	12,600.	0.			GENERAL SUPPORT
GUARDIAN ANGELS OF SW FLORIDA INC 1429 60TH AVE W SUITE 200 BRADENTON, FL 34207	02-0763545	501(C)(3)	12,197.	0.			GENERAL SUPPORT
TIDEWELL HOSPICE, INC. 5955 RAND BOULEVARD SARASOTA, FL 34238	59-1911861	501(C)(3)	12,097.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA, INC. - 736 CENTRAL AVENUE - SARASOTA, FL 34236	59-1274328	501(C)(3)	11,661.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
MANATEE COUNTY GIRLS CLUB, INC. DBA JUST FOR GIRLS - 1011 21ST STREET EAST - BRADENTON, FL 34208	59-1271332	501(C)(3)	11,447.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
CARE NET MANASOTA PREGNANCY CENTER INC. - 5111 26TH STREET W. - BRADENTON, FL 34207	65-0710238	501(C)(3)	11,308.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
MANATEE CHAMBER FOUNDATION P. O. BOX 321 BRADENTON, FL 34206	20-4359813	501(C)(3)	11,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL PSORIASIS FOUNDATION 6600 SW 92ND AVE. SUITE 300 PORTLAND, OR 97223	93-0571472	501(C)(3)	11,000.	0.			GENERAL SUPPORT
SHRINERS HOSPITALS FOR CHILDREN - TAMPA UNIT - 12502 USF PINE DR - TAMPA, FL 33612	04-2121377	501(C)(3)	11,000.	0.			GENERAL SUPPORT
CENTRAL CHURCH OF CHRIST OF SARASOTA INC - 6221 PROCTOR RD - SARASOTA, FL 34243	59-1973680	501(C)(3)	10,615.	0.			PROGRAM SUPPORT
CHRISTIAN HOME AND BIBLE SCHOOL 301 W 13TH AVE MOUNT DORA, FL 32757-4271	59-0855390	501(C)(3)	10,615.	0.			PROGRAM SUPPORT
HUMANE SOCIETY AT LAKEWOOD RANCH INC - 26920 GOPHER HILL RD - MYAKKA CITY, FL 34251	27-3937966	501(C)(3)	10,575.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
SUNCOAST YOUTH FOR CHRIST PO BOX 123 BRADENTON, FL 34206	59-0999771	501(C)(3)	10,177.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
WESTCOAST BLACK THEATRE TROUPE 1012 N. ORANGE AVENUE SARASOTA, FL 34236	65-1040662	501(C)(3)	10,100.	0.			GENERAL SUPPORT
AMERICAN NATIONAL RED CROSS PO BOX 37839 BOONE, IA 50037-0839	53-0196605	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
AMIKIDS, INC. 5915 BENJAMIN CENTER DRIVE TAMPA, FL 33634	23-7440836	501(C)(3)	10,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ART LEAGUE OF MANATEE COUNTY DBA ART CENTER MANATEE - 209 9TH STREET WEST - BRADENTON, FL 34205	59-0967824	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CATHOLIC BISHOP OF NORTHERN ALASKA 1316 PEGER ROAD FAIRBANKS, AK 99709	92-0019215	501(C)(3)	10,000.	0.			GENERAL SUPPORT
FAIR FOOD STANDARDS COUNCIL 330 S PINEAPPLE AVE SUITE 201 SARASOTA, FL 34236	45-2982573	501(C)(3)	10,000.	0.			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
HALLETT MINISTRIES INC DBA EVANGELISM EXPLOSION INTERNAT'L PRISON MINISTRY - P O BOX 668 - SARASOTA, FL 34230	65-0369992	501(C)(3)	10,000.	0.			GENERAL SUPPORT
LOVELAND CENTER, INC. 157 SOUTH HAVANA ROAD VENICE, FL 34292-3104	59-1011392	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
MULTICULTURAL HEALTH INSTITUTE 1781 DR. MARTIN LUTHER KING, JR. WA SARASOTA, FL 34234	68-0384071	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
NEURO CHALLENGE FOUNDATION INC 722 APEX RD, STE A SARASOTA, FL 34240	26-2311656	501(C)(3)	10,000.	0.			GENERAL SUPPORT
TUTWILER CLINIC, INC. P.O. BOX 462 TUTWILER, MS 38963	64-0678336	501(C)(3)	10,000.	0.			GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
XAVIER SOCIETY FOR THE BLIND 248 WEST 35TH STREET SUITE 1502 NEW YORK, NY 10001	13-5563026	501(C)(3)	10,000.	0.			GENERAL SUPPORT
AMERICAN CANCER SOCIETY, FLORIDA DIVISION - P.O. BOX 17127 - TAMPA, FL 33682	13-1788491	501(C)(3)	9,900.	0.			PROGRAM SUPPORT
LOUIS AND GLORIA FLANZER PHILANTHROPIC TRUST - 1843 FLOYD STREET - SARASOTA, FL 34239	14-6285967	501(C)(3)	9,600.	0.			PROGRAM SUPPORT
HONOR SANCTUARY INC DBA HONOR ANIMAL RESCUE - 4951 LORRAINE RD - BRADENTON, FL 34211	26-0878064	501(C)(3)	8,750.	0.			PROGRAM SUPPORT
THE TWIG CARES, INC. 826 PINEBROOK ROAD VENICE, FL 34285	27-3577334	501(C)(3)	8,672.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
FAMILY NETWORK ON DISABILITIES OF MANATEE/SARASOTA - P.O. BOX 20205 - BRADENTON, FL 34204	65-0156905	501(C)(3)	8,150.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
MANATEE COUNTY FAMILY YMCA, INC. 701 CENTER ROAD VENICE, FL 34285	59-1626905	501(C)(3)	8,150.	0.			PROGRAM SUPPORT
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105-1905	62-0646012	501(C)(3)	7,908.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
BEYOND THE SPECTRUM, INC. 7333 INTERNATIONAL DRIVE SARASOTA, FL 34240-8418	20-8269622	501(C)(3)	7,500.	0.			PROGRAM SUPPORT

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SELAH FREEDOM, INC. PO BOX 21415 SARASOTA, FL 34276	45-5189165	501(C)(3)	7,500.	0.			PROGRAM SUPPORT
MANATEE CHILDREN'S SERVICES INCORPORATED - 1227 9TH AVE W - BRADENTON, FL 34205	59-1771210	501(C)(3)	7,100.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
BRIDGE CHURCH AT PALMA SOLA BAY, INC. - 4000 75TH ST W - BRADENTON, FL 34209-6512	59-1668685	501(C)(3)	7,000.	0.			GENERAL SUPPORT
OCEAN CONSERVANCY, INC. 1300 19TH ST NW 8TH FLOOR WASHINGTON, DC 20036-1653	23-7245152	501(C)(3)	7,000.	0.			PROGRAM SUPPORT
OUR LADY OF THE ANGELS ROMAN CATHOLIC CHURCH - 12905 ST RD 70 E - LAKEWOOD RANCH, FL 34202	65-0995056	501(C)(3)	6,943.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
GIRL SCOUTS OF GULF COAST FLORIDA INC - 4780 CATTLEMEN ROAD - SARASOTA, FL 34233	59-0760212	501(C)(3)	6,500.	0.			CAPITAL PURCHASES
PACE CENTER FOR GIRLS, INC. 3508 26TH STREET WEST BRADENTON, FL 34205	59-2414492	501(C)(3)	6,000.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
THE ISLAND CHAPEL 1271 PINELLAS BAYWAY S TIERRA VERDE, FL 33715	59-3256610	501(C)(3)	6,000.	0.			GENERAL SUPPORT
FLORIDA PUBLIC RELATIONS EDUCATION FOUNDATION, INC. - 40 SARASOTA CENTER BLVD, STE 107 - SARASOTA, FL 34240	59-2743898	501(C)(3)	5,920.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARDINAL MOONEY CATHOLIC HIGH SCHOOL - 4171 FRUITVILLE ROAD - SARASOTA, FL 34232	59-0900923	501(C)(3)	5,500.	0.			GENERAL SUPPORT, SCHOLARSHIP SUPPORT
NATIONAL PARK FOUNDATION PO BOX 17394 BALTIMORE, MD 21298	52-1086761	501(C)(3)	5,400.	0.			GENERAL SUPPORT
53RD AVE CHURCH OF CHRIST 3412 53RD AVE BRADENTON, FL 34203-4315	59-1984751	501(C)(3)	5,308.	0.			PROGRAM SUPPORT
ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION, INC. - PO BOX 96011 - WASHINGTON, DC 20090	13-3039601	501(C)(3)	5,308.	0.			GENERAL SUPPORT
CENTRAL FLORIDA BIBLE CAMP INC 23813 CR 44A EUSTIS, FL 32736-9362	59-2000887	501(C)(3)	5,308.	0.			PROGRAM SUPPORT
CHURCHES OF CHRIST DISASTER RELIEF EFFORT, INC. - P O BOX 111180 - NASHVILLE, TN 37222-1180	62-1560072	501(C)(3)	5,308.	0.			GENERAL SUPPORT
EASTERN EUROPEAN MISSION P O BOX 55245 HURST, TX 76054	74-2200722	501(C)(3)	5,308.	0.			GENERAL SUPPORT
HEALING HANDS INTERNATIONAL INC 455 MCNALLY DRIVE NASHVILLE, TN 37211-3311	62-1585366	501(C)(3)	5,308.	0.			GENERAL SUPPORT
INTER-AMERICAN RESTORATION CORPORATION - P O BOX 1208 - TUPELO, MS 38802	37-1450226	501(C)(3)	5,308.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MID-WESTERN CHILDRENS HOME P O BOX 48 PLEASANT PLAIN, OH 45162-0048	31-0722339	501(C)(3)	5,308.	0.			GENERAL SUPPORT
WORLD CHRISTIAN BROADCASTING CORPORATION - 605 BRADLEY CT - FRANKLIN, TN 37067-8200	75-1541354	501(C)(3)	5,308.	0.			GENERAL SUPPORT
SAINT STEPHEN'S EPISCOPAL SCHOOL 315 41ST ST W BRADENTON, FL 34209-2943	59-1301635	501(C)(3)	5,250.	0.			GENERAL SUPPORT, ENDOWMENT ASSISTANCE
MAKING AN IMPACT INC 11161 EAST STATE ROAD 70, SUITE 110 LAKEWOOD RANCH, FL 34202	85-0834801	501(C)(3)	5,235.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
SERTOMA CLUB OF BRADENTON PO BOX 152 BRADENTON, FL 34206	59-6214582	501(C)(3)	5,051.	0.			GENERAL SUPPORT
AMERICAN RED CROSS 3310 WEST MAIN STREET TAMPA, FL 33607	53-0196605	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
BOYS & GIRLS CLUBS OF SARASOTA AND DESOTO COUNTIES - 3130 FRUITVILLE ROAD - SARASOTA, FL 34237	59-6211876	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
BRING ON THE MINISTRY, INC. 4814 18TH ST W BRADENTON, FL 34207	82-5082626	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
BROTHERHOOD OF MEN MENTOR GROUP, INC. - P.O. BOX 51891 - SARASOTA, FL 34232	26-0228550	501(C)(3)	5,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMBRACING OUR DIFFERENCES INC PO BOX 2559 SARASOTA, FL 34230	20-3581293	501(C)(3)	5,000.	0.			GENERAL SUPPORT
FELINE FRIENDS OF SOUTHWEST FLORIDA - P.O. BOX 17998 - SARASOTA, FL 34276-0901	83-1928963	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
MAYORS' FEED THE HUNGRY PROGRAM, INC. - P.O. BOX 1992 - SARASOTA, FL 34230	65-0369363	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
REACH OF CHEROKEE COUNTY, INC. P O BOX 977 MURPHY, NC 28906-0977	56-1332817	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
RUBONIA COMMUNITY ASSOCIATION, INC. - PO BOX 1315 - PALMETTO, FL 34220-1315	32-0335871	501(C)(3)	5,000.	0.			GENERAL SUPPORT
SLEEP IN HEAVENLY PEACE, INC. P O BOX 116 KIMBERLY, ID 83341	46-4346568	501(C)(3)	5,000.	0.			GENERAL SUPPORT
SOLUTIONS TO AVOID RED TIDE (START) - PO BOX 642 - TALLEVAST, FL 34270-7000	65-0688476	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
THE LEGION OF CHRIST, INC. P O BOX 1122 CHESHIRE, CT 06410	53-0196617	501(C)(3)	5,000.	0.			GENERAL SUPPORT
THE SARASOTA INSTITUTE, INC. 5149 SUNNYDALE CIRCLE W SARASOTA, FL 34233	85-4089850	501(C)(3)	5,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THIS SPACESHIP EARTH INC 5149 SUNNYDALE CIR W SARASOTA, FL 34233	47-5532352	501(C)(3)	5,000.	0.			GENERAL SUPPORT
US NATIONAL COMMITTEE FOR UN WOMEN 1050 CONNECTICUT AVE NW STE 500 WASHINGTON, DC 20036	54-1244401	501(C)(3)	5,000.	0.			GENERAL SUPPORT
WORK VESSELS FOR VETERANS, INC. P O BOX 215 WEST MYSTIC, CT 06388	26-3201760	501(C)(3)	5,000.	0.			GENERAL 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	92	221,322.	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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LAURA SPENCER CFO/CAO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	184,695.	32,561.	0.	19,830.	8,596.	245,682.	0.
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							



**Part III** Supplemental Information

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

Blank lined area for supplemental information.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://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	32	2,200,757.	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				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ( )				
26	Other ( )				
27	Other ( )				
28	Other ( )				

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

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

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

Schedule M (Form 990) 2020

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

SCHEDULE M, LINE 32B:

INVESTMENT ACCOUNTS ARE HELD AT MAJOR FINANCIAL INSTITUTIONS WITH MONEY MANAGERS PROCESSING AND SELLING STOCK CONTRIBUTIONS.

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

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, CIVIC ENGAGEMENT, AND INCLUSION.

FORM 990, PART I, LINE 6 VOLUNTEERS

MANATEE COMMUNITY FOUNDATION UTILIZES BOARD MEMBERS AND COMMUNITY

VOLUNTEERS ON AN ASSET DEVELOPMENT COMMITTEE, SCHOLARSHIP COMMITTEE,

FINANCE COMMITTEE, GRANTS COMMITTEE, AND DEI TASK FORCE 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,

NONPROFIT ORGANIZATIONS HAVE MADE ACHIEVEMENT RELATED GAINS AS A

RESULTS OF ATTENDING FREE VIRTUAL TRAINING AND LEARNING SESSIONS,

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization

MANATEE COMMUNITY FOUNDATION, INC.

Employer identification number

65-0833500

FOCUSED ON NONPROFIT SUCCESS, COMMUNITY ISSUES INCLUDING THE IMPACT OF COVID19 ON THE COMMUNITY, AND COMMUNITY FORUMS 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 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 & ADMINISTRATIVE OFFICER AND THE EXECUTIVE DIRECTOR INITIALLY REVIEW THE RETURN BEFORE PRESENTING THE RETURN TO THE BOARD OF DIRECTORS FOR FINAL APPROVAL BEFORE FILING THE RETURN.

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

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

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

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

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

ALL DOCUMENTS ARE AVAILABLE UPON REQUEST

Name of the organization <b>MANATEE COMMUNITY FOUNDATION, INC.</b>	Employer identification number <b>65-0833500</b>
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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CURRENT YEAR AGENCY ACTIVITY NOT INCLUDED ON FINANCIAL STATEMENTS	-824,739.
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT	50,319.
DISTRIBUTIONS TO ANNUITANTS	-17,900.
TOTAL TO FORM 990, PART XI, LINE 9	-792,320.

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

**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
MCF ASSET COMPANY, LLC - 85-0801765 2820 MANATEE AVE W BRADENTON, FL 34205	OWNERSHIP OF REAL ESTATE	FLORIDA	1,287,861.	1,287,861.	

**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) 2020

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No



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

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

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

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

**Part VII Supplemental Information**

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

[Empty lined area for supplemental information]