

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2022**

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 2022 calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

<b>B</b> Check if applicable:  Address change Name change Initial return Final return/terminated Amended return Application pending	<b>C</b> Name of organization <b>GULF COAST 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>601 TAMIAMI TRAIL SOUTH</b> City or town, state or province, country, and ZIP or foreign postal code <b>VENICE, FL 34285</b>	<b>D</b> Employer identification number <b>** - ***2433</b>
	<b>F</b> Name and address of principal officer: <b>PHILLIP LANHAM</b> <b>SAME AS C ABOVE</b>	<b>E</b> Telephone number <b>941-486-4600</b>
	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527	<b>G</b> Gross receipts \$ <b>224,245,836.</b>
<b>J</b> Website: <b>WWW.GULFCOASTCF.ORG</b>		<b>H(a)</b> Is this a group return for subordinates? ..... Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? Yes No If "No," attach a list. See instructions
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other	<b>L</b> Year of formation: <b>2003</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>TOGETHER WITH OUR DONORS, WE TRANSFORM OUR REGION THROUGH BOLD AND PROACTIVE PHILANTHROPY.</b>		
	<b>2</b>	Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>Activities &amp; Governance</b>	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>14</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>13</b>
	<b>5</b>	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	<b>31</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>13</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>-60,975.</b>
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>
	<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 56,865,686.
<b>9</b>		Program service revenue (Part VIII, line 2g)	3,768,614.	3,907,688.
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	18,589,817.	3,180,698.
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	172,560.	-60,989.
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	79,396,677.	51,082,837.
<b>Expenses</b>		<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	40,741,836.
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,519,494.	3,181,660.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25)	<b>1,651,350.</b>	
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,823,243.	7,568,344.
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	50,084,573.	50,505,292.
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	29,312,104.	577,545.
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 411,069,499.	<b>End of Year</b> 443,953,807.
	<b>21</b>	Total liabilities (Part X, line 26)	29,797,441.	27,047,531.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	381,272,058.	416,906,276.

**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>PHILLIP LANHAM, PRESIDENT/CEO</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>CLINTON A. SMITH</b>	Preparer's signature <b>CLINTON A. SMITH</b>
	Firm's name <b>HILL, BARTH &amp; KING LLC</b>	Date <b>02/27/24</b>
	Firm's address <b>1777 MAIN STREET SUITE 301 SARASOTA, FL 34236</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P01236261</b>
		Firm's EIN <b>** - ***7225</b> Phone no. (941) 957-4242

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: TOGETHER WITH OUR DONORS, WE TRANSFORM OUR REGION THROUGH BOLD AND PROACTIVE PHILANTHROPY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 41,078,577. including grants of \$ 39,755,288. ) (Revenue \$ 3,907,688. ) IN ITS ROLE AS A REGIONAL LEADER, GULF COAST COMMUNITY FOUNDATION IDENTIFIES PRIORITY ISSUES THROUGH QUANTITATIVE AND QUALITATIVE RESEARCH, CREATES AND FUNDS CATALYTIC COMMUNITY INITIATIVES THAT TARGET THOSE PRIORITIES, AND ALSO CONNECTS DONORS TO THESE ISSUES AND OTHER CHARITABLE CAUSES THEY CARE ABOUT. GULF COAST'S INITIATIVES TYPICALLY INVOLVE CROSS-SECTOR COLLABORATION AND LEVERAGE ADDITIONAL PHILANTHROPIC FUNDING FROM WITHIN AND BEYOND OUR REGION.

INITIATIVES IN WHICH GULF COAST AND OUR DONORS INVESTED THIS YEAR INCLUDED:

1) RESPONDING TO THE LONG-TERM RECOVERY NEEDS OF THOSE IN OUR REGION

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 41,078,577.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>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>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, 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>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

**Part IV Checklist of Required Schedules** (continued)

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

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b> 139	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>	

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, 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... 14; 1b Enter the number of voting members included on line 1a... 13; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... 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 on 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 on 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 on 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 [ ] 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
CHRIS STOBAUGH - 941-486-4600
601 TAMIAMI TRAIL SOUTH, VENICE, FL 34285

**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 the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) PHILLIP P. LANHAM PRESIDENT/CEO	50.00	X		X			0.	0.	0.	
(2) MARK PRITCHETT FORMER PRESIDENT/CEO	50.00					X	326,714.	0.	21,236.	
(3) CHRIS STOBAUGH CFO	50.00			X			229,423.	0.	11,567.	
(4) VERONICA THAMES COO	50.00					X	247,312.	0.	12,051.	
(5) KRISTIN PRINCE SECRETARY	40.00			X			64,616.	0.	26,539.	
(6) JON THAXTON SENIOR VP FOR COMMUNITY IN	50.00			X			247,686.	0.	29,831.	
(7) KRISTIN M FULKERSON SENIOR VP FOR PHILANTHROPY	50.00			X			186,710.	0.	24,899.	
(8) DAVID SESSIONS CHAIR	1.00	X					0.	0.	0.	
(9) ANAND PALLEGAR VICE CHAIR	1.00	X					0.	0.	0.	
(10) DAVID GREEN DIRECTOR	1.00	X					0.	0.	0.	
(11) ANNE ESSNER DIRECTOR	1.00	X					0.	0.	0.	
(12) FRANK MARTUCCI DIRECTOR	1.00	X					0.	0.	0.	
(13) JOHN GIGLIO DIRECTOR	1.00	X					0.	0.	0.	
(14) PETE PETERSON DIRECTOR	1.00	X					0.	0.	0.	
(15) PETER SODERBERG DIRECTOR	1.00	X					0.	0.	0.	
(16) PING FAULHABER DIRECTOR	1.00	X					0.	0.	0.	
(17) ROD HERSHBERGER DIRECTOR	1.00	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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) ROSE-ANNE FRANO DIRECTOR	1.00	X						0.	0.	0.
(19) SUSAN SOFIA DIRECTOR	1.00	X						0.	0.	0.
(20) TRACY KNIGHT DIRECTOR	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								1,302,461.	0.	126,123.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,302,461.	0.	126,123.

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 5

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
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	
Contributions, Gifts, Grants and Other Similar Amounts	<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>					
	<b>d</b> Related organizations .....	<b>1d</b>	12,874.				
	<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>	44,042,566.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 17,078,664.				
	<b>h Total.</b> Add lines 1a-1f .....		44,055,440.				
Program Service Revenue	<b>2 a</b> FUND INV MGMT FEE INCOME	<b>Business Code</b>					
		901101	3,907,688.	3,907,688.			
	<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 .....		3,907,688.					
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		7,180,161.			7180161.	
	<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	169,163,522.	14.		
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	173,162,999.	0.			
	<b>c</b> Gain or (loss) .....	<b>7c</b>	-3,999,477.	14.			
<b>d</b> Net gain or (loss) .....		-3,999,463.		14.	-3999477.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<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 .....							
Miscellaneous Revenue	<b>11 a</b> UBTI PARTNERSHIPS	<b>Business Code</b>					
		900099	-60,989.		-60,989.		
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....		-60,989.					
<b>12 Total revenue.</b> See instructions .....		51,082,837.	3,907,688.	-60,975.	3180684.		

**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 ...	39,034,433.	39,034,433.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	720,855.	720,855.		
<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 .....	1,469,069.	444,269.	535,268.	489,532.
<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 .....	955,357.	288,915.	348,092.	318,350.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	242,769.	73,417.	88,455.	80,897.
<b>9</b> Other employee benefits .....	308,160.	93,192.	112,281.	102,687.
<b>10</b> Payroll taxes .....	206,305.	62,390.	75,169.	68,746.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....	3,907,260.		3,907,260.	
<b>b</b> Legal .....	166,419.	44,273.	62,264.	59,882.
<b>c</b> Accounting .....	57,419.		57,419.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	2,052,611.		2,052,611.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	43,709.	4,109.	34,042.	5,558.
<b>12</b> Advertising and promotion .....	82,661.	14,754.		67,907.
<b>13</b> Office expenses .....	81,580.	18,041.	25,373.	38,166.
<b>14</b> Information technology .....	192,719.	50,525.	71,056.	71,138.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	121,403.	32,297.	45,422.	43,684.
<b>17</b> Travel .....	36,143.	10,930.	13,169.	12,044.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	135,559.	15,544.	66,040.	53,975.
<b>20</b> Interest .....	48,867.	13,000.	18,283.	17,584.
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	211,254.	56,201.	79,038.	76,015.
<b>23</b> Insurance .....	87,004.	23,222.	32,531.	31,251.
<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> <b>RECRUITING</b>	166,535.	44,304.	62,307.	59,924.
<b>b</b> <b>REPAIRS AND MAINTENANCE</b>	69,901.	18,125.	27,260.	24,516.
<b>c</b> <b>EMPLOYEE TRAINING &amp; APP</b>	40,443.	10,759.	15,131.	14,553.
<b>d</b> <b>BANK FEES</b>	33,708.		33,708.	
<b>e</b> All other expenses	33,149.	5,022.	13,186.	14,941.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	50,505,292.	41,078,577.	7,775,365.	1,651,350.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> 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)		(B)	
		Beginning of year		End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	4,364,070.	<b>1</b>	3,471,868.	
	<b>2</b> Savings and temporary cash investments .....	6,541,318.	<b>2</b>	6,627,317.	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>		
	<b>4</b> Accounts receivable, net .....	203,138.	<b>4</b>	170,146.	
	<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 .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....	16,211.	<b>9</b>	16,211.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 4,536,811.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,806,643.	2,649,318.	<b>10c</b>	2,730,168.
	<b>11</b> Investments - publicly traded securities .....	335,865,475.	<b>11</b>	380,931,973.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	61,429,969.	<b>12</b>	50,006,124.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>		
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	411,069,499.	<b>16</b>	443,953,807.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	330,610.	<b>17</b>	331,352.	
	<b>18</b> Grants payable .....	3,317,698.	<b>18</b>	2,681,670.	
	<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 .....	1,702,908.	<b>23</b>	1,632,725.	
	<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 .....	24,446,225.	<b>25</b>	22,401,784.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	29,797,441.	<b>26</b>	27,047,531.	
<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 .....	370,630,216.	<b>27</b>	406,449,616.	
	<b>28</b> Net assets with donor restrictions .....	10,641,842.	<b>28</b>	10,456,660.	
	<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 .....	381,272,058.	<b>32</b>	416,906,276.	
	<b>33</b> Total liabilities and net assets/fund balances .....	411,069,499.	<b>33</b>	443,953,807.	

**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	51,082,837.
2	Total expenses (must equal Part IX, column (A), line 25)	2	50,505,292.
3	Revenue less expenses. Subtract line 2 from line 1	3	577,545.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	381,272,058.
5	Net unrealized gains (losses) on investments	5	35,402,178.
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	-345,505.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	416,906,276.

**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 on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2022)

**SCHEDULE A**  
**(Form 990)**

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

**2022**

Open to Public Inspection

<b>Name of the organization</b> GULF COAST COMMUNITY FOUNDATION, INC.	<b>Employer identification number</b> **-***2433
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	61649634.	48429737.	41818984.	53486971.	44055440.	249440766
<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 .....	61649634.	48429737.	41818984.	53486971.	44055440.	249440766
<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) .....						40645722.
<b>6 Public support.</b> Subtract line 5 from line 4.						208795044

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....	61649634.	48429737.	41818984.	53486971.	44055440.	249440766
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	5981868.	7059502.	5526635.	6768555.	7119172.	32455732.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....				223.		223.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	38,960.	14,022.	8,152.	25,942.		87,076.
<b>11 Total support.</b> Add lines 7 through 10						281983797
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	3,907,688.
<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 2022 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	74.05 %
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	<b>15</b>	72.20 %
<b>16a 33 1/3% support test - 2022.</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 checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2021.</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 - 2022.</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 - 2021.</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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 on 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 2022 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2022.** 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 - 2021.** 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 on line 12 of 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>		
<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>		
<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>		
<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>		
<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>		
<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>		
<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).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<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>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<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>		
<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 on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>1</b>		
<b>2</b>		

**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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

**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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**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 Part VI 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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No	
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
<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? <i>If "Yes" or "No" provide details in Part VI.</i>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<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	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<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
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

**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.)

CLIENT COPY

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2022**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

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

Name of organization

GULF COAST COMMUNITY FOUNDATION, INC.

Employer identification number

\*\*-\*\*\*2433

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities \_\_\_\_\_

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No
- 4a Was a correction made?  Yes  No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year?  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

Schedule C (Form 990) 2022

LHA

232041 11-08-22

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

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

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

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

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

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

**Part IV Supplemental Information**

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

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**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

**2022**

Open to Public  
Inspection

Name of the organization **GULF COAST COMMUNITY FOUNDATION, INC.** Employer identification number **\*\* - \*\*\* 2433**

**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	481	1020
2 Aggregate value of contributions to (during year)	31,326,756.	8,907,890.
3 Aggregate value of grants from (during year)	22,262,283.	14,561,076.
4 Aggregate value at end of year	129,491,498.	441,119,857.
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 July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X \$ \_\_\_\_\_

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

a Revenue included on Form 990, Part VIII, line 1 \$ \_\_\_\_\_

b Assets included in Form 990, Part X \$ \_\_\_\_\_

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

Schedule D (Form 990) 2022



**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	10,641,843.	13,500,156.	9,415,952.	11,074,093.	137,117.
b Contributions	2,936,416.	1,264,563.	5,516,911.	2,944,338.	14,594,186.
c Net investment earnings, gains, and losses	1,413,768.	-1,623,729.	3,520,001.	166,675.	835,229.
d Grants or scholarships	3,832,942.	2,488,059.	3,805,465.	3,557,304.	5,410.
e Other expenditures for facilities and programs	536,718.	-169,328.	1,028,939.	1,006,548.	4,334,400.
f Administrative expenses	165,707.	180,416.	118,304.	205,302.	152,629.
g End of year balance	10,456,660.	10,641,843.	13,500,156.	9,415,952.	11,074,093.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_ %
  - b Permanent endowment 1.0000 %
  - c Term endowment 99.0000 %
- 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? _____ | 3b  |    |
- 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		341,205.		341,205.
b Buildings		3,792,465.	1,578,079.	2,214,386.
c Leasehold improvements				
d Equipment		365,931.	228,564.	137,367.
e Other		37,210.		37,210.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,730,168.

**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) PRIVATE EQUITY FUNDS	20,211,058.	END-OF-YEAR MARKET VALUE
(B) HEDGE FUNDS	29,795,066.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<b>50,006,124.</b>	

**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 FOR THE BENEFIT OF	
(3) OTHER	17,402,977.
(4) ANNUITY LIABILITY	4,998,807.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>22,401,784.</b>

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-rows (2a-2d, 4a-4b), and total lines (1, 2e, 3, 4c, 5).

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-rows (2a-2d, 4a-4b), and total lines (1, 2e, 3, 4c, 5).

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.

Multiple horizontal lines provided for entering 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

**2022**

**Open to Public  
Inspection**

Name of the organization **GULF COAST COMMUNITY FOUNDATION, INC.** Employer identification number **\*\* - \*\*\* 2433**

**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 noncash 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
SCENIC HUDSON, INC. 1 CIVIC CENTER PLAZA SUITE 200 POUGHKEEPSIE, NY 12601-3157	** - *** 8799	501(C)(3)	10,000.	0.			ENVIRONMENT
ROTARY FUTURES COLLEGE RESOURCE CENTER - 1 INDIAN AVENUE - VENICE, FL 34285	** - *** 3160	501(C)(3)	21,070.	0.			EDUCATION
SAFE KIDS WORLDWIDE 1 INVENTA PLACE 6TH FLOOR WEST SILVER SPRING, MD 20910	** - *** 7574	501(C)(3)	14,333.	0.			HUMAN SERVICES
ASBURY COLLEGE 1 MACKLEM DRIVE ATTN: DEVELOPMENT O WILMORE, KY 40390	** - *** 8355	501(C)(3)	37,000.	0.			EDUCATION
HEIFER PROJECT INTERNATIONAL, INC. 1 WORLD AVENUE LITTLE ROCK, AR 72202	** - *** 9477	501(C)(3)	8,711.	0.			HUMAN SERVICES
THE SOCIETY OF THE FOUR ARTS 100 FOUR ARTS PLAZA PALM BEACH, FL 33480	** - *** 4318	501(C)(3)	10,000.	0.			ARTS & CULTURE

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 537.

**3** Enter total number of other organizations listed in the line 1 table 93.

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

Schedule I (Form 990) 2022

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOSEPH G. LUTHER ELEMENTARY SCHOOL 100 PEARSE ROAD SWANSEA, MA 02777	**_***3147	501(C)(3)	5,151.	0.			EDUCATION
CATHOLIC CHARITIES FOUNDATION OF THE DIOCESE OF VENICE, INC. - 1000 PINEBROOK ROAD - VENICE, FL 34285	**_***9322	501(C)(3)	6,000.	0.			HUMAN SERVICES
CATHOLIC COMMUNITY FOUNDATION OF SOUTHWEST FLORIDA, INC. - 1000 PINEBROOK ROAD - VENICE, FL 34285	**_***9051	501(C)(3)	10,000.	0.			CIVIC
CATHOLIC CHARITIES, DIOCESE OF VENICE, INC. - 1000 PINEBROOK ROAD - VENICE, FL 34285	**_***3176	501(C)(3)	54,000.	0.			HUMAN SERVICES
DIOCESE OF VENICE IN FLORIDA, INC. - CATHOLIC FAITH APPEAL - 1000 PINEBROOK ROAD - VENICE, FL 34285	**_***4603	501(C)(3)	22,000.	0.			HUMAN SERVICES
DIOCESE OF VENICE 1000 PINEBROOK ROAD VENICE, FL 34292-6426	**_***8145		10,000.	0.			CIVIC
BIG BROTHERS BIG SISTERS OF THE SUN COAST, INC. - 1000 S. TAMIAMI TRAIL SUITE C - VENICE, FL 34285	**_***1826	501(C)(3)	200,834.	0.			HUMAN SERVICES
THE FOUNDATION FOR BARNES-JEWISH HOSPITAL - 1001 HIGHLANDS PLAZA DRIVE W. SUITE 140 - SAINT LOUIS, MO 63110-1339	**_***8435	501(C)(3)	10,000.	0.			HEALTH
FLORIDA POLICY INSTITUTE, INC. 1001 N. ORANGE AVENUE ORLANDO, FL 32801-1018	**_***9708	501(C)(3)	150,000.	0.			CIVIC

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OCEAN STUDIES CHARTER SCHOOL 100360 OVERSEAS HIGHWAY KEY LARGO, FL 33037	**_***7326	501(C)(3)	10,000.	0.			EDUCATION
KELLMAN BROWN ACADEMY A NEW JERSEY CORPORATION - 1007 LAUREL OAK RD. - VOORHEES, NJ 08043	**_***4116	501(C)(3)	15,000.	0.			EDUCATION
VENICE MAIN STREET, INC. 101 W. VENICE AVENUE SUITE 23 VENICE, FL 34285-1940	**_***5346	501(C)(3)	25,687.	0.			CIVIC
INTERFAITH WORKS OF CENTRAL NEW YORK, INC. - 1010 JAMES STREET - SYRACUSE, NY 13203	**_***4233	501(C)(3)	19,000.	0.			HUMAN SERVICES
WESTCOAST BLACK THEATRE TROUPE OF FLORIDA, INC. - 1012 N. ORANGE AVENUE - SARASOTA, FL 34236	**_***0662	501(C)(3)	135,785.	0.			ARTS & CULTURE
BOMA PROJECT, INC. 1015 15TH STREET NW SUITE 600 WASHINGTON, DC 20005	**_***1995	501(C)(3)	20,000.	0.			CIVIC
MANATEE EDUCATION FOUNDATION, INC. 1023 MANATEE AVENUE W. SUITE 215 BRADENTON, FL 34205	**_***7457	501(C)(3)	14,500.	0.			EDUCATION
GRACE COMMUNITY BIBLE CHURCH, INC. 1045 US 41 BYPASS SOUTH SOUTH VENICE, FL 34285	**_***2132		7,480.	0.			CIVIC
UN WOMEN - USA 1050 CONNECTICUT AVENUE NW SUITE 50 WASHINGTON, DC 20036	**_***4401	501(C)(3)	5,151.	0.			HUMAN SERVICES

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WGCU PUBLIC MEDIA - FLORIDA GULF COAST UNIVERSITY FOUNDATION, INC. - 10501 FGCU BOULEVARD SOUTH - FORT MYERS, FL 33965-6565	**_***3969	501(C)(3)	9,992.	0.			EDUCATION
SALVATION ARMY - VENICE BRANCH 1051 ALBEE FARM ROAD ATTN: DONATION VENICE, FL 34285	**_***0607	501(C)(3)	13,000.	0.			HUMAN SERVICES
CORESRQ, INC. 1075 S. EUCLID AVENUE SARASOTA, FL 34237	**_***9884	501(C)(3)	53,676.	0.			HUMAN SERVICES
MAZON INC A JEWISH RESPONSE TO HUNGER - 10850 WILSHIRE BLVD SUITE 400 - LOS ANGELES, CA 90024	**_***4532	501(C)(3)	20,000.	0.			HUMAN SERVICES
FRIENDS OF AMANI US, INC. 11 SOUTH MAIN STREET SUITE 501 CONCORD, NH 03301	**_***1599	501(C)(3)	11,500.	0.			HUMAN SERVICES
AFRICAN WILDLIFE FOUNDATION 1100 NEW JERSEY AVENUE SE SUITE 900 WASHINGTON, DC 20003	**_***1390	501(C)(3)	15,229.	0.			ENVIRONMENT
AMERICAN RIVERS, INC. 1101 FOURTEENTH STREET, NW SUITE 14 WASHINGTON, DC 20005	**_***5963	501(C)(3)	6,000.	0.			ENVIRONMENT
VENICE BIBLE CHURCH 1101 TAMIAAMI TRAIL SOUTH SUITE 102 VENICE, FL 34285	**_***6361		26,768.	0.			HUMAN SERVICES
JEWISH HOME OF EASTERN PENNSYLVANIA - 1101 VINE STREET - SCRANTON, PA 18505	**_***8701		20,000.	0.			HUMAN SERVICES

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARCADIA-DESOTO COUNTY HABITAT FOR HUMANITY, INC. - 1101 W. OAK STREET - ARCADIA, FL 34266	**_***6661	501(C)(3)	25,000.	0.			HUMAN SERVICES
CLIMATE ADAPTATION CENTER INC. 111 S. PINEAPPLE AVENUE SUITE 911 SARASOTA, FL 34236	**_***9176	501(C)(3)	9,000.	0.			CIVIC
INCLUSION REVOLUTION, INC. 111 S. PINEAPPLE AVENUE UNIT 601 SARASOTA, FL 34236	**_***2691	501(C)(3)	12,100.	0.			HUMAN SERVICES
SARASOTA BAY ESTUARY PROGRAM 111 SOUTH ORANGE AVENUE SUITE 200W SARASOTA, FL 34236	**_***1638		12,950.	0.			CIVIC
WOUNDED WARRIORS FAMILY SUPPORT, INC. - 11218 JOHN GALT BLVD. SUITE 103 - OMAHA, NE 68137	**_***7520	501(C)(3)	5,700.	0.			HUMAN SERVICES
DEFENDERS OF WILDLIFE 1130 17TH STREET NW WASHINGTON, DC 20036-4604	**_***3181	501(C)(3)	15,129.	0.			ENVIRONMENT
BURNT STORE PRESBYTERIAN CHURCH 11330 BURNT STORE ROAD PUNTA GORDA, FL 33955-1402	**_***6987		20,000.	0.			CIVIC
N-ABLETEK 11523 PALMBRUSH TRAIL SUITE 196 LAKEWOOD RANCH, FL 34202-2917	**_***3802	501(C)(3)	560,000.	0.			HUMAN SERVICES
SPECIAL DAY FOUNDATION, INC. 11523 PALMBRUSH TRAIL SUITE 198 LAKEWOOD RANCH, FL 34202-2917	**_***3985	501(C)(3)	740,000.	0.			HUMAN SERVICES

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEART OF WEST MICHIGAN UNITED WAY 118 COMMERCE AVENUE SW SUITE 100 GRAND RAPIDS, MI 49503	**-***0923	501(C)(3)	10,000.	0.			HUMAN SERVICES
BARRINGTON STAGE COMPANY 122 NORTH STREET PITTSFIELD, MA 01201	**-***3298	501(C)(3)	8,000.	0.			ARTS & CULTURE
PROJECT HOPE 1220 19TH STREET, NW SUITE 800 WASHINGTON, DC 20036	**-***2962	501(C)(3)	55,000.	0.			HEALTH
OBION COUNTY PUBLIC LIBRARY 1221 E. REELFOOT AVENUE UNION CITY, TN 38261	**-***6085	501(C)(3)	10,000.	0.			EDUCATION
ARTS AND CULTURAL ALLIANCE OF SARASOTA COUNTY - 1226 N.TAMIAMI TRAIL SUITE 300 - SARASOTA, FL 34236	**-***0755	501(C)(3)	24,627.	0.			ARTS & CULTURE
ARTIST SERIES CONCERTS OF SARASOTA, INC. - 1226 NORTH TAMIAMI TRAIL SUITE 300 - SARASOTA, FL 34236	**-***5294	501(C)(3)	13,000.	0.			ARTS & CULTURE
ST. RAPHAEL ACADEMY 123 WALCOTT STREET PAWTUCKET, RI 02860	**-***9066	501(C)(3)	50,000.	0.			EDUCATION
COLUMBUS FOUNDATION 1234 EAST BROAD STREET COLUMBUS, OH 43205	**-***4264	501(C)(3)	6,547.	0.			HUMAN SERVICES
LIVE OAK WILDERNESS CAMP 1240 MOSS STREET NEW ORLEANS, LA 70119-3240	**-***1850	501(C)(3)	5,500.	0.			EDUCATION

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FLORIDA STUDIO THEATRE, INC. 1241 N. PALM AVENUE SARASOTA, FL 34236	**_***2760	501(C)(3)	302,200.	0.			ARTS & CULTURE
THE HUMANE SOCIETY OF THE UNITED STATES - 1255 23RD STREET NW SUITE 450 - WASHINGTON, DC 20037	**_***5390	501(C)(3)	16,129.	0.			HUMAN SERVICES
LOUIS AND GLORIA FLANZER PHILANTHROPIC TRUST - 1266 FIRST STREET SUITE 1 - SARASOTA, FL 34236	**_***5967	501(C)(3)	32,150.	0.			HUMAN SERVICES
HABITAT FOR HUMANITY OF LEE AND HENDRY COUNTIES, INC. - 1288 N. TAMiami TRAIL - NORTH FORT MEYERS, FL 33903	**_***6174	501(C)(3)	25,000.	0.			ANIMAL WELFARE
CANDLELIGHTERS CHILDHOOD CANCER FAMILY ALLIANCE - 12919 SOUTHWEST FREEWAY SUITE 100 - STAFFORD, TX 77477	**_***7440	501(C)(3)	10,000.	0.			HUMAN SERVICES
FLORIDA WEST COAST PUBLIC BROADCASTING, INC. (WEDU-PBS) - 1300 NORTH BOULEVARD - TAMPA, FL 33607-5699	**_***0626	501(C)(3)	39,516.	0.			ARTS & CULTURE
NORTHSHORE UNIVERSITY HEALTHSYSTEM FOUNDATION - 1301 CENTRAL STREET - EVANSTON, IL 60201-3172	**_***7060	501(C)(3)	5,022.	0.			HEALTH
RESILIENT RETREAT, INC. 13010 FRUITVILLE ROAD SARASOTA, FL 34240	**_***7056	501(C)(3)	105,462.	0.			HUMAN SERVICES
SAVE VENICE, INC. 133 EAST 58TH STREET SUITE 501 NEW YORK, NY 10022	**_***9996	501(C)(3)	10,000.	0.			ARTS & CULTURE

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CORAL REEF ALLIANCE 1330 BROADWAY SUITE 600 OAKLAND, CA 94612-2503	**_***1245	501(C)(3)	15,000.	0.			ENVIRONMENT
VENICE YOUTH BOATING ASSOCIATION, INC. - 1330 TARPON CENTER DRIVE - VENICE, FL 34285-1119	**_***2816	501(C)(3)	15,000.	0.			ENVIRONMENT
FLORIDA 1,27 INCORPORATED 13310 N. 53RD STREET SUITE 200 TAMPA, FL 33617	**_***0515	501(C)(3)	7,500.	0.			HUMAN SERVICES
MANASOTA SOLVE, INC. D/B/A SOLVE MATERNITY HOMES - 1335 MANATEE AVENUE WEST - BRADENTON, FL 34205	**_***3408	501(C)(3)	6,500.	0.			HUMAN SERVICES
NORTH PORT MEALS ON WHEELS 13624 TAMIAMI TRAIL BOX 227 NORTH PORT, FL 34287-2055	**_***6997	501(C)(3)	15,000.	0.			HUMAN SERVICES
LAST CALL FOUNDATION, INC. 138 OAK STREET BRAintree, MA 02184	**_***5002	501(C)(3)	5,500.	0.			CIVIC
VENICE THEATRE 140 WEST TAMPA AVENUE VENICE, FL 34285	**_***5807	501(C)(3)	422,933.	0.			ARTS & CULTURE
NATIONAL JEWISH HEALTH 1400 JACKSON STREET DENVER, CO 80206	**_***4647	501(C)(3)	9,418.	0.			EDUCATION
FEED MORE RICHMOND 1415 RHOADMILLER STREET RICHMOND, VA 23220	**_***0923	501(C)(3)	10,000.	0.			HUMAN SERVICES

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IVYWOOD CLASSICAL ACADEMY 14356 GENOA COURT PLYMOUTH, MI 48170	**_***6501	501(C)(3)	12,500.	0.			EDUCATION
DRUG FREE CHARLOTTE COUNTY 1445 EDUCATION WAY PORT CHARLOTTE, FL 33948	**_***3619	501(C)(3)	20,000.	0.			HUMAN SERVICES
ALSO FOR GAY YOUTH, INC. DBA ALSO YOUTH - 1470 BOULEVARD OF THE ARTS - SARASOTA, FL 34236	**_***0470	501(C)(3)	10,300.	0.			HUMAN SERVICES
URBANITE THEATRE, INC. 1487 2ND STREET SARASOTA, FL 34236	**_***4467	501(C)(3)	41,000.	0.			ARTS & CULTURE
SCUBANAUTS INTERNATIONAL, INC. 1497 MAIN STREET SUITE #221 DUNEDIN, FL 34698	**_***3142	501(C)(3)	15,500.	0.			CIVIC
CONNECTICUT RIVER CONSERVANCY 15 BANK ROW GREENFIELD, MA 01301-3511	**_***8397	501(C)(3)	10,000.	0.			ENVIRONMENT
GEORGIA TECH ATHLETIC ASSOCIATION 150 BOBBY DODD WAY N.W.. ATLANTA, GA 30332-0455	**_***2514	501(C)(3)	25,000.	0.			EDUCATION
SAFE CHILDREN COALITION, INC. 1500 INDEPENDENCE BLVD. SUITE #210 SARASOTA, FL 34234	**_***8413	501(C)(3)	84,250.	0.			HUMAN SERVICES
FORTY CARROTS OF SARASOTA, INC. 1500 S. TUTTLE AVENUE SARASOTA, FL 34239	**_***5988	501(C)(3)	52,500.	0.			EDUCATION

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PINES OF SARASOTA FOUNDATION, INC. 1501 NORTH ORANGE AVENUE SARASOTA, FL 34236	**_***8752	501(C)(3)	53,000.	0.			HUMAN SERVICES
PRAGER UNIVERSITY FOUNDATION 15021 VENTURA BOULEVARD #552 SHERMAN OAKS, CA 91403-2442	**_***3901	501(C)(3)	30,000.	0.			EDUCATION
LIGHTHOUSE VISION LOSS EDUCATION CENTER - 1506 BAYSHORE GARDENS PARKWAY - BRADENTON, FL 34207	**_***1136	501(C)(3)	11,500.	0.			HUMAN SERVICES
TEMPLE EMANU-EL 151 MCINTOSH ROAD SARASOTA, FL 34232	**_***5961		59,553.	0.			CIVIC
SARASOTA MEMORIAL HEALTHCARE FOUNDATION, INC. - 1515 S. OSPREY AVENUE SUITE B4 - SARASOTA, FL 34239	**_***8568	501(C)(3)	1,435,773.	0.			HEALTH
MARIE SELBY BOTANICAL GARDENS, INC. - 1534 MOUND STREET - SARASOTA, FL 34236	**_***8965	501(C)(3)	414,326.	0.			ENVIRONMENT
VENICE CHURCH OF THE NAZARENE 1535 E. VENICE AVENUE VENICE, FL 34292	**_***7196		12,500.	0.			CIVIC
VOLUNTEER FLORIDA FOUNDATION, INC. 1545 RAYMOND DIEHL RD. SUITE 250 TALLAHASSEE, FL 32308	**_***3168	501(C)(3)	14,200.	0.			HUMAN SERVICES
COLLEGE SUCCESS FOUNDATION 15500 SE 30TH PLACE SUITE #200 BELLEVUE, WA 98007-6347	**_***6088	501(C)(3)	7,500.	0.			EDUCATION

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LOVELAND CENTER, INC. 157 S. HAVANA ROAD VENICE, FL 34292	**_***1392	501(C)(3)	66,042.	0.			HUMAN SERVICES
HEBREW BENEVOLENT CONGREGATION THE TEMPLE - 1589 PEACHTREE STREET NE - ATLANTA, GA 30309-2524	**_***5812		17,591.	0.			CIVIC
UTAH STATE UNIVERSITY FOUNDATION 1590 OLD MAIN HILL LOGAN, UT 84322	**_***7128	501(C)(3)	20,000.	0.			EDUCATION
MOTE MARINE FOUNDATION, INC. 1600 KEN THOMPSON PARKWAY SARASOTA, FL 34236-1004	**_***6800	501(C)(3)	10,500.	0.			CIVIC
MOTE MARINE LABORATORY, INC. 1600 KEN THOMPSON PARKWAY SARASOTA, FL 34236	**_***6643	501(C)(3)	448,604.	0.			ENVIRONMENT
AMERICAN JEWISH COMMITTEE 1605 MAIN STREET SUITE 612 SARASOTA, FL 34236	**_***3393		142,250.	0.			HUMAN SERVICES
AMERICAN JEWISH COMMITTEE-WEST COAST FLORIDA CHAPTER - 1605 MAIN STREET SUITE 612 - SARASOTA, FL 34236	**_***3393	501(C)(3)	15,000.	0.			HUMAN SERVICES
FEEDING AMERICA 161 N. CLARK STREET SUITE 700 CHICAGO, IL 60601	**_***3599	501(C)(3)	250,500.	0.			HUMAN SERVICES
ISRAEL TENNIS CENTERS FOUNDATION, INC. - 165 EAST 56TH STREET 2ND FLOOR - NEW YORK, NY 10022	**_***1273	501(C)(3)	10,250.	0.			CIVIC

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SHERIFF'S ACTIVITIES LEAGUE OF SARASOTA COUNTY, INC. - 16501 HONORE AVENUE - NOKOMIS, FL 34275	**_***4597	501(C)(3)	8,408.	0.			HUMAN SERVICES
SARASOTA MEMORIAL HEALTH CARE SYSTEM - 1700 S. TAMIAMI TRAIL - SARASOTA, FL 34239-3555	**_***8568	501(C)(3)	10,568.	0.			HEALTH
SARASOTA MEMORIAL HOSPITAL 1700 S. TAMIAMI TRAIL SARASOTA, FL 34239	**_***8568	501(C)(3)	458,500.	0.			HEALTH
THE GESU SCHOOL, INC. 1700 W. THOMPSON STREET PHILADELPHIA, PA 19121	**_***8931	501(C)(3)	29,000.	0.			EDUCATION
SAVE OUR SEABIRDS, INC. 1708 KEN THOMPSON PARKWAY SARASOTA, FL 34236	**_***8536	501(C)(3)	37,000.	0.			ENVIRONMENT
GIVEWELL 1714 FRANKLIN STREET 100335 OAKLAND, CA 94612-3409	**_***5442	501(C)(3)	8,000.	0.			HUMAN SERVICES
CHILDREN FIRST, INC. 1723 N. ORANGE AVENUE SARASOTA, FL 34234-8511	**_***8249	501(C)(3)	412,992.	0.			EDUCATION
HEALTHY START COALITION OF SARASOTA COUNTY, INC. - 1750 17TH STREET BUILDING A - SARASOTA, FL 34234-8666	**_***1167	501(C)(3)	8,071.	0.			HUMAN SERVICES
GLASSER-SCHOENBAUM HUMAN SERVICES CENTER, INC. - 1750 17TH STREET BUILDING J-1 - SARASOTA, FL 34234	**_***7877	501(C)(3)	25,779.	0.			HUMAN SERVICES

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EARLY LEARNING COALITION OF SARASOTA COUNTY - 1750 17TH STREET BUILDING L - SARASOTA, FL 34234	**-***0174	501(C)(3)	22,500.	0.			EDUCATION
CENTERPLACE HEALTH, INC. 1750 17TH STREET BUILDING N SARASOTA, FL 34234	**-***9327	501(C)(3)	13,201.	0.			HUMAN SERVICES
UNIDOSNOW, INC. 1750 17TH STREET SUITE C2 SARASOTA, FL 34234	**-***2169	501(C)(3)	89,000.	0.			EDUCATION
CHARLOTTE COUNTY HABITAT FOR HUMANITY, INC. - 1750 MANZANA AVENUE - PUNTA GORDA, FL 33950-6049	**-***0908	501(C)(3)	50,329.	0.			HUMAN SERVICES
SARASOTA MEDICAL PREGNANCY CENTER, INC. - 1762 HAWTHORNE STREET SUITE 5 - SARASOTA, FL 34239	**-***3818	501(C)(3)	5,500.	0.			HEALTH
MULTICULTURAL HEALTH INSTITUTE 1781 DR. MARTIN LUTHER KING WAY SARASOTA, FL 34234-8637	**-***4071	501(C)(3)	7,500.	0.			HEALTH
UNITED WAY OF CHARLOTTE COUNTY, INC. - 17831 MURDOCK CIRCLE SUITE A - PORT CHARLOTTE, FL 33948	**-***9995	501(C)(3)	81,926.	0.			HUMAN SERVICES
YES WE MUST COALITION 18 POLLARD RD. BERLIN, MA 01503	**-***9744	501(C)(3)	20,000.	0.			EDUCATION
PALM BEACH OPERA, INC. 1800 S. AUSTRALIAN AVENUE SUITE 301 WEST PALM BEACH, FL 33409	**-***0864	501(C)(3)	20,000.	0.			ARTS & CULTURE

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UNCF - UNITED NEGRO COLLEGE FUND, INC. - 1805 7TH STREET NW - WASHINGTON, DC 20001	**-***4241	501(C)(3)	10,500.	0.			EDUCATION
MARINE CORPS SCHOLARSHIP FOUNDATION, INC. - 1819 MAIN STREET SUITE 600 - SARASOTA, FL 34236	**-***5062	501(C)(3)	12,500.	0.			EDUCATION
SENIOR FRIENDSHIP CENTERS, INC. 1888 BROTHER GEENEN WAY SARASOTA, FL 34236	**-***2614	501(C)(3)	65,445.	0.			HUMAN SERVICES
KEY CHORALE, INC. 1900 MAIN STREET SUITE 211 SARASOTA, FL 34236	**-***9200	501(C)(3)	28,855.	0.			ARTS & CULTURE
TEMPLE BETH SHOLOM 1901 KRESSON RD. CHERRY HILL, NJ 08003	**-***3430	501(C)(3)	17,651.	0.			CIVIC
SARASOTA COUNTY SCHOOL BOARD - SOUTHSIDE ELEMENTARY SCHOOL - 1901 WEBBER STREET - SARASOTA, FL 34239	**-***0847	501(C)(3)	20,000.	0.			EDUCATION
ACADEMY AT GLENGARY, INC. 1910 GLENGARY STREET SARASOTA, FL 34231	**-***8910	501(C)(3)	328,000.	0.			HUMAN SERVICES
GREATER SARASOTA CHAMBER OF COMMERCE INC. - 1945 FRUITVILLE ROAD - SARASOTA, FL 34236	**-***5955	501(C)(3)	5,750.	0.			CIVIC
GREATER SARASOTA CHAMBER OF COMMERCE FOUNDATION, INC. - 1945 FRUITVILLE ROAD - SARASOTA, FL 34236	**-***3145	501(C)(3)	52,500.	0.			CIVIC

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JEWISH HOUSING COUNCIL FOUNDATION, INC. (AVIVA) - 1955 N. HONORE AVENUE - SARASOTA, FL 34235	**_***0348		9,000.	0.			HUMAN SERVICES
SARASOTA COUNTY SCHOOLS 1960 LANDINGS BOULEVARD SUITE 120 SARASOTA, FL 34231	**_***0858		234,924.	0.			EDUCATION
EDUCATION FOUNDATION OF SARASOTA COUNTY, INC. - 1960 LANDINGS BOULEVARD SUITE 120 - SARASOTA, FL 34231	**_***0858	501(C)(3)	69,595.	0.			EDUCATION
UNITARIAN UNIVERSALIST CONGREGATION OF VENICE, INC. - 1971 PINEBROOK ROAD - VENICE, FL 34292-1563	**_***8184		181,062.	0.			CIVIC
ST. IGNATIUS PROVINCE OF THE OBLATES OF THE VIRGIN MARY, INC. - 2 IPSWICH STREET - BOSTON, MA 02215	**_***6681		60,000.	0.			HUMAN SERVICES
WORLD CENTRAL KITCHEN, INC. 200 MASSACHUSETTS AVE. NW 7TH FLOOR WASHINGTON, DC 20001	**_***1132	501(C)(3)	20,433.	0.			HUMAN SERVICES
ST. MARTHA CATHOLIC CHURCH 200 N. ORANGE AVENUE SARASOTA, FL 34236	**_***8145		10,000.	0.			CIVIC
RONCALLI HIGH SCHOOL 2000 MIRRO DRIVE MANITOWOC, WI 54220	**_***6808	501(C)(3)	15,000.	0.			EDUCATION
CARTHAGE COLLEGE 2001 ALFORD PARK DRIVE KENOSHA, WI 53140-1927	**_***1496	501(C)(3)	30,189.	0.			EDUCATION

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AMERICAN RED CROSS - SOUTHWEST FLORIDA CHAPTER - 2001 CANTU COURT - SARASOTA, FL 34232	**_***6605	501(C)(3)	15,147.	0.			CIVIC
GIRLS INC. OF SARASOTA COUNTY 201 S. TUTTLE AVENUE SARASOTA, FL 34237	**_***3275	501(C)(3)	128,100.	0.			HUMAN SERVICES
WHEELER MISSION 205 E. NEW YORK STREET INDIANAPOLIS, IN 46204	**_***8771	501(C)(3)	10,000.	0.			HUMAN SERVICES
UNITED CAJUN NAVY 2053 MAGNA CARTA PL. BATON ROUGE, LA 70815	**_***3897		20,000.	0.			HUMAN SERVICES
DOWNTOWN GREENS, INC. 206 CHARLES STREET FREDERICKSBURG, VA 22401	**_***3889		10,500.	0.			ENVIRONMENT
CIRCUS ARTS CONSERVATORY, INC. 2075 BAHIA VISTA STREET SARASOTA, FL 34239	**_***6312	501(C)(3)	110,996.	0.			EDUCATION
RIDER UNIVERSITY 2083 LAWRENCEVILLE ROAD LAWRENCE TOWNSHIP, NJ 08648	**_***0678		15,000.	0.			HUMAN SERVICES
VIRGINIA B. ANDES VOLUNTEER COMMUNITY CLINIC, INC. - 21297 OLEAN BOULEVARD UNIT B - PORT CHARLOTTE, FL 33952	**_***8642	501(C)(3)	15,000.	0.			HEALTH
BALL CONSTRUCTION, INC. 2135 PRINCETON ST. SARASOTA, FL 34237	**_***3322		38,263.	0.			CIVIC

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SAFE PLACE AND RAPE CRISIS CENTER, INC. - 2139 MAIN STREET - SARASOTA, FL 34237	**_***3399	501(C)(3)	198,400.	0.			HUMAN SERVICES
BOYS AND GIRLS CLUBS OF CHARLOTTE, INC. - 21450 GIBRALTER DRIVE SUITE 10 - PORT CHARLOTTE, FL 33952	**_***5247	501(C)(3)	123,945.	0.			HUMAN SERVICES
CHABAD OF VENICE AND NORTH PORT FL, INC. - 21560 ANGELA LANE - VENICE, FL 34293-2017	**_***9569		36,000.	0.			CIVIC
MARY C. WHEELER SCHOOL, INC. 216 HOPE STREET PROVIDENCE, RI 02906	**_***9101	501(C)(3)	5,151.	0.			EDUCATION
AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE, INC. - 220 EAST 42ND STREET - NEW YORK, NY 10017	**_***6634	501(C)(3)	10,000.	0.			HUMAN SERVICES
PROMISE HOUSE, INC. 224 W. PAGE AVE. DALLAS, TX 75208	**_***0083	501(C)(3)	10,000.	0.			HUMAN SERVICES
AMERICAN LIBRARY ASSOCIATION 225 N. MICHIGAN AVENUE SUITE 1300 CHICAGO, IL 60601-7757	**_***6947	501(C)(3)	7,683.	0.			EDUCATION
ALZHEIMERS DISEASE AND RELATED DISORDERS ASSOCIATION, INC - 225 N. MICHIGAN AVEUNE 17TH FLOOR - CHICAGO, IL 60601-7652	**_***9601	501(C)(3)	6,000.	0.			HUMAN SERVICES
STERLING & FRANCINE CLARK ART INSTITUTE - 225 SOUTH STREET - WILLIAMSTOWN, MA 01267-2878	**_***3004	501(C)(3)	25,000.	0.			ARTS & CULTURE

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DOW BAY AREA FAMILY YMCA 225 WASHINGTON AVENUE BAY CITY, MI 48708	**-***8415	501(C)(3)	8,081.	0.			CIVIC
BRIGHTFOCUS FOUNDATION (AKA ALZHEIMER'S DISEASE RESEARCH) - 22512 GATEWAY CENTER DRIVE - CLARKSBURG, MD 20871-2005	**-***7229	501(C)(3)	7,000.	0.			HUMAN SERVICES
BRAVO COLORADO AT VAIL-BEAVER CREEK - 2271 N. FRONTAGE ROAD W. SUITE C - VAIL, CO 81657-3920	**-***4065	501(C)(3)	10,000.	0.			ARTS & CULTURE
CATHOLIC RELIEF SERVICES, INC. 228 WEST LEXINGTON STREET BALTIMORE, MD 21201-3443	**-***3422	501(C)(3)	17,344.	0.			CIVIC
AMERICAN HEART ASSOCIATION, GREATER SOUTHEAST AFFILIATE - 2300 CENTREPARK WEST DRIVE - WEST PALM BEACH, FL 33409-6470	**-***3797	501(C)(3)	55,851.	0.			HEALTH
TEMPLE ISRAEL 2324 EMERSON AVENUE SOUTH MINNEAPOLIS, MN 55405	**-***5807	501(C)(3)	10,000.	0.			HUMAN SERVICES
HUMANE SOCIETY OF SARASOTA COUNTY, INC. - 2331 15TH STREET - SARASOTA, FL 34237	**-***4943	501(C)(3)	39,719.	0.			CIVIC
STEPHEN SILLER TUNNEL TO TOWERS FOUNDATION - 2361 HYLAN BOULEVARD - STATEN ISLAND, NY 10306-3159	**-***4654	501(C)(3)	10,004.	0.			HUMAN SERVICES
SUNCOAST FOUNDATION FOR HANDICAPPED CHILDREN, INC. - 2381 FRUITVILLE ROAD SUITE B - SARASOTA, FL 34237-6118	**-***7258	501(C)(3)	10,000.	0.			HUMAN SERVICES

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SARASOTA POLICE FOUNDATION, INC. 240 N. WASHINGTON BLVD. SUITE 600 SARASOTA, FL 34236	**-***9878	501(C)(3)	50,000.	0.			CIVIC
CLARION PROJECT, INC. 2435 NORTH CENTRAL EXPRESSWAY SUITE RICHARDSON, TX 75080	**-***5679	501(C)(3)	13,000.	0.			CIVIC
AMERICAN FRIENDS OF JORDAN RIVER VILLAGE FOUNDATION - 244 MADISON AVENUE SUITE 482 - NEW YORK, NY 10016	**-***8884	501(C)(3)	10,000.	0.			HUMAN SERVICES
GOOD SAMARITAN PHARMACY & HEALTH SERVICES - 2502 TAMIAMI TRAIL NORTH - NOKOMIS, FL 34275	**-***5558	501(C)(3)	9,977.	0.			HEALTH
INTERNATIONAL COMMUNITY FOUNDATION 2505 N AVENUE NATIONAL CITY, CA 91950-6019	**-***7858	501(C)(3)	22,216.	0.			CIVIC
ST. THOMAS MORE CATHOLIC CHURCH 2506 GULF GATE DRIVE SARASOTA, FL 34231	**-***8145	501(C)(3)	5,200.	0.			CIVIC
VENICE AREA BEAUTIFICATION, INC. 257 TAMIAMI TRAIL NORTH VENICE, FL 34285	**-***3440	501(C)(3)	107,272.	0.			ENVIRONMENT
PASSION FOR HAITI FOUNDATION, INC 2620 SAND GABLES TRAIL BRADENTON, FL 34208-2570	**-***4015	501(C)(3)	15,000.	0.			HUMAN SERVICES
COMMUNITY FOUNDATION OF SARASOTA COUNTY, INC. - 2635 FRUITVILLE ROAD - SARASOTA, FL 34237	**-***6886	501(C)(3)	33,500.	0.			CIVIC

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BOOSTERS FOUNDATION, INC. 2639 FRUITVILLE ROAD SUITE 201 SARASOTA, FL 34237	**_***7166	501(C)(3)	80,000.	0.			HUMAN SERVICES
ARCHITECTURE SARASOTA 265 S. ORANGE AVENUE SARASOTA, FL 34236	**_***6947	501(C)(3)	176,750.	0.			ARTS & CULTURE
JEWISH FAMILY AND CHILDREN'S SERVICE OF THE SUNCOAST, INC. - 2688 FRUITVILLE ROAD - SARASOTA, FL 34237-5223	**_***3318	501(C)(3)	282,826.	0.			HUMAN SERVICES
GOODWILL FOUNDATION 2705 51ST AVENUE EAST BRADENTON, FL 34203	**_***1170	501(C)(3)	10,000.	0.			HUMAN SERVICES
SOAR LEARNING CENTER, INC. 2731 N. LINKS AVENUE SARASOTA, FL 34234	**_***0233	501(C)(3)	10,000.	0.			EDUCATION
HABITAT FOR HUMANITY SOUTH SARASOTA COUNTY, INC. - 280 ALLIGATOR DRIVE - VENICE, FL 34293	**_***6534	501(C)(3)	53,395.	0.			HUMAN SERVICES
EARLY LEARNING COALITION OF FLORIDA'S HEARTLAND, INC. - 2886 TAMIAMI TRAIL SUITE 1 - PORT CHARLOTTE, FL 33852	**_***7991	501(C)(3)	32,344.	0.			EDUCATION
SHRINER'S HOSPITALS FOR CHILDREN 2900 N. ROCKY POINT DRIVE OFFICE OF TAMPA, FL 33607	**_***3608	501(C)(3)	13,488.	0.			HEALTH
NAMI SARASOTA AND MANATEE COUNTIES, INC. - 2911 FRUITVILLE ROAD - SARASOTA, FL 34237-5320	**_***4505	501(C)(3)	200,101.	0.			HUMAN SERVICES

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UNIVERSITY OF PENNSYLVANIA 2929 WALNUT STREET SUITE 300 ATTN:DONOR DEVELOPMENT-PENN LIBRARIES - PHILAD	**_***2685	501(C)(3)	5,300.	0.			EDUCATION
TREE OF HOPE ASSOCIATION 30 COURTHOUSE SQUARE SUITE G1 ROCKVILLE, MD 20850	**_***9838	501(C)(3)	6,000.	0.			HUMAN SERVICES
MOUNT CARMEL PUBLIC LIBRARY, INC. 30 S. OAK STREET MT. CARMEL, PA 17851-2156	**_***4361	501(C)(3)	15,000.	0.			EDUCATION
FRIENDS OF VENICE PUBLIC LIBRARY 300 NOKOMIS AVENUE S. VENICE, FL 34285	**_***5429	501(C)(3)	56,927.	0.			ARTS & CULTURE
LITERACY VOLUNTEERS OF SOUTH SARASOTA COUNTY, INC. - 300 NOKOMIS AVENUE S. - VENICE, FL 34285	**_***4475	501(C)(3)	5,100.	0.			EDUCATION
TRANSYLVANIA UNIVERSITY 300 NORTH BROADWAY LEXINGTON, KY 40508-1797	**_***4825		35,000.	0.			EDUCATION
BOSTON SYMPHONY ORCHESTRA, INC. 301 MASSACHUSETTS AVENUE BOSTON, MA 02115-4557	**_***3550	501(C)(3)	5,250.	0.			ARTS & CULTURE
LEUKEMIA AND LYMPHOMA SOCIETY - NORTH FLORIDA CHAPTER - 301 W. PLATT STREET #A398 - TAMPA, FL 33606	**_***4916	501(C)(3)	5,100.	0.			HEALTH
BOYS AND GIRLS CLUBS OF SARASOTA COUNTY FOUNDATION - 3100 FRUITVILLE ROAD - SARASOTA, FL 34237	**_***6035	501(C)(3)	50,000.	0.			HUMAN SERVICES

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TRINITY PRESBYTERIAN CHURCH 3115 PROVIDENCE ROAD CHARLOTTE, NC 28211	**-***5081		6,000.	0.			CIVIC
SOZO MISSIONS, INC. 3124 17TH STREET E. BRADENTON, FL 34208	**-***7605	501(C)(3)	25,000.	0.			HUMAN SERVICES
AMY MARSHALL DANCE COMPANY, INC. 3129 76TH STREET EAST ELMHURST, NY 11370	**-***5691	501(C)(3)	8,000.	0.			ARTS & CULTURE
BOYS AND GIRLS CLUBS OF SARASOTA AND DESOTO COUNTIES, INC. - 3130 FRUITVILLE ROAD - SARASOTA, FL 34237	**-***1876	501(C)(3)	941,501.	0.			HUMAN SERVICES
SAINT STEPHEN'S EPISCOPAL SCHOOL 315 41ST STREET WEST BRADENTON, FL 34209	**-***1635		6,000.	0.			EDUCATION
OUR LADY OF THE MOUNTAINS CATHOLIC CHURCH - 315 N. FIFTH STREET - HIGHLANDS, NC 28741	**-***0633		150,000.	0.			CIVIC
EPIPHANY CATHEDRAL SCHOOL - DIOCESE OF VENICE - 316 SARASOTA STREET - VENICE, FL 34285	**-***8145		9,000.	0.			EDUCATION
CREARTE LATINO 317 BEACON HARBOUR LOOP BRADENTON, FL 34212	**-***9540	501(C)(3)	13,500.	0.			ARTS & CULTURE
BOOKER HIGH SCHOOL FOUNDATION 3201 N. ORANGE AVENUE SARASOTA, FL 34234	**-***4332	501(C)(3)	10,000.	0.			EDUCATION

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HABITAT FOR HUMANITY INTERNATIONAL 322 W. LAMAR STREET ATTN: GIFT PROC AMERICUS, GA 31709	**-***4868	501(C)(3)	7,177.	0.			HUMAN SERVICES
SAMARITAN COUNSELING SERVICES OF THE GULF COAST, INC. - 3224 BEE RIDGE ROAD - SARASOTA, FL 34239	**-***7923	501(C)(3)	55,000.	0.			HUMAN SERVICES
CHURCH OF THE PALMS 3224 BEE RIDGE ROAD SARASOTA, FL 34239-7201	**-***5240		149,463.	0.			CIVIC
SARASOTA FILM FESTIVAL, INC. 323 CENTRAL AVENUE SARASOTA, FL 34236-4915	**-***6229	501(C)(3)	15,000.	0.			ARTS & CULTURE
HILLSDALE COLLEGE 33 E. COLLEGE STREET HILLSDALE, MI 49242-9989	**-***4230		39,512.	0.			EDUCATION
THE WINNIPESAUKEE PLAYHOUSE 33 FOOTLIGHT CIRCLE MEREDITH, NH 03253-5517	**-***9207	501(C)(3)	35,400.	0.			ARTS & CULTURE
CHICAGO COMMUNITY TRUST 33 S. STATE STREET SUITE 750 CHICAGO, IL 60603-2804	**-***7000	501(C)(3)	100,000.	0.			HUMAN SERVICES
GREATER SARASOTA SERTOMA FOUNDATION, INC. - 330 S. PINEAPPLE AVENUE SUITE 106 - SARASOTA, FL 34236	**-***7492	501(C)(3)	12,687.	0.			HUMAN SERVICES
ALL STAR CHILDREN'S FOUNDATION, INC. - 3300 17TH STREET - SARASOTA, FL 34235	**-***2079	501(C)(3)	150,100.	0.			HUMAN SERVICES

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COPD FOUNDATION 3300 PONCE DE LEON BOULEVARD ATTN: MIAMI, FL 33134	**_***8322	501(C)(3)	16,954.	0.			HEALTH
FAITH PRESBYTERIAN CHURCH 3318 STATE ROAD 26 W. WEST LAFAYETTE, IN 47906	**_***7333	501(C)(3)	20,000.	0.			CIVIC
ACADEMY OF THE HOLY NAMES OF FLORIDA, INC. - 3319 BAYSHORE BLVD. - TAMPA, FL 33629	**_***0354	501(C)(3)	100,000.	0.			HUMAN SERVICES
WOMEN RESOURCE CENTER OF MANATEE, INC. DBA WOMEN'S RESOURCE CENTER - 340 SOUTH TUTTLE AVENUE - SARASOTA, FL 34237	**_***4653	501(C)(3)	14,000.	0.			HUMAN SERVICES
SARASOTA CREW, INC. 343 PALMETTO AVENUE OSPREY, FL 34229	**_***3041	501(C)(3)	15,000.	0.			HUMAN SERVICES
POSITIVE TRACKS 35 S. MAIN STREET HANOVER, FL 03755	**_***6315	501(C)(3)	155,000.	0.			HUMAN SERVICES
EASTER SEALS OF SOUTHWEST FLORIDA, INC. - 350 BRADEN AVENUE - SARASOTA, FL 34243	**_***8490	501(C)(3)	47,500.	0.			HEALTH
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PARKWAY AKRON, OH 44307-2234	**_***9388	501(C)(3)	50,000.	0.			HUMAN SERVICES
ANNANDALE AT SUWANEE, INC. 3500 ANNANDALE LANE SUWANEE, GA 30024	**_***1470	501(C)(3)	31,818.	0.			HUMAN SERVICES

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HUDSON RIVER PARK TRUST 353 WEST STREET PIER 40 ROOM 201 - NEW YORK, NY 10014	**_***6019		5,500.	0.			ENVIRONMENT
HEALTHNETWORK FOUNDATION 3550 LANDER ROAD SUITE 225 PEPPER PIKE, OH 44124	**_***4600	501(C)(3)	7,500.	0.			HUMAN SERVICES
TIDEWELL FOUNDATION, INC. 3550 S. TAMiami TRAIL SARASOTA, FL 34239	**_***9071	501(C)(3)	26,000.	0.			HUMAN SERVICES
SHREVEPORT VOLUNTEER NETWORK 3554 FOUNTAINBLEAU RD. KEITHVILLE, LA 71047	**_***5415		20,000.	0.			HUMAN SERVICES
TEAM TONY CANCER FOUNDATION, INC. 3562 SOUTH OSPREY AVENUE SUITE C SARASOTA, FL 34239	**_***5241	501(C)(3)	14,250.	0.			HUMAN SERVICES
VFW NATIONAL HOME FOR CHILDREN 3573 S. WAVERLY ROAD EATON RAPIDS, MI 48827	**_***9597	501(C)(3)	22,530.	0.			HUMAN SERVICES
BROOKSIDE MIDDLE SCHOOL 3636 SOUTH SHADE AVENUE SARASOTA, FL 34239	**_***0847	501(C)(3)	28,012.	0.			EDUCATION
VILLA LA PAZ 3637 4TH STREET N. SUITE 280 ST PETERSBURG, FL 33704	**_***4266	501(C)(3)	100,000.	0.			HUMAN SERVICES
OPERATION SMILE, INC. 3641 FACULTY BOULEVARD VIRGINIA BEACH, VA 23453-8000	**_***0147	501(C)(3)	8,081.	0.			HUMAN SERVICES

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HARVEST TABERNACLE OF SARASOTA, INC. - 3650 17TH STREET - SARASOTA, FL 34235	**_***6807	501(C)(3)	159,225.	0.			HUMAN SERVICES
NORTH TEXAS FOOD BANK 3677 MAPLESHADE LANE PLANO, TX 75075	**_***5357	501(C)(3)	10,000.	0.			HUMAN SERVICES
HELPING HANDS FOR HONDURAS, INC. 3700 BIG BEN ROAD VIRGINIA BEACH, VA 23452-4527	**_***3589	501(C)(3)	30,000.	0.			HUMAN SERVICES
FUTURES FOUNDATION FOR VOLUSIA COUNTY SCHOOLS (AKA FUTURES, INC.) - 3750 OLSON DRIVE - DAYTONA BEACH, FL 32124-2002	**_***0862	501(C)(3)	6,547.	0.			EDUCATION
HARRY CHAPIN FOOD BANK OF SOUTHWEST FLORIDA, INC. - 3760 FOWLER STREET - FORT MYERS, FL 33901	**_***2120	501(C)(3)	34,600.	0.			HUMAN SERVICES
VENICE ART CENTER, INC. 390 NOKOMIS AVENUE S. VENICE, FL 34285-2416	**_***8294	501(C)(3)	13,009.	0.			ARTS & CULTURE
EXTRA TABLE, INC. 3904 HARDY STREET HATTIESBURG, MS 39402	**_***9135	501(C)(3)	10,000.	0.			HUMAN SERVICES
COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA - 4 VANDERBILT PARK DRIVE SUITE 300 - ASHEVILLE, NC 28803	**_***3384	501(C)(3)	27,300.	0.			HUMAN SERVICES
RONALD REAGAN PRESIDENTIAL FOUNDATION - 40 PRESIDENTIAL DRIVE SUITE 200 - SIMI VALLEY, CA 93065	**_***4631	501(C)(3)	100,000.	0.			CIVIC

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DOCTORS WITHOUT BORDERS USA, INC. 40 RECTOR STREET 16TH FLOOR NEW YORK, NY 10006	**_***3452	501(C)(3)	5,100.	0.			HEALTH
NATURAL RESOURCES DEFENSE COUNCIL, INC. (NRDC) - 40 W. 20TH STREET 11TH FLOOR - NEW YORK, NY 10011	**_***4926	501(C)(3)	5,600.	0.			ENVIRONMENT
TEMPLE BETH EL OF ST. PETERSBURG FLORIDA, INC. - 400 PASADENA AVENUE S. - ST. PETERSBURG, FL 33707-2102	**_***1184		26,928.	0.			CIVIC
ST. DAVID'S EPISCOPAL CHURCH, JUBILEE CENTER - 401 S. BROADWAY - ENGLEWOOD, FL 34223-3802	**_***2026	501(C)(3)	10,000.	0.			CIVIC
PUNTA GORDA CHARLOTTE LIBRARY 401 SHREVE STREET PUNTA GORDA, FL 33950	**_***0541		30,000.	0.			CIVIC
CITY OF VENICE 401 WEST VENICE AVENUE VENICE, FL 34285	**_***0443		65,000.	0.			CIVIC
CHABAD OF ST. PETERSBURG, INC. 4010 PARK STREET NORTH ST. PETERSBURG, FL 33709-4034	**_***9799	501(C)(3)	100,000.	0.			HUMAN SERVICES
REDLANDS CHRISTIAN MIGRANT ASSOCIATION INC. - 402 W. MAIN ST. - IMMOKALEE, FL 34142	**_***1966	501(C)(3)	32,000.	0.			HUMAN SERVICES
COMMUNITY PRESBYTERIAN CHURCH 405 S. MCCALL ROAD ENGLEWOOD, FL 34223	**_***0713	501(C)(3)	42,478.	0.			CIVIC

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GULF COAST PARTNERSHIP, INC. 408 TAMIAMI TRAIL UNIT #121 PUNTA GORDA, FL 33950	**-***3077	501(C)(3)	35,000.	0.			HUMAN SERVICES
BOWDOIN COLLEGE 4100 COLLEGE STATION BRUNSWICK, ME 04011-8432	**-***5213		27,600.	0.			EDUCATION
CARDINAL MOONEY HIGH SCHOOL - DIOCESE OF VENICE - 4171 FRUITVILLE ROAD - SARASOTA, FL 34232-1699	**-***0923	501(C)(3)	14,689.	0.			EDUCATION
LAFAYETTE URBAN MINISTRY, INC. 420 N. 4TH STREET LAFAYETTE, IN 47901-1112	**-***2938	501(C)(3)	15,000.	0.			HUMAN SERVICES
CLASSICAL WSMR - MEMBER SERVICES 4202 EAST FOWLER AVENUE TVB100 TAMPA, FL 33620-6870	**-***9015	501(C)(3)	5,450.	0.			EDUCATION
MEALS ON WHEELS OF SARASOTA, INC. 421 N. LIME AVENUE SARASOTA, FL 34237	**-***1249	501(C)(3)	24,152.	0.			HUMAN SERVICES
STETSON UNIVERSITY 421 N. WOODLAND BOULEVARD UNIT 8379 DELAND, FL 32723	**-***4416	501(C)(3)	89,000.	0.			EDUCATION
SOUTHEASTERN GUIDE DOGS, INC. 4210 77TH STREET EAST PALMETTO, FL 34221	**-***2352	501(C)(3)	25,375.	0.			HUMAN SERVICES
UNITED WAY OF SOUTH SARASOTA COUNTY, INC. - 4242 S. TAMIAMI TRAIL - VENICE, FL 34293	**-***0846	501(C)(3)	9,750.	0.			HUMAN SERVICES

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THE NATURE CONSERVANCY, INC. 4245 N. FAIRFAX DRIVE SUITE 100 ARLINGTON, VA 22203	**-***2652	501(C)(3)	101,000.	0.			ENVIRONMENT
NATURE CONSERVANCY, INC. 4245 N. FAIRFAX DRIVE SUITE 100 ARLINGTON, VA 22203	**-***2652	501(C)(3)	11,036.	0.			ENVIRONMENT
THE NATURE CONSERVANCY 4245 N. FAIRFAX DRIVE SUITE 100 ATTN: TREASURY - ARLINGTON, VA 22203	**-***2652	501(C)(3)	20,100.	0.			ENVIRONMENT
NORTH CROSS SCHOOL 4254 COLONIAL AVE. ROANOKE, VA 24018	**-***9572	501(C)(3)	100,000.	0.			EDUCATION
SUNFLOWER OF PEACE 43 ASHMONT AVENUE NEWTON, MA 02458	**-***0675	501(C)(3)	14,333.	0.			HUMAN SERVICES
HERSHORIN SCHIFF COMMUNITY DAY SCHOOLS OF TOMORROW, INC. - 4335 WILKINSON ROAD - SARASOTA, FL 34233	**-***8984	501(C)(3)	50,500.	0.			EDUCATION
AMERICAN CIVIL LIBERTIES UNION FOUNDATION OF FLORIDA - 4343 WEST FLAGLER STREET SUITE 400 - MIAMI, FL 33134	**-***3516	501(C)(3)	703,339.	0.			CIVIC
DIOCESE OF HARRISBURG - DIVINE REDEEMER CHURCH - 438 WEST AVENUE - MOUNT CARMEL, PA 17851	**-***4791	501(C)(3)	15,000.	0.			CIVIC
ST. MARY ACADEMY 4380 FRUITVILLE ROAD SARASOTA, FL 34232	**-***1385	501(C)(3)	13,753.	0.			EDUCATION

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MEANS DATABASE INC. 4410 MASSACHUSETTS AVE. NW #397 WASHINGTON, DC 20016	**-***2060	501(C)(3)	10,000.	0.			HUMAN SERVICES
COVE BEHAVIORAL HEALTH, INC. 4422 EAST COLUMBUS DRIVE TAMPA, FL 33605	**-***4993	501(C)(3)	25,000.	0.			HUMAN SERVICES
OUT-OF-DOOR ACADEMY OF SARASOTA 444 REID STREET SARASOTA, FL 34242	**-***1857		71,229.	0.			EDUCATION
SUNCOAST SCIENCE CENTER 4452 BENEVA ROAD SARASOTA, FL 34233	**-***7364	501(C)(3)	115,000.	0.			EDUCATION
YEAR UP, INC. 45 MILK STREET 9TH FLOOR BOSTON, MA 02109-5165	**-***4407	501(C)(3)	10,000.	0.			EDUCATION
CHABAD LUBAVITCH OF FAIRFIELD 452 BROOKSIDE DRIVE FAIRFIELD, CT 06824-2418	**-***9690		10,000.	0.			CIVIC
FIRST STEP OF SARASOTA, INC. 4579 NORTHGATE COURT SARASOTA, FL 34234	**-***4472	501(C)(3)	35,300.	0.			HUMAN SERVICES
SIESTA KEY CHAPEL 4615 GLEASON AVENUE SARASOTA, FL 34242	**-***3377		21,000.	0.			CIVIC
FLORIDA CENTER FOR EARLY CHILDHOOD, INC. - 4620 17TH STREET - SARASOTA, FL 34235	**-***7024	501(C)(3)	241,000.	0.			HUMAN SERVICES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEMPLE SINAI 4631 S. LOCKWOOD RIDGE ROAD SARASOTA, FL 34231	**-***6302		18,400.	0.			CIVIC
SARASOTA-MANATEE ASSOCIATION FOR RIDING THERAPY, INC. - 4640 COUNTY ROAD 675 EAST - BRADENTON, FL 34211-9600	**-***3354	501(C)(3)	17,500.	0.			HUMAN SERVICES
OUR LADY OF MOUNT CARMEL - ST. VINCENT DE PAUL SOCIETY - 47 SOUTH MARKET STREET - MOUNT CARMEL, PA 17851	**-***4791	501(C)(3)	15,000.	0.			HUMAN SERVICES
CENTRAL CATHOLIC HIGH SCHOOL - DIOCESE OF YOUNGSTOWN - - 4824 TUSCARAWAS STREET W. - CANTON, OH 44708	**-***4655		6,450.	0.			EDUCATION
NORTH PORT SENIOR CENTER, INC. 4940 PAN AMERICAN BLVD. NORTH PORT, FL 34287	**-***4386	501(C)(3)	5,050.	0.			HUMAN SERVICES
HONOR SANCTUARY, INC. DBA NATE'S HONOR ANIMAL RESCUE - 4951 LORRAINE ROAD - BRADENTON, FL 34211	**-***8064	501(C)(3)	31,100.	0.			HUMAN SERVICES
LABYRINTH THEATER COMPANY 50 CENTRAL PARK WEST #5 NEW YORK, NY 10023	**-***5592	501(C)(3)	5,151.	0.			ARTS & CULTURE
JOHNS HOPKINS ALL CHILDREN'S FOUNDATION, INC. - 500 7TH AVENUE S. - ST. PETERSBURG, FL 33701	**-***1738	501(C)(3)	50,000.	0.			HEALTH
PLANTATION COMMUNITY FOUNDATION, INC. - 500 ROCKLEY BOULEVARD - VENICE, FL 34293	**-***6930	501(C)(3)	24,050.	0.			CIVIC

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BEST FRIENDS ANIMAL SOCIETY 5001 ANGEL CANYON ROAD KANAB, UT 84741-5000	**_***7797	501(C)(3)	13,030.	0.			HUMAN SERVICES
TOWN OF LONGBOAT KEY 501 BAY ISLES ROAD LONGBOAT KEY, FL 34228	**_***7152		139,800.	0.			CIVIC
SAVE THE CHILDREN, INC. 501 KINGS HIGHWAY EAST SUITE 400 FAIRFIELD, CT 06825	**_***6487	501(C)(3)	17,000.	0.			HUMAN SERVICES
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	**_***6012	501(C)(3)	53,524.	0.			HEALTH
AVE MARIA UNIVERSITY 5050 AVE MARIA BOULEVARD AVE MARIA, FL 34142	**_***2006	501(C)(3)	10,000.	0.			EDUCATION
RESURRECTION HOUSE, INC. 507 KUMQUAT CT. SARASOTA, FL 34236	**_***6171	501(C)(3)	13,250.	0.			HUMAN SERVICES
THE ID ART CENTER, INC. 51 BERGEN ST. BROOKLYN, NY 11201	**_***1963	501(C)(3)	21,500.	0.			ARTS & CULTURE
GOODWILL INDUSTRIES OF SOUTHWEST FLORIDA INC. - 5100 TICE STREET - FORT MYERS, FL 33905-5203	**_***6141		10,000.	0.			HUMAN SERVICES
ST. MARK'S EPISCOPAL CHURCH 513 NASSAU STREET S. VENICE, FL 34285-2816	**_***4127	501(C)(3)	17,614.	0.			CIVIC

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ANIMAL LEGAL DEFENSE FUND 525 E. COTATI AVENUE COTATI, CA 94931	**_***1680	501(C)(3)	15,129.	0.			ENVIRONMENT
THE 360 CHURCH 5250 MCINTOSH ROAD SARASOTA, FL 34233	**_***0909		17,800.	0.			CIVIC
MARCUS JEWISH COMMUNITY CENTER OF ATLANTA (MJCCA) - 5342 TILLY MILL ROAD - DUNWOODY, GA 30338	**_***6126	501(C)(3)	50,000.	0.			HUMAN SERVICES
AVENIDA DE COLORES, INC. 540 S. ORANGE AVENUE SARASOTA, FL 34236-7502	**_***1334	501(C)(3)	10,000.	0.			ARTS & CULTURE
TRI-COUNTY COUNSELING & LIFE SKILLS CENTER, INC. - 5400 BISCAYNE DRIVE SUITE 2 - NORTH PORT, FL 34287	**_***2079	501(C)(3)	15,000.	0.			HUMAN SERVICES
JOHN AND MABLE RINGLING MUSEUM OF ART FOUNDATION, INC. - 5401 BAY SHORE ROAD - SARASOTA, FL 34243	**_***4423	501(C)(3)	16,200.	0.			ARTS & CULTURE
THE JOHN AND MABLE RINGLING MUSEUM OF ART, INC. - 5401 BAY SHORE ROAD - SARASOTA, FL 34243	**_***4423	501(C)(3)	79,551.	0.			ARTS & CULTURE
JOSHPROVIDES EPILEPSY ASSISTANCE FOUNDATION, INC. - 5428 SUNDEW DRIVE - SARASOTA, FL 34238	**_***2505	501(C)(3)	5,500.	0.			HUMAN SERVICES
FLORIDA HOLOCAUST MUSEUM, INC. DBA THE FLORIDA HOLOCAUST MUSEUM - 55 5TH STREET SOUTH - ST. PETERSBURG, FL 33701	**_***1494	501(C)(3)	11,800.	0.			ARTS & CULTURE

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AMERICAN SOCIETY FOR TECHNION - ISRAEL INSTITUTE OF TECHNOLOGY, INC. - 55 EAST 59TH ST - NEW YORK, NY 10022	**_***4195	501(C)(3)	10,000.	0.			EDUCATION
THE QUINN HOUSE, INC. 555 HURRICANE SHOALS RD. NW LAWRENCEVILLE, GA 30046	**_***9186	501(C)(3)	10,000.	0.			HUMAN SERVICES
FSU/ASOLO CONSERVATORY 5555 N. TAMiami TRAIL SARASOTA, FL 34243	**_***1248	501(C)(3)	9,500.	0.			ARTS & CULTURE
ASOLO THEATER, INC. 5555 N. TAMiami TRAIL SARASOTA, FL 34243	**_***7909	501(C)(3)	509,518.	0.			ARTS & CULTURE
SARASOTA BALLET OF FLORIDA, INC. 5555 N. TAMiami TRAIL SARASOTA, FL 34243	**_***5900	501(C)(3)	446,359.	0.			ARTS & CULTURE
LAKWOOD RANCH BAPTIST CHURCH 5600 DEER DRIVE LAKWOOD RANCH, FL 34240-8676	**_***5892	501(C)(3)	28,500.	0.			HUMAN SERVICES
MIDWEST FOOD BANK - FLORIDA DIVISION - 5601 DIVISION DRIVE - FORT MYERS, FL 33905	**_***0170	501(C)(3)	10,000.	0.			HUMAN SERVICES
FACE AUTISM 5610 74TH PLACE EAST C/O COLLEEN BU ELLENTON, FL 34222	**_***1761	501(C)(3)	10,000.	0.			HUMAN SERVICES
SAINT BONIFACE EPISCOPAL CHURCH ON SIESTA KEY - 5615 MIDNIGHT PASS ROAD - SARASOTA, FL 34242	**_***0993		10,450.	0.			CIVIC

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VETERANS' OUTREACH 5650 PARK BLVD. N. SUITE 3 PINELLAS PARK, FL 33781	**-***2976	501(C)(3)	10,000.	0.			HUMAN SERVICES
TEMPLE BETH ISRAEL OF LONGBOAT KEY FLORIDA, INC. - 567 BAY ISLES ROAD - LONGBOAT KEY, FL 34228	**-***0401	501(C)(3)	19,325.	0.			CIVIC
FILM INDEPENDENT 5670 WILSHIRE BLVD. 9TH FLOOR LOS ANGELES, CA 90036	**-***3485	501(C)(3)	10,000.	0.			ARTS & CULTURE
HUMISTON & MOORE ENGINEERS, P.A. 5679 STRAND COURT NAPLES, FL 34110	**-***2357		48,466.	0.			CIVIC
THE JEWISH FEDERATION OF SARASOTA-MANATEE - 580 MCINTOSH ROAD KLINGENSTEIN JEWISH CENTER - SARASOTA, FL 34232	**-***7747	501(C)(3)	348,341.	0.			HUMAN SERVICES
SOUTHFACE ENERGY INSTITUTE, INC. 5800 BAYSHORE ROAD SARASOTA, FL 34243	**-***7547	501(C)(3)	90,352.	0.			ENVIRONMENT
PEACE RIVER BOTANICAL AND SCULPTURE GARDENS, INC. - 5827 RIVERSIDE DRIVE - PUNTA GORDA, FL 33982	**-***5783	501(C)(3)	125,281.	0.			ARTS & CULTURE
MOTHERS HELPING MOTHERS, INC. 5933 N. NORTH WASHINGTON BLVD. SARASOTA, FL 34243	**-***6462	501(C)(3)	27,000.	0.			HUMAN SERVICES
TIDEWELL HOSPICE, INC. 5955 RAND BOULEVARD SARASOTA, FL 34238	**-***1861	501(C)(3)	64,946.	0.			HUMAN SERVICES

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JEWISH CONGREGATION OF VENICE, INC. - 600 N. AUBURN ROAD - VENICE, FL 34292	**_***9151		7,486.	0.			HUMAN SERVICES
JEWISH CONGREGATION OF VENICE ENDOWMENT FUND - 600 NORTH AUBURN ROAD - VENICE, FL 34292	**_***7231	501(C)(3)	10,000.	0.			CIVIC
JEWISH FEDERATION OF NORTHEASTERN PENNSYLVANIA - 601 JEFFERSON AVENUE - SCRANTON, PA 18510-1621	**_***9371		10,000.	0.			HUMAN SERVICES
TEAMTECH LLC 6039 LAKECREST DR. SHAWNEE, KS 66218	**_***9378		24,384.	0.			HUMAN SERVICES
ANTI-DEFAMATION LEAGUE 605 THIRD AVENUE NEW YORK, NY 10158	**_***8723	501(C)(3)	15,000.	0.			CIVIC
ANTI-DEFAMATION LEAGUE FOUNDATION 605 THIRD AVENUE NEW YORK, NY 10158	**_***7439	501(C)(3)	10,000.	0.			HUMAN SERVICES
SALVATION ARMY DIVISIONAL HEADQUARTERS (INDIANA) - 6060 CASTLEWAY W. DRIVE - INDIANAPOLIS, IN 46250	**_***8167	501(C)(3)	10,000.	0.			HUMAN SERVICES
SARASOTA OPERA ASSOCIATION, INC. 61 N. PINEAPPLE AVENUE SUITE 820 SARASOTA, FL 34236	**_***9047	501(C)(3)	293,619.	0.			ARTS & CULTURE
ALMA COLLEGE 614 W. SUPERIOR STREET ATTN: GIFT P ALMA, MI 48801	**_***9083		22,820.	0.			EDUCATION

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GIRLS ON THE RUN OF SOUTHWEST FLORIDA, INC. - 616 POSADAS CIR. - PUNTA GORDA, FL 33983	**_***6080	501(C)(3)	10,000.	0.			HUMAN SERVICES
COLUMBIA UNIVERSITY IRVINE MEDICAL CENTER-LYME AND TICK-BORNE DISEASE RESEARCH - 622 WEST 113TH STREET MAIL CODE 4524 - NEW YORK,	**_***8093		6,000.	0.			EDUCATION
WORLD UNION FOR PROGRESSIVE JUDAISM LTD - 633 THIRD AVENUE 7TH FLOOR - NEW YORK, NY 10017	**_***0176	501(C)(3)	5,360.	0.			CIVIC
CHRIST CHURCH OF LONGBOAT KEY, INC. - 6400 GULF OF MEXICO DRIVE - LONGBOAT KEY, FL 34228-1436	**_***2224		11,000.	0.			CIVIC
EXCLUSIVE PROPERTY MAINTENANCE AND INSTALLATIONS, LLC - 645 APACHE TRAIL - MERRITT ISLAND, FL 32953	**_***1328		11,800.	0.			CIVIC
PARK NICOLLET FOUNDATION 6500 EXCELSIOR BOULEVARD ST LOUIS PARK, MN 55426-4702	**_***6465	501(C)(3)	11,000.	0.			HUMAN SERVICES
THE BAY PARK CONSERVANCY, INC. 655 N. TAMIAMI TRAIL SARASOTA, FL 34236	**_***3473	501(C)(3)	6,412,277.	0.			ENVIRONMENT
HERMITAGE ARTIST RETREAT, INC. 6630 MANASOTA KEY ROAD ENGLEWOOD, FL 34223-9213	**_***4608	501(C)(3)	130,489.	0.			ARTS & CULTURE
SUNCOAST HUMANE SOCIETY, INC. 6781 SAN CASA DRIVE ENGLEWOOD, FL 34224	**_***4193	501(C)(3)	145,029.	0.			CIVIC

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DONTE'S DEN FOUNDATION, INC. 6801 283RD STREET EAST MYAKKA CITY, FL 34251	**_***9566	501(C)(3)	149,655.	0.			CIVIC
ENGLEWOOD COMMUNITY CARE CLINIC, INC. - 6868 SAN CASA DRIVE - ENGLEWOOD, FL 34224	**_***5312	501(C)(3)	16,500.	0.			HEALTH
TAMPA BAY ABORTION FUND, INC. 690 MAIN STREET #27 SAFETY HARBOR, FL 34695	**_***3274		100,000.	0.			HEALTH
LIFT CHURCH 695 CENTER ROAD VENICE, FL 34285	**_***2185	501(C)(3)	12,500.	0.			HUMAN SERVICES
TRUSTEES OF DARTMOUTH COLLEGE 7 LEBANON STREET SUITE 302 HANOVER, NH 03755	**_***2111		18,500.	0.			EDUCATION
SHAKESPEARE & COMPANY, INC. 70 KEMBLE STREET LENOX, MA 01240	**_***6826	501(C)(3)	7,500.	0.			ARTS & CULTURE
ENGLEWOOD HELPING HAND, INC. 700 E. DEARBORN STREET ENGLEWOOD, FL 34223	**_***9063	501(C)(3)	41,813.	0.			HUMAN SERVICES
PLYMOUTH HARBOR FOUNDATION 700 JOHN RINGLING BOULEVARD SARASOTA, FL 34236	**_***1820	501(C)(3)	32,000.	0.			HUMAN SERVICES
YMCA OF SOUTHWEST FLORIDA, INC. 701 CENTER ROAD VENICE, FL 34285	**_***9660	501(C)(3)	130,895.	0.			HUMAN SERVICES

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ART CENTER SARASOTA, INC. 707 N. TAMIAMI TRAIL SARASOTA, FL 34236	**-***6844	501(C)(3)	10,000.	0.			ARTS & CULTURE
SARASOTA ORCHESTRA 709 N. TAMIAMI TRAIL SARASOTA, FL 34236	**-***3081	501(C)(3)	834,100.	0.			ARTS & CULTURE
THE BRIDGE CHURCH, INC. 720 COMMERCE DRIVE UNIT 104 VENICE, FL 34292	**-***5148	501(C)(3)	93,500.	0.			CIVIC
CHILD PROTECTION CENTER, INC. 720 S. ORANGE AVENUE SARASOTA, FL 34236	**-***3850	501(C)(3)	267,409.	0.			HUMAN SERVICES
COVENANT HOUSE FLORIDA, INC. 733 BREAKERS AVENUE FT. LAUDERDALE, FL 33304-4100	**-***3607	501(C)(3)	5,445.	0.			HUMAN SERVICES
BEYOND THE SPECTRUM, INC. 7333 INTERNATIONAL PLACE SARASOTA, FL 34240	**-***9622	501(C)(3)	14,500.	0.			HUMAN SERVICES
THE GLENRIDGE CHARITABLE FOUNDATION, INC. - 7333 SCOTLAND WAY - SSARASOTA, FL 34236	**-***0180	501(C)(3)	10,000.	0.			EDUCATION
PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA, INC. - 736 CENTRAL AVENUE - SARASOTA, FL 34236	**-***4328	501(C)(3)	375,660.	0.			HEALTH
CHABAD IN MEDFORD INC 74 S MAIN STREET MEDFORD, NJ 08055	**-***9669	501(C)(3)	15,000.	0.			HUMAN SERVICES

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ST. RAPHAEL CATHOLIC CHURCH 770 KILBOURNE AVENUE ENGLEWOOD, FL 34223	**_***8145		6,450.	0.			CIVIC
NATIONAL PARKS CONSERVATION ASSOCIATION - 777 6TH STREET NW SUITE 700 - WASHINGTON, DC 20001	**_***5165	501(C)(3)	6,167.	0.			CIVIC
SARASOTA PERFORMING ARTS FOUNDATION, INC. - 777 N. TAMIAMI TRAIL THIRD FLOOR - SARASOTA, FL 34236	**_***7055	501(C)(3)	340,000.	0.			ARTS & CULTURE
CHABAD LUBAVITCH OF WESTPORT 79 NEWTOWN TURNPIKE WESTPORT, CT 06880	**_***4390	501(C)(3)	7,100.	0.			CIVIC
EMMANUEL LUTHERAN CHURCH, INC. 790 S. TAMIAMI TRAIL VENICE, FL 34285-3601	**_***1925	501(C)(3)	43,297.	0.			CIVIC
INSPIRATION ACADEMY 7900 40TH AVENUE W. BRADENTON, FL 34209	**_***7521	501(C)(3)	31,000.	0.			HUMAN SERVICES
JOHNSON & WALES UNIVERSITY 8 ABBOTT PARK PLACE PROVIDENCE, RI 02903	**_***6206	501(C)(3)	10,000.	0.			EDUCATION
AFRICAN VISION OF HOPE 8 PROFESSIONAL PARK DRIVE MARYVILLE, IL 62062-5672	**_***9252	501(C)(3)	100,000.	0.			HUMAN SERVICES
VISIONS FOR CREATIVE HOUSING SOLUTIONS - 8 SUNRISE FARM LANE - ENFIELD, NH 03748	**_***8234	501(C)(3)	50,000.	0.			HUMAN SERVICES

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ELLING O. EIDE CHARITABLE FOUNDATION - 8000 S. TAMIAMI TRAIL - SARASOTA, FL 34231	**_***8932	501(C)(3)	7,270.	0.			ARTS & CULTURE
PRAYING PELICAN MISSIONS 8011 34TH AVE. SOUTH SUITE 333 MINNEAPOLIS, MN 55425	**_***2202	501(C)(3)	20,000.	0.			CIVIC
MAKE-A-WISH SOUTHERN FLORIDA 8126 LAKEWOOD MAIN STREET SUITE 202 SARASOTA, FL 34202	**_***0322	501(C)(3)	32,900.	0.			HUMAN SERVICES
SKIDMORE COLLEGE 815 NORTH BROADWAY SARATOGA SPRINGS, NY 12866-1632	**_***8562		30,189.	0.			EDUCATION
ALL FAITHS FOOD BANK FOUNDATION 8171 BLAIKIE COURT SARASOTA, FL 34240-8321	**_***5814	501(C)(3)	16,000.	0.			HUMAN SERVICES
ALL FAITHS FOOD BANK, INC. 8171 BLAIKIE COURT ATTN: DENISE COT SARASOTA, FL 34240	**_***5814	501(C)(3)	812,667.	0.			HUMAN SERVICES
DUNWOODY COLLEGE OF TECHNOLOGY 818 DUNWOODY BOULEVARD MINNEAPOLIS, MN 55403	**_***3856	501(C)(3)	10,000.	0.			EDUCATION
FAMILY PROMISE OF SOUTH SARASOTA COUNTY, INC. - 850 COCKRILL STREET - VENICE, FL 34285	**_***6213	501(C)(3)	46,800.	0.			HUMAN SERVICES
THE CLASSICAL ACADEMY OF SARASOTA, INC. - 8751 FRUITVILLE ROAD ATTN: COURTNEY MOULTON - SARASOTA, FL 34240	**_***4462	501(C)(3)	6,250.	0.			EDUCATION

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AMERICARES 88 HAMILTON AVENUE STAMFORD, CT 06902-3111	**_***8595	501(C)(3)	22,000.	0.			HUMAN SERVICES
DMH REAL ESTATE HOLDINGS, INC. DBA DESOTO MEMORIAL HOSPITAL - 900 N. ROBERT AVE. - ARCADIA, FL 34266	**_***2554	501(C)(3)	25,000.	0.			HEALTH
NATIONAL MULTIPLE SCLEROSIS SOCIETY - 900 S. BROADWAY SUITE 350 - DENVER, CO 80209	**_***1935	501(C)(3)	232,515.	0.			HEALTH
LINKS TO SUCCESS 907 S. ORANGE AVENUE ARCADIA, FL 34266	**_***2522	501(C)(3)	15,000.	0.			HUMAN SERVICES
TRUSTEES OF NEWARK ACADEMY 91 S. ORANGE AVENUE LIVINGSTON, NJ 07039-4901	**_***7270		10,000.	0.			EDUCATION
CENTER FOR PUBLIC INTEGRITY 910 17TH STREET, NW SUITE 700 WASHINGTON, DC 20006-2623	**_***2177	501(C)(3)	10,000.	0.			CIVIC
VENICE AREA MOBILE MEALS, INC. 920 S. TAMIAMI TRAIL VENICE, FL 34285-3652	**_***5535	501(C)(3)	5,250.	0.			HUMAN SERVICES
VISIBLE MEN ACADEMY, INC. 921 63RD AVENUE EAST BRADENTON, FL 34203	**_***0264	501(C)(3)	32,200.	0.			HUMAN SERVICES
JEWISH NEWS SERVICE, INC. 9450 SW GEMINI DRIVE PMB 38958 BEAVERTON, OR 97008	**_***9784	501(C)(3)	10,000.	0.			CIVIC

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HOPE HOSPICE AND COMMUNITY SERVICES, INC. - 9470 HEALTHPARK CIRCLE - FORT MYERS, FL 33908	**_***8697	501(C)(3)	10,000.	0.			HUMAN SERVICES
MEDICAL BENEVOLENCE FOUNDATION 9555 W. SAM HOUSTON PARKWAY S. SUITE HOUSTON, TX 77099	**_***6138	501(C)(3)	5,711.	0.			HUMAN SERVICES
SARASOTA AUDUBON SOCIETY, INC. 999 CENTER ROAD SARASOTA, FL 34240	**_***2804	501(C)(3)	12,754.	0.			ENVIRONMENT
RINGLING COLLEGE OF ART AND DESIGN ATTN: ADVANCEMENT OFFICE 2700 N. TAMIAMI TRAIL - SARASOTA, FL 34234	**_***7903	501(C)(3)	540,117.	0.			EDUCATION
MAYO CLINIC ATTN: ALZHEIMER'S RESEARCH DEPT. 200 FIRST STREET SW - ROCHESTER, MN 55905	**_***1702		6,000.	0.			HEALTH
CHARLOTTE COUNTY PUBLIC SCHOOLS - DIVISION OF LEARNING - READING RECOVERY - ATTN: CARMEL KISIDAY 1445 EDUCATION WAY - PORT HOPE, INC.	**_***0539		25,000.	0.			EDUCATION
ATTN: DAN HALEY, PRESIDENT 877 S. ALVERNON WAY SUITE 200 - TUCSON, AZ 85711	**_***5390	501(C)(3)	10,500.	0.			HUMAN SERVICES
BRIGHAM AND WOMEN'S HOSPITAL, INC. ATTN: DEVELOPMENT OFFICE 116 HUNTINGTON AVENUE 3RD FLOOR - BOSTON, MA 02116-	**_***2909	501(C)(3)	10,000.	0.			HEALTH
SARASOTA MANATEE JEWISH HOUSING COUNCIL, INC. (DBA AVIVA) - ATTN: DEVELOPMENT OFFICE 1951 N. HONORE AVENUE - SARASOTA, FL 34235	**_***1025	501(C)(3)	64,212.	0.			HUMAN SERVICES

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTERN KENTUCKY UNIVERSITY FOUNDATION - ATTN: DONALD SMITH, PRESIDENT 1906 COLLEGE HEIGHTS BOULEVARD #41016 - BOWLING GREEN,	**_***1555	501(C)(3)	10,000.	0.			EDUCATION
UNIVERSITY OF SOUTH FLORIDA FOUNDATION INC. - ATTN: DONOR RELATIONS 4202 E. FOWLER AVENUE ALC100 - TAMPA, FL 33620	**_***9015	501(C)(3)	17,800.	0.			EDUCATION
USF FOUNDATION - WUSF & WSMR ATTN: DONOR RELATIONS 4202 EAST FOWLER AVENUE ALC100 - TAMPA, FL 33620	**_***9015	501(C)(3)	5,570.	0.			EDUCATION
CHARLOTTE COUNTY PUBLIC SCHOOLS - KIDS SWIM - ATTN: ELLEN HARVEY 1445 EDUCATION WAY - PORT CHARLOTTE, FL 33948	**_***0539		25,000.	0.			EDUCATION
UNIVERSITY OF FLORIDA FOUNDATION, INC. - ATTN: GIFT PROCESSING PO BOX 14425 - GAINESVILLE, FL 32604-2425	**_***4739	501(C)(3)	21,000.	0.			EDUCATION
NAMI YAVAPAI COUNTY ATTN: KATHY BASHOR, PRESIDENT PO BOX 11962 - PRESCOTT, AZ 86304-1962	**_***8813	501(C)(3)	5,500.	0.			HUMAN SERVICES
SARASOTA COALITION ON SUBSTANCE ABUSE, INC. - ATTN: SHERRI REYNOLDS 446 CAMILLE DRIVE - OSPREY, FL 34229	**_***4957	501(C)(3)	6,000.	0.			HUMAN SERVICES
H. LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE FOUNDATION, INC. - ATTN: SUZANNE KNAPP PO BOX 23827 - TAMPA, FL 33623-3827	**_***8636	501(C)(3)	71,306.	0.			HEALTH
ROTARY CLUB OF SARASOTA BAY FOUNDATION, INC. - C/O CAVANAUGH AND CO. LLP-CPA'S 2381 FRUITVILLE ROAD - SARASOTA, FL 34237	**_***7165	501(C)(3)	15,532.	0.			CIVIC

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SARASOTA MUSIC CLUB C/O JOHN FISCHER 7459 CABBAGE PALM SARASOTA, FL 34241	**-***1607	501(C)(3)	26,000.	0.			ARTS & CULTURE
TRUSTEES OF BOSTON UNIVERSITY C/O JP MORGAN CHASE & CO. - GIFT PROCESSING PO BOX 22605 - NEW YORK, NY 100	**-***3547	501(C)(3)	5,100.	0.			EDUCATION
URBAN OUTREACH CENTER OF NYC C/O REV. JORDAN TARWATER 1745 1ST A NEW YORK, NY 10128	**-***2308	501(C)(3)	25,000.	0.			HUMAN SERVICES
GLOBAL CITIZEN ADVENTURE CORPS C/O STACIE D. FREEMAN PO BOX 53 DRESDEN, TN 38225	**-***5848	501(C)(3)	50,000.	0.			HUMAN SERVICES
SARASOTA LAWN BOWLING CLUB, INC. C/O TED BEILMAN, TREASURER 1715 S. SARASOTA, FL 34239	**-***9382		7,687.	0.			CIVIC
FELLOWSHIP OF CHRISTIAN ATHLETES, INC. (AKA GULF COAST FCA) - C/O THE BRIDGE CHURCH 720 COMMERCE DRIVE - VENICE, FL 34293	**-***0626	501(C)(3)	10,000.	0.			CIVIC
MASSACHUSETTS GENERAL HOSPITAL DEVELOPMENT OFFICE-MASS. EYE AND EAR 243 CHARLES STREET BOSTON - BOSTON, MA	**-***4655	501(C)(3)	20,150.	0.			HEALTH
CORNELL UNIVERSITY DIVISION OF ALUMNI AFFAIRS & DEVELOPMENT 130 E. SENECA STREET SUITE 400 - IT	**-***2082		21,300.	0.			EDUCATION
ROSWELL PARK ALLIANCE FOUNDATION ELM AND CARLTON STREETS BUFFALO, NY 14263	**-***1608	501(C)(3)	12,000.	0.			CIVIC

Schedule I (Form 990)



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ALZHEIMER'S RESEARCH FOUNDATION, FISHER CENTER - FDR STATION PO BOX 220 - NEW YORK, NY 10150, NY 10150	**-***9563	501(C)(3)	6,000.	0.			HUMAN SERVICES
COLGATE UNIVERSITY GIFT RECORDS 13 OAK DRIVE HAMILTON, NY 13346	**-***2078	501(C)(3)	10,000.	0.			EDUCATION
PARALYZED VETERANS OF AMERICA NATIONAL PROCESSING CENTER PO BOX 7 TOPEKA, KS 66675-8542	**-***6868	501(C)(3)	19,755.	0.			CIVIC
GRANITE UNITED WAY ONE COURT STREET SUITE 370 LEBANON, NH 03766	**-***6033	501(C)(3)	20,000.	0.			HUMAN SERVICES
THE TURN ONE GOLFVIEW LANE NORTH OLMSTED, OH 44070	**-***9665	501(C)(3)	10,000.	0.			HUMAN SERVICES
SARASOTA COUNTY SCHOOL BOARD - VENICE HIGH SCHOOL - ONE INDIAN AVENUE - VENICE, FL 34285	**-***7028		12,079.	0.			EDUCATION
DARTMOUTH HITCHCOCK ONE MEDICAL CENTER DRIVE ATTN: ANNUAL FUND - LEBANON, NH 03756-0001	**-***2335	501(C)(3)	10,000.	0.			EDUCATION
THE TOWER FOUNDATION OF SAN JOSE STATE UNIVERSITY - ONE WASHINGTON SQUARE - SAN JOSE, CA 95192-0184	**-***3915	501(C)(3)	225,000.	0.			EDUCATION
VENICE CHORALE, INC. P.O. BOX 1004 VENICE, FL 34284	**-***6470	501(C)(3)	5,652.	0.			ARTS & CULTURE

Schedule I (Form 990)

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LEAGUE OF WOMEN VOTERS OF FLORIDA EDUCATION FUND, INC. - P.O. BOX 1911 - ORLANDO, FL 32802	**-***5724	501(C)(3)	150,000.	0.			CIVIC
CYCLIC VOMITING SYNDROME ASSOCIATION, INC. - P.O. BOX 270341 - MILWAUKEE, WI 53227	**-***7509	501(C)(3)	20,000.	0.			HEALTH
SARASOTA JEWISH THEATRE, INC. P.O. BOX 3395 SARASOTA, FL 34230	**-***4787	501(C)(3)	11,000.	0.			ARTS & CULTURE
MANASOTA ASALH, INC P.O. BOX 2356 SARASOTA, FL 34230	**-***9420	501(C)(3)	10,000.	0.			CIVIC
THE STISSING CENTER PO BOX 1024 PINE PLAINS, NY 12567	**-***5907	501(C)(3)	10,000.	0.			ARTS & CULTURE
SECOND CHANCE LAST OPPORTUNITY, INC. - PO BOX 1027 - SARASOTA, FL 34230	**-***9257	501(C)(3)	5,300.	0.			HUMAN SERVICES
SECURE COMMUNITY NETWORK, INC. PO BOX 10303 CHICAGO, IL 60610	**-***7733	501(C)(3)	10,000.	0.			CIVIC
ISLAND SCHOOL FOUNDATION, INC. PO BOX 1090 BOCA GRANDE, FL 33921-1505	**-***5575	501(C)(3)	10,000.	0.			EDUCATION
RMGA, INC. PO BOX 1119 PINEHURST, NC 28370	**-***3599		25,000.	0.			HUMAN SERVICES

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RACQUET UP DETROIT PO BOX 11404 DETROIT, MI 48211	**_***0275	501(C)(3)	33,313.	0.			HUMAN SERVICES
SARASOTA BAY WATCH, INC. PO BOX 1141 OSPREY, FL 34229-1141	**_***1889	501(C)(3)	9,000.	0.			ENVIRONMENT
VENICE HERITAGE, INC. PO BOX 1190 VENICE, FL 34284-1190	**_***7496	501(C)(3)	24,308.	0.			ARTS & CULTURE
FRIENDS OF BOCA GRANDE COMMUNITY CENTER, INC. - PO BOX 1222 - BOCA GRANDE, FL 33921	**_***8741	501(C)(3)	35,000.	0.			HUMAN SERVICES
SOUTH BRONX UNITED, INC. PO BOX 1267 BRONX, NY 10451-1267	**_***4041	501(C)(3)	37,500.	0.			HUMAN SERVICES
CITADELLE ART FOUNDATION PO BOX 1303 CANADIAN, TX 79014	**_***1223	501(C)(3)	118,387.	0.			ARTS & CULTURE
CAROLINA JEWS FOR JUSTICE PO BOX 1344 DURHAM, NC 27702	**_***2132	501(C)(3)	10,000.	0.			HUMAN SERVICES
ME STRONG PO BOX 1353 DELAND, FL 32721	**_***3168	501(C)(3)	52,189.	0.			HUMAN SERVICES
FAMILY HEALTH CENTERS OF SW FLORIDA, INC. - PO BOX 1357 - FT. MYERS, FL 33902-1357	**_***1273	501(C)(3)	75,000.	0.			HEALTH

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VENICE AREA AUDUBON SOCIETY, INC. PO BOX 1381 VENICE, FL 34284	**-***0895	501(C)(3)	14,846.	0.			ENVIRONMENT
THE VENICE SYMPHONY, INC. PO BOX 1561 VENICE, FL 34284	**-***0244	501(C)(3)	55,150.	0.			ARTS & CULTURE
GRATITUDEAMERICA PO BOX 16956 FERNANDINA BEACH, FL 32035	**-***9258	501(C)(3)	10,150.	0.			HUMAN SERVICES
AMERICAN CANCER SOCIETY, INC. - TAMPA - PO BOX 17127 - TAMPA, FL 33682	**-***8491	501(C)(3)	10,303.	0.			HEALTH
DICKINSON COLLEGE PO BOX 1773 CARLISLE, PA 17013-2896	**-***5954		20,000.	0.			EDUCATION
LIBRARY FOUNDATION FOR SARASOTA COUNTY, INC. - PO BOX 17903 - SARASOTA, FL 34276-0903	**-***5429	501(C)(3)	85,250.	0.			EDUCATION
BOYS AND GIRLS CLUB OF THE PLATEAU PO BOX 1812 CASHIERS, NC 28717	**-***6895	501(C)(3)	25,000.	0.			HUMAN SERVICES
STATE COLLEGE OF FLORIDA FOUNDATION, INC. - PO BOX 1849 - BRADENTON, FL 34206	**-***3274	501(C)(3)	150,500.	0.			EDUCATION
STATE COLLEGE OF FLORIDA, MANATEE - SARASOTA - PO BOX 1849 - BRADENTON, FL 34206	**-***3274	501(C)(3)	25,000.	0.			EDUCATION

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TRANSITION SARASOTA, INC. PO BOX 1861 SARASOTA, FL 34230	**_***2533	501(C)(3)	6,475.	0.			ENVIRONMENT
VALERIE'S HOUSE, INC. PO BOX 1955 FT. MYERS, FL 33902	**_***1240	501(C)(3)	20,000.	0.			HUMAN SERVICES
YALE UNIVERSITY PO BOX 2038 OFFICE OF DEVELOPMENT NEW HAVEN, CT 06521-2038	**_***6973		100,000.	0.			EDUCATION
AMERICAN FRIENDS OF LEKET ISRAEL, INC. - PO BOX 2090 - TEANECK, NJ 07666	**_***2424	501(C)(3)	22,140.	0.			HUMAN SERVICES
CONGREGATION KOL HANESHAMA, INC. PO BOX 21655 SARASOTA, FL 34276-4655	**_***0090	501(C)(3)	25,800.	0.			HUMAN SERVICES
OUR MOTHER'S HOUSE, DIOCESE OF VENICE, INC. - PO BOX 2240 - VENICE, FL 34284	**_***3176		11,550.	0.			HUMAN SERVICES
BOCA GRANDE HEALTH CLINIC FOUNDATION, INC. - PO BOX 2340 - BOCA GRANDE, FL 33921	**_***0149	501(C)(3)	96,000.	0.			EDUCATION
SEDALIA SCHOOL DISTRICT FOUNDATION, INC. - PO BOX 2505 - SEDALIA, MO 65302-2505	**_***3783	501(C)(3)	7,000.	0.			EDUCATION
ALBANY PARK THEATRE PROJECT PO BOX 25072 CHICAGO, IL 60625	**_***5560	501(C)(3)	15,000.	0.			ARTS & CULTURE

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WSLR, INC. PO BOX 2540 SARASOTA, FL 34230	**-***5148	501(C)(3)	7,000.	0.			ARTS & CULTURE
EMBRACING OUR DIFFERENCES, INC. PO BOX 2559 SARASOTA, FL 34230-2559	**-***1293	501(C)(3)	188,000.	0.			ARTS & CULTURE
PROJECT 180 SARASOTA, INC. PO BOX 25684 SARASOTA, FL 34277-2684	**-***2460	501(C)(3)	15,000.	0.			HUMAN SERVICES
THE SALVATION ARMY OF SARASOTA COUNTY - PO BOX 2792 - SARASOTA, FL 34230	**-***0607		256,839.	0.			HUMAN SERVICES
ISTS - ACCOUNTING TEAM PO BOX 282371 NASHVILLE, TN 37228	**-***7492		667,600.	0.			EDUCATION
JOHANN FUST LIBRARY FOUNDATION, INC. - PO BOX 309 1040 WEST 10TH STREET - BOCA GRANDE, FL 33921	**-***1994	501(C)(3)	5,500.	0.			ARTS & CULTURE
KIDS' NEEDS GREATER ENGLEWOOD FL, INC. - PO BOX 3203 - PLACIDA, FL 33946	**-***1844	501(C)(3)	6,000.	0.			CIVIC
EIGHT DAYS OF HOPE INC. PO BOX 3208 TUPELO, MS 38803-3208	**-***2540	501(C)(3)	20,000.	0.			HUMAN SERVICES
PERLMAN MUSIC PROGRAM SUNCOAST, INC. - PO BOX 3407 - SARASOTA, FL 34230-3407	**-***4384	501(C)(3)	11,700.	0.			ARTS & CULTURE

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ASSOCIATION FOR THE ADVANCEMENT OF INTERNATIONAL EDUCATION - PO BOX 3496 - PRINCETON, NJ 08543-3496	**_***8267	501(C)(3)	14,436.	0.			HUMAN SERVICES
NORTH EAST COMMUNITY CENTER PO BOX 35 MILLERTON, NY 12546	**_***6237	501(C)(3)	10,000.	0.			HUMAN SERVICES
NATIONAL COUNCIL OF JEWISH WOMEN, SARASOTA-MANATEE SECTION - PO BOX 3641 - SARASOTA, FL 34230-3641	**_***0872	501(C)(3)	6,650.	0.			CIVIC
DOLLARS FOR MAMMOGRAMS, INC. PO BOX 366 ENGLEWOOD, FL 34295-0366	**_***3063	501(C)(3)	33,443.	0.			HEALTH
COMMUNITY ASSISTED AND SUPPORTIVE LIVING, INC. - PO BOX 3679 - SARASOTA, FL 34230-3679	**_***6626	501(C)(3)	8,000.	0.			HUMAN SERVICES
GOLDEN RETRIEVER RESCUE OF SOUTHWEST FLORIDA - PO BOX 368186 - BONITA SPRINGS, FL 34136	**_***5452	501(C)(3)	10,000.	0.			CIVIC
CARNEGIE MELLON UNIVERSITY PO BOX 371525 PITTSBURGH, PA 15251-7525	**_***9449		12,500.	0.			EDUCATION
MOUNT CARMEL AREA RESCUE SQUAD PO BOX 372 MOUNT CARMEL, PA 17851-0372	**_***0358	501(C)(3)	15,000.	0.			HUMAN SERVICES
AMERICAN NATIONAL RED CROSS PO BOX 37839 BOONE, IA 50037-0839	**_***6605	501(C)(3)	6,711.	0.			CIVIC

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CHARLOTTE COUNTY HOMELESS COALITION - PO BOX 380157 - MURDOCK, FL 33938-0157	**-***9525	501(C)(3)	100,000.	0.			HUMAN SERVICES
TRULY VALUED, INC. PO BOX 381 PALMETTO, FL 34220	**-***5747	501(C)(3)	7,000.	0.			EDUCATION
LEBANON OPERA HOUSE PO BOX 384 LEBANON, NH 03766	**-***8277	501(C)(3)	100,000.	0.			ARTS & CULTURE
SECOND HEART HOMES, INC. PO BOX 3886 BRADENTON, FL 34230-3886	**-***8246	501(C)(3)	12,700.	0.			HUMAN SERVICES
RINGLING COLLEGE LIBRARY ASSOCIATION, INC. - PO BOX 4071 - SARASOTA, FL 34230	**-***3628	501(C)(3)	36,000.	0.			EDUCATION
HARVARD BUSINESS SCHOOL PO BOX 412275 BOSTON, MA 02241-2275	**-***3580		100,500.	0.			EDUCATION
FLORIDA WINEFEST & AUCTION, INC. PO BOX 4193 SARASOTA, FL 34230-4193	**-***5486	501(C)(3)	10,000.	0.			CIVIC
ICARD, MERRILL, CULLIS, TIMM, FUREN & GINSBURG, P.A. - PO BOX 4195 - SARASOTA, FL 34230	**-***8499		6,096.	0.			CIVIC
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO FOUNDATION - PO BOX 45339 - SAN FRANCISCO, CA 94145-0339	**-***9914		20,000.	0.			EDUCATION

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INTERLINK MINISTRIES INC. PO BOX 460 APPLE CREEK, OH 44606-0460	**-***0949		5,076.	0.			CIVIC
TAKE STOCK IN CHILDREN OF SARASOTA COUNTY, INC. - PO BOX 48186 - SARASOTA, FL 34230	**-***2774	501(C)(3)	235,621.	0.			HUMAN SERVICES
TEEN COURT OF SARASOTA, INC. PO BOX 48927 SARASOTA, FL 34230-5927	**-***8304	501(C)(3)	10,750.	0.			HUMAN SERVICES
JOHNS HOPKINS UNIVERSITY AND MEDICINE - PO BOX 49143 ATTN: GIFT DONATIONS - BALTIMORE, MD 21297-9143	**-***5110	501(C)(3)	31,000.	0.			EDUCATION
LEE & BOB PETERSON FOUNDATION, INC. AKA SUNSHINE FROM DARKNESS - PO BOX 49201 - SARASOTA, FL 34230	**-***3361	501(C)(3)	36,050.	0.			HUMAN SERVICES
CHILDREN'S GUARDIAN FUND, INC. PO BOX 49722 SARASOTA, FL 34230-6722	**-***6074	501(C)(3)	19,547.	0.			CIVIC
IMPACT 100 SRQ, INC. PO BOX 49887 SARASOTA, FL 34230-6887	**-***4541	501(C)(3)	6,400.	0.			HUMAN SERVICES
LAUREL CIVIC ASSOCIATION, INC. PO BOX 511 LAUREL, FL 34272-0511	**-***7752	501(C)(3)	15,350.	0.			HUMAN SERVICES
YOUNG LIFE OF CHARLOTTE COUNTY PO BOX 512529 PUNTA GORDA, FL 33951-2529	**-***5934	501(C)(3)	10,717.	0.			HUMAN SERVICES

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BOCA GRANDE UNITED METHODIST CHURCH - PO BOX 524 - BOCA GRANDE, FL 33921-0524	**-***1539		213,000.	0.			CIVIC
UNITED WAY OF LACKAWANNA AND WAYNE COUNTIES - PO BOX 526 615 JEFFERSON AVENUE - SCRANTON, PA 18510-1630	**-***4164	501(C)(3)	10,000.	0.			CIVIC
PRINCETON UNIVERSITY PO BOX 5357 ATTN: FINANCE OFFICE PRINCETON, NJ 08543	**-***4501	501(C)(3)	11,000.	0.			EDUCATION
LA MUSICA DI ASOLO, INC. PO BOX 5442 SARASOTA, FL 34277	**-***5948	501(C)(3)	7,500.	0.			ARTS & CULTURE
ENGLEWOOD AREA YOUTH BASEBALL PO BOX 605 ENGLEWOOD, FL 34295-0605	**-***8243	501(C)(3)	10,000.	0.			CIVIC
BARRIER ISLAND PARKS SOCIETY, INC. PO BOX 637 BOCA GRANDE, FL 33921-0637	**-***7405	501(C)(3)	37,000.	0.			ENVIRONMENT
BOCA GRANDE WOMAN'S CLUB, INC. PO BOX 65 BOCA GRANDE, FL 33921	**-***7546	501(C)(3)	115,000.	0.			CIVIC
AMERICAN CANCER SOCIETY, INC. PO BOX 6704 HAGERSTOWN, MD 73123	**-***8491	501(C)(3)	22,980.	0.			HEALTH
AMERICAN CANCER SOCIETY - NATIONAL HOME OFFICE - PO BOX 6704 - HAGERSTOWN, MD 21741	**-***8491	501(C)(3)	11,413.	0.			HEALTH

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AWAKEN CHURCH OF NORTH PORT INC. PO BOX 6907 NORTH PORT, FL 34290	**_***6457	501(C)(3)	10,000.	0.			RELIGIOUS
OHIO STATE UNIVERSITY FOUNDATION PO BOX 710811 COLUMBUS, OH 43271-0811	**_***5986	501(C)(3)	245,000.	0.			EDUCATION
LYMEDISEASE.ORG PO BOX 716 SAN RAMON, CA 94583	**_***4101	501(C)(3)	6,000.	0.			HEALTH
KIWANIS FOUNDATION OF NORTH PORT, INC. - PO BOX 7222 - NORTH PORT, FL 34290-0222	**_***2432	501(C)(3)	8,000.	0.			HUMAN SERVICES
ENGLEWOOD MEALS ON WHEELS PO BOX 782 ENGLEWOOD, FL 34295	**_***4735	501(C)(3)	15,955.	0.			HUMAN SERVICES
GREAT BARRINGTON PUBLIC THEATRE, INC. - PO BOX 825 - GREAT BARRINGTON, MA 01230	**_***6546	501(C)(3)	10,000.	0.			ARTS & CULTURE
BALLARD SPAHR LLP PO BOX 825470 PHILADELPHIA, PA 19182-5470	**_***2195		10,746.	0.			CIVIC
TIDES FOUNDATION PO BOX 889389 LOS ANGELES, CA 90088-9389	**_***8509	501(C)(3)	7,500.	0.			CIVIC
SPECIAL OPERATIONS WARRIOR FOUNDATION - PO BOX 89367 - TAMPA, FL 33689	**_***3585	501(C)(3)	6,000.	0.			EDUCATION

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FALL CREEK LEADERSHIP FOUNDATION, INC. - PO BOX 899 - MARION, IN 46952	**-***3822	501(C)(3)	36,000.	0.			HUMAN SERVICES
CONSERVATION FOUNDATION OF THE GULF COAST, INC. - PO BOX 902 - OSPREY, FL 34229-0902	**-***5249	501(C)(3)	125,647.	0.			ENVIRONMENT
BRANDEIS UNIVERSITY PO BOX 9110 WALTHAM, MA 02454-9110	**-***3552		10,000.	0.			EDUCATION
OZAUKEE WASHINGTON LAND TRUST, INC. - PO BOX 917 - WEST BEND, WI 53095-0917	**-***1288	501(C)(3)	10,000.	0.			ENVIRONMENT
WUSF PUBLIC MEDIA PO BOX 917134 ORLANDO, FL 32891-7134	**-***9015	501(C)(3)	25,070.	0.			ARTS & CULTURE
GLENVILLE-CASHIERS RESCUE SQUAD, INC. - PO BOX 919 - CASHIERS, NC 28717-0919	**-***1972	501(C)(3)	30,000.	0.			HUMAN SERVICES
ELK COUNTY COMMUNITY FOUNDATION PO BOX 934 ST. MARYS, PA 15857	**-***9637	501(C)(3)	6,566.	0.			HUMAN SERVICES
JEWISH NATIONAL FUND USA PO BOX 971054 ATTN: JOSH MELLITS BOCA RATON, FL 33497	**-***9627	501(C)(3)	26,070.	0.			HUMAN SERVICES
PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. - PO BOX 97166 - WASHINGTON, DC 20090-7166	**-***4147	501(C)(3)	12,600.	0.			HEALTH

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOCA GRANDE ART CENTER, INC. PO BOX 979 BOCA GRANDE, FL 33921	**-***8103	501(C)(3)	14,202.	0.			ARTS & CULTURE
ENVIRONMENTAL DEFENSE FUND, INC. PO BOX 98051 WASHINGTON, DC 20077-7004	**-***7128	501(C)(3)	15,979.	0.			ENVIRONMENT
PARTNERS IN HEALTH PO BOX 996 FREDERICK, MD 21705-9942	**-***7502	501(C)(3)	7,600.	0.			HUMAN SERVICES
NEW COLLEGE FOUNDATION, INC. THE KEATING CENTER 5800 BAY SHORE R SARASOTA, FL 34243	**-***1744		105,792.	0.			EDUCATION
JACK MILLER CENTER FOR TEACHING AMERICA'S FOUNDING PRINCIPLES AND HISTORY - THREE BALA PLAZA WEST SUITE 401 - BALA CYNWYD, PA 19004	**-***7689	501(C)(3)	10,000.	0.			EDUCATION

**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	261	720,855.	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

AN APPLICATION IS RECEIVED AND REVIEWED. THE APPLICANT IS CHECKED TO ENSURE THAT THEY MEET THE GRANT REQUIREMENTS. IF THEY ARE AWARDED A COMPETITIVE GRANT, FOLLOW-UP REPORTS MAY BE REQUIRED TO MAKE SURE THE GRANT MONEY WAS USED THE WAY IT WAS INTENDED.

**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

**2022**

Open to Public  
Inspection

Name of the organization

**GULF COAST COMMUNITY FOUNDATION, INC.**

Employer identification number

**\*\* - \*\*\* 2433**

**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 checked="" 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 checked="" 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>	X	
<b>2</b>	X	
<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) 2022

**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 and/or 1099-NEC 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) MARK PRITCHETT FORMER PRESIDENT/CEO	(i)	279,414.	25,000.	22,300.	12,069.	9,167.	347,950.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CHRIS STOBAUGH CFO	(i)	204,502.	16,000.	8,921.	8,537.	3,030.	240,990.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) VERONICA THAMES COO	(i)	218,391.	20,000.	8,921.	9,092.	2,959.	259,363.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JON THAXTON SENIOR VP FOR COMMUNITY IN	(i)	225,886.	20,000.	1,800.	9,107.	20,724.	277,517.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) KRISTIN M FULKERSON SENIOR VP FOR PHILANTHROPY	(i)	164,910.	20,000.	1,800.	6,668.	18,231.	211,609.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**Part III** Supplemental Information

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

[This area contains horizontal lines for supplemental information and a large diagonal watermark reading "CLIENT COPY".]

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**

Open to Public Inspection

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.

Department of the Treasury  
Internal Revenue Service

Name of the organization

**GULF COAST COMMUNITY FOUNDATION, INC.**

Employer identification number

**\*\* - \*\*\* 2433**

**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	202	17,078,664. FMV	
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

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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

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

b If "Yes," describe in Part II.

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

	Yes	No
30a		X
31	X	
32a	X	

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

Schedule M (Form 990) 2022

**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  
MANAGER PROCESSING AND SELLING STOCK CONTRIBUTIONS

CLIENT COPY

**SCHEDULE O  
(Form 990)**

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

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

GULF COAST COMMUNITY FOUNDATION, INC.

Employer identification number

\*\*-\*\*\*2433

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

WHO WERE MOST IMPACTED BY HURRICANE IAN.

2) CONVENING STAKEHOLDERS TO BUILD A SYSTEM OF ACCESSIBLE, INTEGRATED,  
AND TRAUMA-INFORMED SERVICES AND FAMILY SUPPORTS TO MEET THE MENTAL  
HEALTH NEEDS OF CHILDREN, YOUTH, AND YOUNG ADULTS IN SARASOTA COUNTY.

3) CONVENING, LEADING, AND FUNDING STRATEGIC PROJECTS TO IMPROVE  
ENVIRONMENTAL QUALITY IN THE GULF COAST REGION AND EDUCATE CITIZENS ON  
THE BENEFITS OF A HEALTHY ENVIRONMENT.

4) INVESTING IN SUSTAINABLE REDEVELOPMENT OF THE SARASOTA BAYFRONT  
THROUGH THE PUBLIC-PRIVATE PARTNERSHIP CREATING THE BAY PARK.

5) IMPROVING AND BETTER COORDINATING SERVICES FOR CHRONICALLY HOMELESS  
ADULTS AND UNACCOMPANIED HOMELESS YOUTH IN SARASOTA COUNTY.

6) STRENGTHENING THE BOARD GOVERNANCE AND OPERATIONAL EFFECTIVENESS OF  
NONPROFIT ORGANIZATIONS THROUGHOUT OUR REGION (INVEST IN INCREDIBLE).

7) HELPING FIRST GRADERS IN SARASOTA COUNTY SCHOOLS WHO STRUGGLE THE  
MOST WITH READING AND WRITING THROUGH INTENSIVE LITERACY INTERVENTION  
(READING RECOVERY).

8) ADVOCATING FOR THE ADOPTION AND IMPLEMENTATION OF THE CURRENT  
RECOMMENDATIONS OF SARASOTA COUNTY'S AFFORDABLE HOUSING ADVISORY  
COMMITTEE, PARTICULARLY EXPLORING THE CREATION OF A LOCAL AFFORDABLE  
HOUSING TRUST FUND.

GULF COAST ALSO FUNDS A VARIETY OF GRANTS TO SUPPORT THE WORK OF  
NONPROFIT ORGANIZATIONS IN THE REGION. GRANT PROGRAMS INCLUDE LEVERAGED  
GRANTS, WHICH FUND COLLABORATIVE PROJECTS AND PROGRAMS THAT TARGET  
REGIONAL PRIORITIES IN MEASURABLE WAYS; COMMUNITY GRANTS, WHICH FUND  
SMALLER PROJECTS AND NEEDS AT REGIONAL NONPROFIT ORGANIZATIONS THAT CAN

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

Schedule O (Form 990) 2022

Name of the organization

GULF COAST COMMUNITY FOUNDATION, INC.

Employer identification number

\*\*-\*\*\*2433

HAVE SIGNIFICANT IMPACT IN THE COMMUNITY; AND ARTS APPRECIATION GRANTS, WHICH PROVIDE UNRESTRICTED FUNDING TO CORNERSTONE ARTS AND CULTURAL ORGANIZATIONS IN THE REGION.

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

THE FORM 990 IS REVIEWED BY THE CFO AFTER IT IS PREPARED. AFTER THE CFO'S REVIEW, IT IS POSTED TO THE BOARD MESSAGE CENTER FOR ALL BOARD MEMBERS FOR REVIEW. BOTH THE AUDIT & RISK OVERSIGHT COMMITTEE AND THE FULL BOARD APPROVE THE FORM 990 PRIOR TO ITS FILING.

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

THE POLICY IS GIVEN TO EVERY BOARD MEMBER ANNUALLY AND THE BOARD MEMBER IS REQUIRED TO SIGN IT ATTESTING HE/SHE HAS READ AND UNDERSTANDS THE PROVISIONS. PERSONS COVERED ARE BOARD MEMBERS, BOARD MEMBER'S BUSINESS ASSOCIATES, AND BOARD MEMBER'S FAMILY BUSINESS ASSOCIATES. ASSOCIATE MEANS AN ORGANIZATION, CORPORATION, PARTNERSHIP, JOINT VENTURE, PROPRIETORSHIP OR OTHER ENTITY OR ASSOCIATE WITH RESPECT TO EITHER THE BOARD MEMBER OR BOARD MEMBER'S FAMILY. FAMILY MEMBERS INCLUDE SPOUSE, PARENTS, SIBLINGS, AUNTS/UNCLES, CHILDREN, DOMESTIC PARTNER, AND ANY PERSON RESIDING IN THE BOARD MEMBER'S HOUSEHOLD.

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

THE COMPENSATION COMMITTEE ANNUALLY REVIEWS THE COMPENSATION OF THE CEO AND ALL KEY EMPLOYEES AND COMPARES IT WITH MARKET STUDIES PRIOR TO MAKING A RECOMMENDATION.

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

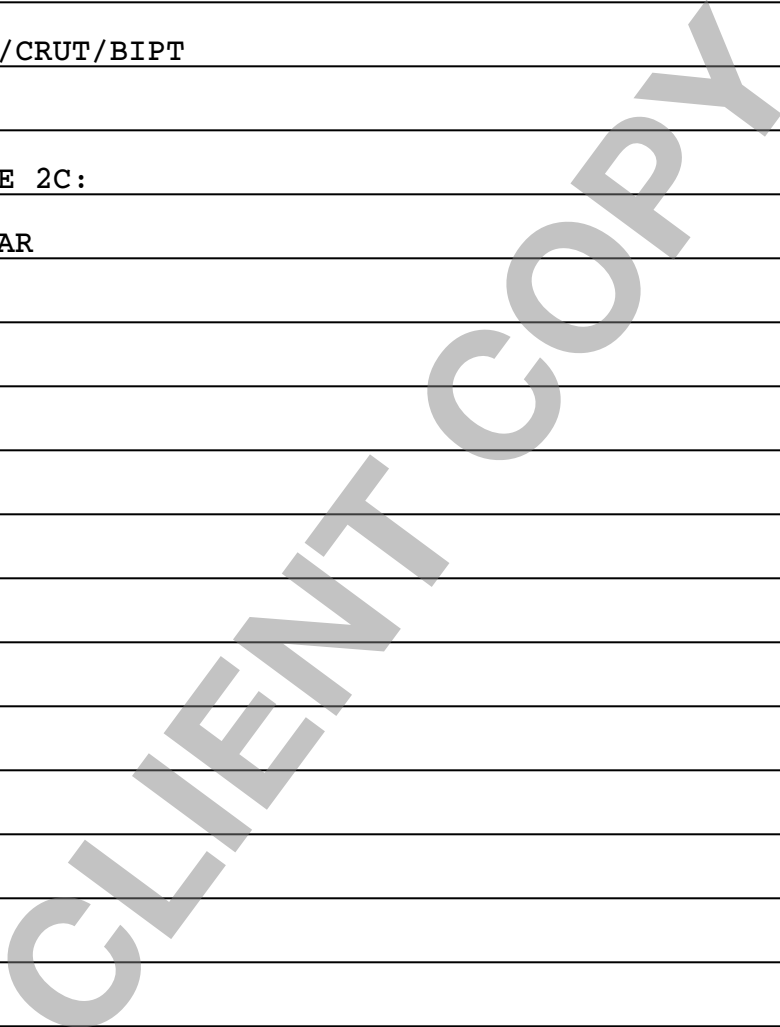
THE ORGANIZATION MAKES GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY

Name of the organization GULF COAST COMMUNITY FOUNDATION, INC.	Employer identification number **-***2433
---	--

AVAILABLE UPON REQUEST. THE ORGANIZATION'S FINANCIAL STATEMENTS ARE  
AVAILABLE ON THE ORGANIZATION'S WEBSITE OR UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:  
CHANGE IN VALUE OF CRAT/CRUT/BIPT -345,505.

FORM 990, PART XII, LINE 2C:  
NO CHANGE FROM 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

**2022**

**Open to Public  
Inspection**

Name of the organization **GULF COAST COMMUNITY FOUNDATION, INC.** Employer identification number **\*\*-\*\*\*2433**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
THE VENICE ENDOWMENT, INC. - 59-0668991 601 S TAMIAMI TRAIL VENICE, FL 34285	SUPPORT GULF COAST COMMUNITY FOUNDATION	FLORIDA	501(C)(3)	LINE 12B, II	GULF COAST COMMUNITY FOUNDATION, INC		X
GULF COAST STRATEGIC INVESTMENTS, INC. - 20-2651678, 601 S TAMIAMI TRAIL, VENICE, FL 34285	HOLD COMPLEX ASSETS TO SUPPORT GULF COAST COMMUNITY FOUNDATION	FLORIDA	501(C)(3)	LINE 12B, II	GULF COAST COMMUNITY FOUNDATION, INC		X
S & G MOORE FAMILY FOUNDATIONS, INC. - 45-4488464, 601 S TAMIAMI TRAIL, VENICE, FL 34285	CARRY OUT THE CHARITABLE PURPOSE OF GULF COAST COMMUNITY FOUNDATION	FLORIDA	501(C)(3)	LINE 12B, II	GULF COAST COMMUNITY FOUNDATION, INC		X

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

Schedule R (Form 990) 2022

**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.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

	Yes	No
<b>1a</b>		X
<b>1b</b>		X
<b>1c</b>	X	
<b>1d</b>		X
<b>1e</b>		X
<b>1f</b>		X
<b>1g</b>		X
<b>1h</b>		X
<b>1i</b>		X
<b>1j</b>		X
<b>1k</b>		X
<b>1l</b>	X	
<b>1m</b>		X
<b>1n</b>	X	
<b>1o</b>	X	
<b>1p</b>		X
<b>1q</b>		X
<b>1r</b>		X
<b>1s</b>		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
<b>(1)</b>	GULF COAST STRATEGIC INVESTMENTS	C	12,874.	
<b>(2)</b>				
<b>(3)</b>				
<b>(4)</b>				
<b>(5)</b>				
<b>(6)</b>				

**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.

CLIENT COPY

UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2023

Name GULF COAST COMMUNITY FOUNDATION, INC.	Employer Identification Number **-***2433
---	--

Based on the information provided with this return, the following are possible carryover amounts to next year.

PASSIVE ACTIVITY LOSS - PLAINS ALL AMERICAN PIPELINE LP - PT	876.
PASSIVE ACTIVITY LOSS - PLAINS ALL AMERICAN PIPELINE LP - PT	50.
FEDERAL POST-2017 NET OPERATING LOSS - INVESTMENTS IN PARTNE	60,975.
FEDERAL PRE-2018 NET OPERATING LOSS	1.
FEDERAL CONTRIBUTION - 50% CASH	2.
FL CONTRIBUTION - 50% CASH	2.

CLIENT COPY

Form **990-W**  
(Worksheet)

**Estimated Tax on Unrelated Business Taxable  
Income for Tax-Exempt Organizations**

**2023**

(and on Investment Income for Private Foundations) FORM 990-T

► Keep for your records. Do not send to the Internal Revenue Service.

1	Unrelated business taxable income expected in the tax year .....	1
2	Tax on the amount on line 1 .....	2
3	Alternative minimum tax for trusts .....	3
4	Total. Add lines 2 and 3 .....	4
5	Estimated tax credits .....	5
6	Subtract line 5 from line 4 .....	6
7	Other taxes .....	7
8	Total. Add lines 6 and 7 .....	8
9	Credit for federal tax paid on fuels .....	9
10a	Subtract line 9 from line 8. <b>Note:</b> If less than \$500, the organization does not need to make estimated tax payments .....	10a
b	Enter the tax shown on the 2022 return. <b>Caution:</b> If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c .....	10b
c	<b>2023 Estimated Tax.</b> Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c .....	10c

		(a)	(b)	(c)	(d)
11	Installment due dates .....	11			
12	Installments. Enter 25% of line 10c in columns (a) through (d) .....	12			
13	2022 Overpayment .....	13			
14	Payment due (Subtract line 13 from line 12) .....	14			

Form **990-W**

Form **8879-TE**

# IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning JUL 1, 2022, and ending JUN 30, 2023

# 2022

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer

**GULF COAST COMMUNITY FOUNDATION, INC.**

EIN or SSN

**\*\* - \*\*\* 2433**

Name and title of officer or person subject to tax

**PHILLIP LANHAM  
PRESIDENT/CEO**

## Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

<b>1a</b> Form 990 check here	<input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b> _____
<b>2a</b> Form 990-EZ check here	<input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9)	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here	<input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22)	<b>3b</b> _____
<b>4a</b> Form 990-PF check here	<input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5)	<b>4b</b> _____
<b>5a</b> Form 8868 check here	<input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c)	<b>5b</b> _____
<b>6a</b> Form 990-T check here	<input checked="" type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4)	<b>6b</b> <u>0.</u>
<b>7a</b> Form 4720 check here	<input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1)	<b>7b</b> _____
<b>8a</b> Form 5227 check here	<input type="checkbox"/>	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D)	<b>8b</b> _____
<b>9a</b> Form 5330 check here	<input type="checkbox"/>	<b>b</b> Tax due (Form 5330, Part II, line 19)	<b>9b</b> _____
<b>10a</b> Form 8038-CP check here	<input type="checkbox"/>	<b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22)	<b>10b</b> _____

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

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

### PIN: check one box only

I authorize HILL, BARTH & KING LLC to enter my PIN 91733  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

## Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**50395812345**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

CLINTON A. SMITH

Date

02/27/24

**ERO Must Retain This Form - See Instructions**

**Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

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

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

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

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>GULF COAST COMMUNITY FOUNDATION, INC.</b>	Taxpayer identification number (TIN) <b>** - *** 2433</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>601 TAMIAMI TRAIL SOUTH</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>VENICE, FL 34285</b>	

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

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

**CHRIS STOBAUGH**

• The books are in the care of ▶ **601 TAMIAMI TRAIL SOUTH - VENICE, FL 34285**

Telephone No. ▶ **941-486-4600** Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 15, 2024**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year \_\_\_\_\_ or
- ▶  tax year beginning **JUL 1, 2022**, and ending **JUN 30, 2023**.

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

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$ <b>8,610.</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$ <b>0.</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$ <b>8,610.</b>

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

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

For calendar year 2022 or other tax year beginning **JUL 1, 2022**, and ending **JUN 30, 2023**

**2022**

Department of the Treasury  
Internal Revenue Service

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

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

**A**  Check box if address changed.

**B** Exempt under section  
 501(c)(3) )  
 408(e)  220(e)  
 408A  530(a)  
 529(a)  529A

**C** Book value of all assets at end of year ..... **443,953,807.**

**D** Employer identification number  
**\*\* - \*\*\* 2433**

**E** Group exemption number (see instructions)

**F**  Check box if an amended return.

**G** Check organization type  501(c) corporation  501(c) trust  401(a) trust  Other trust  State college/university

**H** Check if filing only to  Claim credit from Form 8941  Claim a refund shown on Form 2439

**I** Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation .....

**J** Enter the number of attached Schedules A (Form 990-T) ..... **1**

**K** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation.

**L** The books are in care of **CHRIS STOBAUGH** Telephone number **941-486-4600**

**Part I Total Unrelated Business Taxable Income**

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

**Part II Tax Computation**

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

LHA For Paperwork Reduction Act Notice, see instructions.



**Part III Tax and Payments**

<b>1a</b>	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>1a</b>	
<b>b</b>	Other credits (see instructions)	<b>1b</b>	
<b>c</b>	General business credit. Attach Form 3800 (see instructions)	<b>1c</b>	
<b>d</b>	Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>1d</b>	
<b>e</b>	<b>Total credits.</b> Add lines 1a through 1d	<b>1e</b>	
<b>2</b>	Subtract line 1e from Part II, line 7	<b>2</b>	0.
<b>3</b>	Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	<b>3</b>	
<b>4</b>	<b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	<b>4</b>	0.
<b>5</b>	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	<b>5</b>	0.
<b>6a</b>	Payments: A 2021 overpayment credited to 2022	<b>6a</b>	
<b>b</b>	2022 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	<b>6b</b>	
<b>c</b>	Tax deposited with Form 8868	<b>6c</b>	8,610.
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions)	<b>6d</b>	
<b>e</b>	Backup withholding (see instructions)	<b>6e</b>	
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941)	<b>6f</b>	
<b>g</b>	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	<b>6g</b>	
<b>7</b>	<b>Total payments.</b> Add lines 6a through 6g	<b>7</b>	8,610.
<b>8</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>8</b>	
<b>9</b>	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	<b>9</b>	
<b>10</b>	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	<b>10</b>	8,610.
<b>11</b>	Enter the amount of line 10 you want: <b>Credited to 2023 estimated tax</b> <b>Refunded</b>	<b>11</b>	8,610.

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

<b>1</b>	At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
<b>2</b>	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
<b>3</b>	Enter the amount of tax-exempt interest received or accrued during the tax year \$		
<b>4</b>	Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
<b>5</b>	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code		
	Available post-2017 NOL carryover		
	\$		
	\$		
<b>6a</b>	Did the organization change its method of accounting? (see instructions)		X
<b>b</b>	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

**Sign Here**

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

Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_ Title: **PRESIDENT/CEO**

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

**Paid Preparer Use Only**

Print/Type preparer's name: **CLINTON A. SMITH** Preparer's signature: **CLINTON A. SMITH** Date: **02/27/24** Check  if self-employed PTIN: **P01236261**

Firm's name: **HILL, BARTH & KING LLC** Firm's EIN: **\*\* - \*\*\*7225**

Firm's address: **1777 MAIN STREET SUITE 301 SARASOTA, FL 34236** Phone no.: **(941) 957-4242**

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

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

1  
OMB No. 1545-0047  
**2022**  
Open to Public Inspection for  
501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

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

<b>A</b> Name of the organization <b>GULF COAST COMMUNITY FOUNDATION, INC.</b>	<b>B</b> Employer identification number <b>** - *** 2433</b>
<b>C</b> Unrelated business activity code (see instructions) <b>523000</b>	<b>D</b> Sequence: <b>1</b> of <b>1</b>

**E** Describe the unrelated trade or business **INVESTMENTS IN PARTNERSHIPS**

<b>Part I</b> Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales _____			
<b>b</b> Less returns and allowances _____ <b>c</b> Balance	<b>1c</b>		
<b>2</b> Cost of goods sold (Part III, line 8) .....	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c .....	<b>3</b>		
<b>4 a</b> Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions .....	<b>4a</b>	14.	14.
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts .....	<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) <b>STATEMENT 1</b> .....	<b>5</b>	-60,989.	-60,989.
<b>6</b> Rent income (Part IV) .....	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Part V) .....	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI) .....	<b>8</b>		
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) .....	<b>9</b>		
<b>10</b> Exploited exempt activity income (Part VIII) .....	<b>10</b>		
<b>11</b> Advertising income (Part IX) .....	<b>11</b>		
<b>12</b> Other income (see instructions; attach statement) .....	<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12 .....	<b>13</b>	-60,975.	-60,975.

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

<b>1</b> Compensation of officers, directors, and trustees (Part X) .....	<b>1</b>	
<b>2</b> Salaries and wages .....	<b>2</b>	
<b>3</b> Repairs and maintenance .....	<b>3</b>	
<b>4</b> Bad debts .....	<b>4</b>	
<b>5</b> Interest (attach statement). See instructions .....	<b>5</b>	
<b>6</b> Taxes and licenses .....	<b>6</b>	
<b>7</b> Depreciation (attach Form 4562). See instructions .....	<b>7</b>	
<b>8</b> Less depreciation claimed in Part III and elsewhere on return .....	<b>8a</b>	<b>8b</b>
<b>9</b> Depletion .....	<b>9</b>	
<b>10</b> Contributions to deferred compensation plans .....	<b>10</b>	
<b>11</b> Employee benefit programs .....	<b>11</b>	
<b>12</b> Excess exempt expenses (Part VIII) .....	<b>12</b>	
<b>13</b> Excess readership costs (Part IX) .....	<b>13</b>	
<b>14</b> Other deductions (attach statement) .....	<b>14</b>	
<b>15 Total deductions.</b> Add lines 1 through 14 .....	<b>15</b>	0.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) .....	<b>16</b>	-60,975.
<b>17</b> Deduction for net operating loss. See instructions .....	<b>17</b>	0.
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16 .....	<b>18</b>	-60,975.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

**Part III Cost of Goods Sold** Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	<b>Total.</b> Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)	0.			
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 <b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)	0.			

**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	0.			
9 Allocable deductions. Multiply line 3c by line 6				
10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	0.			
11 <b>Total dividends-received deductions</b> included in line 10	0.			

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

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

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

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

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

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

**Part IX Advertising Income**

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

A  \_\_\_\_\_  
B  \_\_\_\_\_  
C  \_\_\_\_\_  
D  \_\_\_\_\_

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

	A	B	C	D
2 Gross advertising income				
Add columns A through D. Enter here and on Part I, line 11, column (A)				0.

a				
3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B)				0.

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8

5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				

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

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

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	

Total. Enter here and on Part II, line 1

**Part XI Supplemental Information** (see instructions)

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FORM 990-T (A)

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 1

DESCRIPTION	NET INCOME OR (LOSS)
ENTERPRISE PRODUCTS PARTNERS LP - ORDINARY BUSINESS INCOME (LOSS)	301.
FERRELLGAS PARTNERS, L.P. - ORDINARY BUSINESS INCOME (LOSS)	-183.
FERRELLGAS PARTNERS, L.P. - OTHER NET RENTAL INCOME (LOSS)	106.
PLAINS ALL AMERICAN PIPELINE LP - ORDINARY BUSINESS INCOME (LOSS)	-876.
PEPPERTREE CAPITAL FUND IX QP LP - ORDINARY BUSINESS INCOME (LOSS)	-14.
PEPPERTREE CAPITAL FUND IX QP LP - NET RENTAL REAL ESTATE INCOME	-35,392.
PEPPERTREE CAPITAL FUND IX QP LP - OTHER INCOME (LOSS)	-24,931.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	-60,989.

CLIENT COPY

**SCHEDULE D  
(Form 1120)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

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

OMB No. 1545-0123

**2022**

Name **GULF COAST COMMUNITY FOUNDATION, INC.** Employer identification number **\*\*-\*\*\*2433**

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

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

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

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked				<b>-54.</b>
<b>11</b> Enter gain from Form 4797, line 7 or 9				<b>11</b> <b>68.</b>
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37				<b>12</b>
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824				<b>13</b>
<b>14</b> Capital gain distributions				<b>14</b>
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h				<b>15</b> <b>14.</b>

**Part III Summary of Parts I and II**

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

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

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

Social security number or taxpayer identification no.

**GULF COAST COMMUNITY FOUNDATION, INC.**

**\*\* - \*\*\* 2433**

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

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	PLAINS ALL AMERICAN PIPELINE LP							-54.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked) .....								-54.

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



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

Department of the Treasury
Internal Revenue Service

Attach to your tax return.
Go to www.irs.gov/Form4797 for instructions and the latest information.

Name(s) shown on return

Identifying number

GULF COAST COMMUNITY FOUNDATION, INC.

\*\* - \*\*\* 2433

- 1a Enter the gross proceeds from sales or exchanges reported to you for 2022 on Form(s) 1099-B or 1099-S
(or substitute statement) that you are including on line 2, 10, or 20
1b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of
MACRS assets
1c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS
assets

1a

1b

1c

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

Table with 7 columns: (a) Description of property, (b) Date acquired, (c) Date sold, (d) Gross sales price, (e) Depreciation allowed or allowable since acquisition, (f) Cost or other basis, plus improvements and expense of sale, (g) Gain or (loss) Subtract (f) from the sum of (d) and (e). Row 1: SEE STATEMENT 2

- 3 Gain, if any, from Form 4684, line 39
4 Section 1231 gain from installment sales from Form 6252, line 26 or 37
5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824
6 Gain, if any, from line 32, from other than casualty or theft
7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows

3

4

5

6

7

68.

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

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

- 8 Nonrecaptured net section 1231 losses from prior years. See instructions
9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions

8

9

68.

Part II Ordinary Gains and Losses (see instructions)

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

Table with 7 columns: (a) Description of property, (b) Date acquired, (c) Date sold, (d) Gross sales price, (e) Depreciation allowed or allowable since acquisition, (f) Cost or other basis, plus improvements and expense of sale, (g) Gain or (loss) Subtract (f) from the sum of (d) and (e). Rows 10-17 are empty.

- 11 Loss, if any, from line 7
12 Gain, if any, from line 7 or amount from line 8, if applicable
13 Gain, if any, from line 31
14 Net gain or (loss) from Form 4684, lines 31 and 38a
15 Ordinary gain from installment sales from Form 6252, line 25 or 36
16 Ordinary gain or (loss) from like-kind exchanges from Form 8824
17 Combine lines 10 through 16

11

12

13

14

15

16

17

( )

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

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

18a

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

18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

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

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

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

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

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

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

FORM 4797

PROPERTY HELD MORE THAN ONE YEAR

STATEMENT 2

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
ENTERPRISE PRODUCTS PARTNERS LP						-14.
FERRELLGAS PARTNERS, L.P.						132.
PLAINS ALL AMERICAN PIPELINE LP						-50.
TOTAL TO 4797, PART I, LINE 2						68.

CLIENT COPY

**SCHEDULE D  
(Form 1120)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

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

OMB No. 1545-0123

**2022**

Name **GULF COAST COMMUNITY FOUNDATION, INC.** Employer identification number **\*\* - \*\*\* 2433**

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

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

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

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked				<b>-54.</b>
<b>11</b> Enter gain from Form 4797, line 7 or 9				<b>11</b> <b>68.</b>
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37				<b>12</b>
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824				<b>13</b>
<b>14</b> Capital gain distributions				<b>14</b>
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h				<b>15</b> <b>14.</b>

**Part III Summary of Parts I and II**

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

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

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

Social security number or taxpayer identification no.

GULF COAST COMMUNITY FOUNDATION, INC.

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

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

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

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

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

Table with 8 columns: (a) Description of property, (b) Date acquired, (c) Date sold or disposed of, (d) Proceeds (sales price), (e) Cost or other basis, (f) Code(s), (g) Amount of adjustment, (h) Gain or (loss). Includes entries for PLAINS ALL AMERICAN PIPELINE LP with a gain of <54.>

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ..... <54.>

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

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

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

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

Name(s) shown on return

Identifying number

GULF COAST COMMUNITY FOUNDATION, INC.

\*\* - \*\*\* 2433

- 1a Enter the gross proceeds from sales or exchanges reported to you for 2022 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20
b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets
c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets

Table with 2 columns: Line number (1a, 1b, 1c) and Amount.

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

Table with 7 columns: (a) Description of property, (b) Date acquired, (c) Date sold, (d) Gross sales price, (e) Depreciation allowed or allowable since acquisition, (f) Cost or other basis, plus improvements and expense of sale, (g) Gain or (loss). Row 1: SEE STATEMENT 3.

- 3 Gain, if any, from Form 4684, line 39
4 Section 1231 gain from installment sales from Form 6252, line 26 or 37
5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824
6 Gain, if any, from line 32, from other than casualty or theft
7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows

Table with 2 columns: Line number (3, 4, 5, 6, 7) and Amount (68).

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

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

- 8 Nonrecaptured net section 1231 losses from prior years. See instructions
9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions

Table with 2 columns: Line number (8, 9) and Amount (68).

Part II Ordinary Gains and Losses (see instructions)

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

Table with 7 columns: (a) Description of property, (b) Date acquired, (c) Date sold, (d) Gross sales price, (e) Depreciation allowed or allowable since acquisition, (f) Cost or other basis, plus improvements and expense of sale, (g) Gain or (loss).

- 11 Loss, if any, from line 7
12 Gain, if any, from line 7 or amount from line 8, if applicable
13 Gain, if any, from line 31
14 Net gain or (loss) from Form 4684, lines 31 and 38a
15 Ordinary gain from installment sales from Form 6252, line 25 or 36
16 Ordinary gain or (loss) from like-kind exchanges from Form 8824
17 Combine lines 10 through 16

Table with 2 columns: Line number (11, 12, 13, 14, 15, 16, 17) and Amount.

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

- a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions
b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4

Table with 2 columns: Line number (18a, 18b) and Amount.

LHA For Paperwork Reduction Act Notice, see separate instructions.

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

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

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

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

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

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

FORM 4797

PROPERTY HELD MORE THAN ONE YEAR

STATEMENT 3

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
ENTERPRISE PRODUCTS PARTNERS LP						-14.
FERRELLGAS PARTNERS, L.P.						132.
PLAINS ALL AMERICAN PIPELINE LP						-50.
TOTAL TO 4797, PART I, LINE 2						68.

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