

Form **990**Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023
Open to Public Inspection

A For the 2023 calendar year, or tax year beginning , and ending			
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization PINELLAS COMMUNITY FOUNDATION		D Employer identification number 23-7113194
	Doing business as		E Telephone number 727-531-0058
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 17755 US HIGHWAY 19 NORTH SUITE 150		
	City or town, state or province, country, and ZIP or foreign postal code CLEARWATER FL 33764		G Gross receipts \$ 38,890,963
	F Name and address of principal officer: DUGGAN COOLEY, CFRE 17755 US HIGHWAY 19 N, SUITE 150 CLEARWATER FL 33764		H(a) Is this a group return for subordinates <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list See instructions
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (Insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: PINELLASCF.ORG		H(c) Group exemption number	
K Form of organization: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1969 M State of legal domicile: FL	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO IMPROVE THE QUALITY OF LIFE IN OUR COMMUNITY BY BRINGING TOGETHER PHILANTHROPY AND SOLUTIONS TO LOCAL ISSUES.			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11	
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	12	
Revenue	6 Total number of volunteers (estimate if necessary)	6	70	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	9 Program service revenue (Part VIII, line 2g)	3,802,259	9,134,031	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,336,600	4,781,145	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	36,519	19,929	
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,175,378	13,935,105	
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,563,111	10,073,251
		14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		732,210	1,000,366	
16a Professional fundraising fees (Part IX, column (A), line 11e)		0	0	
b Total fundraising expenses (Part IX, column (D), line 25)		253,046	0	
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		1,547,670	1,577,377	
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		7,842,991	12,650,994	
19 Revenue less expenses. Subtract line 18 from line 12		332,387	1,284,111	
Net Assets or Fund Balances		20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
		21 Total liabilities (Part X, line 26)	118,703,653	140,779,030
	22 Net assets or fund balances. Subtract line 21 from line 20	312,710	7,317,304	
		118,390,943	133,461,726	

Part II Signature Block

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

Sign Here	Signature of officer		Date 11/9/24	
	DUGGAN COOLEY, CFRE CEO / SECRETARY Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if PTIN
	PAUL E HOROWITZ		11/09/24	self-employed P01474269
	Firm's name	Firm's EIN		
FRSCPA, PLLC		59-2482214		
Firm's address		Phone no.		
1301 66TH ST N SAINT PETERSBURG, FL 33710-5501		727-347-1120		

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2023)

Form 990 (2023) **PINELLAS COMMUNITY FOUNDATION****23-7113194**Page **2****Part III Statement of Program Service Accomplishments**

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



1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ **12,096,677** including grants of \$ **10,073,251**) (Revenue \$)
SEE SCHEDULE O4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)
N/A4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
N/A

4d Other program services (Describe on Schedule O.)

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

4e Total program service expenses **12,096,677**

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)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? 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? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	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? If "Yes," complete Schedule D, Part VI		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? If "Yes," complete Schedule D, Part VII		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? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		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? If "Yes," complete Schedule F, Parts I and IV	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? If "Yes," complete Schedule F, Parts II and IV	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? If "Yes," complete Schedule F, Parts III and IV		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? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		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? If "Yes," complete Schedule I, Parts I and II	X	

Form 990 (2023) **PINELLAS COMMUNITY FOUNDATION**
Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	33
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

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

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

	1a	11	1b	11	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		11		11		
b Enter the number of voting members included on line 1a, above, who are independent						
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?					2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?					3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?					4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?					5	X
6 Did the organization have members or stockholders?					6	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?					7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?					7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
a The governing body?					8a	X
b Each committee with authority to act on behalf of the governing body?					8b	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					9	X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.	12a	X
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12c	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	13	X
13 Did the organization have a written whistleblower policy?	14	X
14 Did the organization have a written document retention and destruction policy?		
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	15a	X
b Other officers or key employees of the organization	15b	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?	16a	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **FL**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
DUGGAN COOLEY, CFRE **17755 US HIGHWAY 19 N, SUITE 150**
CLEARWATER **FL 33764** **727-531-0058**

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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 dotted 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) DUGGAN COOLEY, CFRE CEO / SECRETARY	40.00 0.00			X				245,000	0	0
(2) BO BRAULT, CPA BOARD MEMBER	1.00 0.00	X						0	0	0
(3) ROBIN DAVIDOV BOARD MEMBER	1.00 0.00	X						0	0	0
(4) ERICA SMITH RODHOUSE ESQ BOARD MEMBER	1.00 0.00	X						0	0	0
(5) JUDGE MYRIAM IRIZARRY CHAIR	1.00 0.00	X		X				0	0	0
(6) MARION RICH BOARD MEMBER	1.00 0.00	X						0	0	0
(7) KIMBERLY RODGERS BOARD MEMBER	1.00 0.00	X						0	0	0
(8) GINNY ROWELL BOARD MEMBER	1.00 0.00	X						0	0	0
(9) STEVE SEIBERT BOARD MEMBER	1.00 0.00	X						0	0	0
(10) ELITHIA V. STANFIELD BOARD MEMBER	1.00 0.00	X						0	0	0
(11) WILLIAM STURTEVANT BOARD MEMBER	1.00 0.00	X						0	0	0

Form 990 (2023) **PINELLAS COMMUNITY FOUNDATION****23-7113194**Page **8****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 dotted 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			
(12) FREDDY WILLIAMS										
(12) BOARD MEMBER	1.00 0.00	X						0	0	0
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Subtotal								245,000		
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								245,000		

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

- 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
- 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
- 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

	Yes	No
3		X
4	X	
5		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

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	4,755,384			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,378,647			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 456,284			
	h	Total. Add lines 1a-1f		9,134,031			
	Program Service Revenue	2a Business Code					
b							
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		3,736,429			3,736,429
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	6a				
	b	Less: rental expenses	6b				
	c	Rental inc. or (loss)	6c				
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	7a	26,000,574			
	b	Less: cost or other basis and sales exps.	7b	24,955,858			
	c	Gain or (loss)	7c	1,044,716			
	d	Net gain or (loss)		1,044,716			1,044,716
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a				
	b	Less: direct expenses	8b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities. See Part IV, line 19	9a				
	b	Less: direct expenses	9b				
	c	Net income or (loss) from gaming activities					
10a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a MISCELLANEOUS INCOME Business Code			19,929			19,929
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		19,929			
12	Total revenue. See instructions		13,935,105	0	0	4,801,074	

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	10,048,251	10,048,251		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	25,000	25,000		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	245,000	220,500	12,250	12,250
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	628,480	355,997	144,976	127,507
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	64,576	42,620	11,624	10,332
10 Payroll taxes	62,310	41,124	11,216	9,970
11 Fees for services (nonemployees):				
a Management				
b Legal	16,135	12,102	2,904	1,129
c Accounting	19,000	1,330	17,290	380
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees	600,210	600,210		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	631,096	558,299	63,373	9,424
12 Advertising and promotion				
13 Office expenses				
14 Information technology	56,628	36,942	9,637	10,049
15 Royalties				
16 Occupancy	98,822	65,223	17,788	15,811
17 Travel	9,084	5,996	1,635	1,453
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	17,093	8,097	1,785	7,211
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	43,268	38,942	2,163	2,163
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MARKETING	33,914	9,753		24,161
b POSTAGE	21,728	5,124	701	15,903
c BANK AND MERCHANT FEES	10,689	8,230	321	2,138
d TELEPHONE	8,637	5,700	1,555	1,382
e All other expenses	11,073	7,237	2,053	1,783
25 Total functional expenses. Add lines 1 through 24e	12,650,994	12,096,677	301,271	253,046
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	2,500	1	3,500
	2 Savings and temporary cash investments	1,036,297	2	6,981,588
	3 Pledges and grants receivable, net		3	991,500
	4 Accounts receivable, net	295,893	4	1,287,766
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments—publicly traded securities	112,064,063	11	125,942,421
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	5,304,900	15	5,572,255	
16 Total assets. Add lines 1 through 15 (must equal line 33)	118,703,653	16	140,779,030	
Liabilities	17 Accounts payable and accrued expenses	10,168	17	30,975
	18 Grants payable	3,500	18	131,000
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	299,042	25	7,155,329
	26 Total liabilities. Add lines 17 through 25	312,710	26	7,317,304
	Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.		
27 Net assets without donor restrictions		29,354,626	27	32,485,071
28 Net assets with donor restrictions		89,036,317	28	100,976,655
Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
29 Capital stock or trust principal, or current funds			29	
30 Paid-in or capital surplus, or land, building, or equipment fund			30	
31 Retained earnings, endowment, accumulated income, or other funds			31	
32 Total net assets or fund balances		118,390,943	32	133,461,726
33 Total liabilities and net assets/fund balances		118,703,653	33	140,779,030

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,935,105
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,650,994
3	Revenue less expenses. Subtract line 2 from line 1	3	1,284,111
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	118,390,943
5	Net unrealized gains (losses) on investments	5	13,786,672
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	133,461,726

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

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

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 for instructions and the latest information.

OMB No 1545-0047

2023

Open to Public
Inspection

Name of the organization

PINELLAS COMMUNITY FOUNDATION

Employer identification number

23-7113194

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		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10,873,674	18,700,960	14,352,550	3,802,259	9,134,031	56,863,474
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	10,873,674	18,700,960	14,352,550	3,802,259	9,134,031	56,863,474
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						7,045,812
6 Public support. Subtract line 5 from line 4						49,817,662

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	10,873,674	18,700,960	14,352,550	3,802,259	9,134,031	56,863,474
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,163,369	2,792,389	2,771,411	2,572,900	3,736,429	15,036,498
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		48,907	26,209	36,519	19,929	131,564
11 Total support. Add lines 7 through 10						72,031,536
12 Gross receipts from related activities, etc. (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f))	14	69.16 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	59.72 %
16a 33 1/3% support test — 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test — 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test — 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test — 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests — 2023.** 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 — 2022.** 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 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

Schedule A (Form 990) 2023

PINELLAS COMMUNITY FOUNDATION

23-7113194

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

PINELLAS COMMUNITY FOUNDATION

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

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 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-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Schedule A (Form 990) 2023

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.)

PART II, LINE 10 - OTHER INCOME DETAIL

OTHER INCOME \$ **111,635**

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023Open to Public
Inspection

Name of the organization

Employer identification number

PINELLAS COMMUNITY FOUNDATION**23-7113194****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	43	
2 Aggregate value of contributions to (during year)	905,168	
3 Aggregate value of grants from (during year)	1,711,445	
4 Aggregate value at end of year	20,975,991	

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? ☒ Yes ☐ 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? ☒ Yes ☐ 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 on line 2a	2c
d Number of conservation easements included on line 2c 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 2d 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 \$

Schedule D (Form 990) 2023 **PINELLAS COMMUNITY FOUNDATION** **23-7113194** Page **2**
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 ☐ Yes ☐ No

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	112,064,063	136,021,482	122,020,817	113,384,017	95,684,026
b Contributions	2,156,413	4,258,194	3,737,637	3,620,131	6,251,833
c Net investment earnings, gains, and losses	17,241,929	-19,892,822	15,556,674	10,723,031	16,084,400
d Grants or scholarships	4,904,508	6,483,519	4,634,169	5,127,745	4,170,578
e Other expenditures for facilities and programs					
f Administrative expenses	615,476	676,468	660,477	578,617	465,664
g End of year balance	125,942,421	112,064,063	136,021,482	122,020,817	113,384,017

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

- a Board designated or quasi-endowment **24.99 %**
b Permanent endowment **75.01 %**
c Term endowment %

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:

- (i) Unrelated organizations?
(ii) Related organizations?

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

Part VII Investments – Other Securities

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (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)		
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

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

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

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)	REFUNDABLE ADVANCES-ARPA	6,934,365
(3)	LEASE LIABILITY	168,154
(4)	PAYROLL LIABILITIES	36,810
(5)	DEFERRED SPONSORSHIP PAYABLE	14,000
(6)	ACCRUED EXPENSES	2,000
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))		7,155,329

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	27,121,567
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	13,786,672	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	13,786,672
3	Subtract line 2e from line 1		3	13,334,895
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	600,210	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	600,210
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	13,935,105

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

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

1	Total expenses and losses per audited financial statements		1	12,050,784
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	12,050,784
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	600,210	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	600,210
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	12,650,994

Part XIII Supplemental Information

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

Part XIII Supplemental Information *(continued)*

1	Supplemental information (continued)
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**SCHEDULE F
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

OMB No. 1545-0047

2023Open to Public
Inspection**PINELLAS COMMUNITY FOUNDATION**

Employer identification number

23-7113194**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EUROPE					
(1)	2		GRANTS MADE	EDUC/GEN SUPPORT	25,000
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	2				25,000
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	2				25,000

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

Schedule F (Form 990) 2023

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)				EDUCATION	20,000	WIRE TRANSFER			
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 2

3 Enter total number of other organizations or entities 0

Schedule F (Form 990) 2023

Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926) ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990) ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471) ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621) ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865) ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990) ☐ Yes ☒ No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

PCF MAINTAINS A BOARD-APPROVED GRANT MAKING DUE DILIGENCE POLICY AND ONLY MAKES GRANTS FOR CHARITABLE PURPOSES. BEFORE GRANTING AN ORGANIZATION OUTSIDE OF THE UNITED STATES, PCF CONDUCTS A PRE-GRANT INQUIRY TO DETERMINE AN ORGANIZATION'S CAPACITY TO CARRY OUT ANY PROPOSED CHARITABLE ACTIVITIES. IF AFTER THE PRE-GRANT INQUIRY, PCF IS SATISFIED OF AN ORGANIZATION'S CAPACITY, PCF WILL REQUIRE A SIGNED WRITTEN AGREEMENT WITH THE GRANTEE OUTLINING THE CHARITABLE ACTIVITIES THAT WILL BE ACCOMPLISHED AND THE PERIOD DURING WHICH FUNDS CAN BE USED. GRANTEES MUST SEPARATELY ACCOUNT FOR THE GRANTED FUNDS AND PROVIDE REGULAR REPORTS TO PCF REGARDING THE EXPENDITURE OF FUNDS AND PROCESS TOWARD FULFILLING THE CHARITABLE PURPOSE OUTLINED IN THE GRANT AGREEMENT.

PART I, LINE 3 - ACTIVITIES PER REGION

REGION	EXPENDITURES	INVESTMENTS
EUROPE	\$ 25,000	\$ 0

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2023
Open to Public
Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

PINELLIAS COMMUNITY FOUNDATION

Employer identification number
23-7113194

Part I General Information on Grants and Assistance

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

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	360 EATS 3100 TEAL TER SAFETY HARBOR FL 34695			84-3980506	501C3		15,000	FOOD
(2)	A DOOR OF HOPE 8900 US HWY 19 N PINELLIAS PARK FL 33782			45-3993709	501C3		10,000	YOUTH/FAMILIES
(3)	A KIDS PLACE OF TAMPA BAY 1715 LITHIA PINECREST RD BRANDON FL 33511			26-2757636	501C3		25,000	YOUTH/FAMILIES
(4)	A.T. STILL UNIVERSITY 800 W JEFFERSON ST KIRKSVILLE MO 63501			43-0356250	501C3		10,000	EDUCATION
(5)	ADULT LUTHERANS ORGANIZED FOR ACTION PO BOX 4367 CLEARWATER FL 33758-4367			36-3792551	501C3		16,500	YOUTH/FAMILIES
(6)	ADVANTAGE VILLAGE ACADEMY 833 22ND ST S STE A SAINT PETERSBURG FL 33712			27-0500839	501C3		86,011	FOOD
(7)	AFRICAN-AMERICAN HERITAGE ASSOCIATION 2240 9TH AVE S SAINT PETERSBURG FL 33712			46-2372617	501C3		35,000	ARTS & CULTURE
(8)	ALBANY ACADEMY 135 ACADEMY RD ALBANY NY 12208			14-1338579	501C3		336,497	EDUCATION
(9)	ALPHA HOUSE OF PINELLIAS INC. 701 5TH AVE N SAINT PETERSBURG FL 33701-2215			59-1991525	501C3		25,000	HOMELESSNESS/HOUSING

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **177**

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

**SCHEDULE I
(Form 990)**

**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.

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047
2023
Open to Public
Inspection

Name of the organization

PINELLAS COMMUNITY FOUNDATION

Employer identification number
23-7113194

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.

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1	(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 noncash assistance	(h) Purpose of grant or assistance
(1)	ALSAC/ST. JUDE CHILDREN'S RESEARCH 501 ST JUDE PLACE MEMPHIS TN 38105-1905	35-1044585	501C3	13,360				HEALTH
(2)	AMERICAN CANCER SOCIETY INC PO BOX 17127 TAMPA FL 33682	13-1788491	501C3	6,209				HEALTH
(3)	AMERICAN HEART ASSOCIATION PO BOX 22035 SAINT PETERSBURG FL 33742	13-5613797	501C3	14,861				HEALTH
(4)	AMERICAN LUNG ASSOCIATION 13100 W LISBON RD STE 700 BROOKFIELD WI 53005-2507	13-1632524	501C3	14,861				HEALTH
(5)	AMERICAN STAGE THEATRE PO BOX 1560 SAINT PETERSBURG FL 33731-1560	59-1777189	501C3	22,150				ARTS & CULTURE
(6)	AMIKIDS PINELLAS INC. 2260 62ND AVE S SAINT PETERSBURG FL 33712	59-2878383	501C3	15,000				EDUCATION
(7)	ARTHURITIS FOUNDATION 1355 PEACHTREE ST NE STE 600 ATLANTA GA 30309	58-1341679	501C3	8,651				HEALTH
(8)	AUDUBON FLORIDA 4500 BISCAYNE BLVD MIAMI FL 33137	59-0245495	501C3	56,282				ANIMALS/ENVIRONMENT
(9)	BAY AREA LEGAL SERVICES INC. 1302 N 19TH ST TAMPA FL 33605	59-1171886	501C3	15,000				HOMELESSNESS/HOUSING

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

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

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

DAA

**SCHEDULE I
(Form 990)****Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023
**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

Name of the organization

PINELLIAS COMMUNITY FOUNDATIONEmployer identification number
23-7113194**Part I General Information on Grants and Assistance**1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	BESS THE BOOK BUS 2316 E 3RD AVE TAMPA FL 33605-5408	51-0518142	501C3	5,254				EDUCATION
(2)	BIG BROTHERS BIG SISTERS OF TAMPA PO BOX 21744 TAMPA FL 33622-1744	59-2173085	501C3	25,000				YOUTH/FAMILIES
(3)	BOLEY CENTERS INC. 6655 66TH ST N PINELLAS PARK FL 33781-5033	59-1290089	501C3	62,413				BEHAVIORAL HEALTH
(4)	BOYS & GIRLS CLUBS OF THE SUNCOAST 4625 EAST BAY DR STE 103 CLEARWATER FL 33764-6866	59-1566799	501C3	25,000				YOUTH/FAMILIES
(5)	BROOKWOOD FLORIDA INC. 901 7TH AVE S SAINT PETERSBURG FL 33705-1998	59-0624387	501C3	72,350				YOUTH/FAMILIES
(6)	CAMP SUMMER QUEST 2001 62ND AVE S SAINT PETERSBURG FL 33712	82-4368244	501C3	10,000				YOUTH/FAMILIES
(7)	CARIBBEAN FESTIVAL ASSOCIATION (CAR 3521 5TH AVE N SAINT PETERSBURG FL 33713	59-3573869	501C3	25,000				ARTS & CULTURE
(8)	CASA (COMMUNITY ACTION STOPS ABUSE) PO BOX 414 SAINT PETERSBURG FL 33731-0414	59-2114359	501C3	104,412				HOMELESSNESS/HOUSING
(9)	CATHOLIC CHARITIES DIOCESE OF ST. 6363 9TH AVE. N. SAINT PETERSBURG FL 33710	59-0875805	501C3	35,000				HOMELESSNESS/HOUSING

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

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

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

Schedule I (Form 990) 2023

DAA

**SCHEDULE I
(Form 990)****Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.Go to www.irs.gov/Form990 for the latest information.OMB No. 1545-0047
2023
Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service
Name of the organization**PINELLAS COMMUNITY FOUNDATION**Employer identification number
23-7113194**Part I General Information on Grants and Assistance**1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	CHAUTAUQUA FOUNDATION INC. PO BOX 28 CHAUTAUQUA NY 14722	16-6028421	501C3	10,000				ARTS & CULTURE
(2)	CITIZENS ALLIANCE FOR PROGRESS INC. 401 E MARTIN LUTHER KING JR DR TARPON SPRINGS FL 34689-4451	59-2229047	501C3	40,715				YOUTH/FAMILIES
(3)	CITY OF LARGO POLICE DEPARTMENT 201 HIGHLAND AVE LARGO FL 33770-2512	59-6000360	501C3	10,000				HEALTH
(4)	CLEARWATER JAZZ HOLIDAY FOUNDATION 600 CLEVELAND ST STE 100 CLEARWATER FL 33755-4110	58-1910442	501C3	42,150				ARTS & CULTURE
(5)	CLEARWATER MARINE AQUARIUM 249 WINDWARD PSGE CLEARWATER BEACH FL 33767-2244	59-2086737	501C3	59,344				ARTS & CULTURE
(6)	CLEARWATER NEIGHBORHOOD FAMILY CENT 900 N MARTIN LUTHER KING JR AVE CLEARWATER FL 33755-3344	27-0435230	501C3	15,000				YOUTH/FAMILIES
(7)	CLEARWATER NEIGHBORHOOD HOUSING SER 608 N GARDEN AVE CLEARWATER FL 33755	59-1898543	501C3	25,200				HOMELESSNESS/HOUSING
(8)	CLOTHES TO KIDS INC. 1059 N HERCULES AVE CLEARWATER FL 33765-1917	14-1849798	501C3	10,000				YOUTH/FAMILIES
(9)	COLLEGE FUND OF PINELLAS COUNTY INC PO BOX 673 CLEARWATER FL 33757-0673	59-6178906	501C3	15,000				EDUCATION

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

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

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

Schedule I (Form 990) 2023

DAA

**SCHEDULE I
(Form 990)**

**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.

OMB No 1545-0047

2023

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

PINELLAS COMMUNITY FOUNDATION

Employer identification number

23-7113194

Part I General Information on Grants and Assistance

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

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	COMMUNITY DENTAL CLINIC 1008 WOODLAWN ST CLEARWATER FL 33756-2157	45-3340613	501C3	20,000				HEALTH
(2)	COMMUNITY HEALTH CENTERS OF PINELLAS 14100 58TH ST N CLEARWATER FL 33760	59-2097521	501C3	69,873				HEALTH
(3)	COMMUNITY LAW PROGRAM INC 501 1ST AVE N STE 519 SAINT PETERSBURG FL 33701-3715	59-2970727	501C3	35,000				HOMELESSNESS/HOUSING
(4)	COMMUNITY SERVICE FOUNDATION 925 LAKEVIEW RD CLEARWATER FL 33756-3420	59-0866939	501C3	20,000				HOMELESSNESS/HOUSING
(5)	CREATIVE CLAY 1846 1ST AVE S SAINT PETERSBURG FL 33712-1319	59-3338595	501C3	15,000				INDIVIDUALS WITH DIS
(6)	CREATIVE PINELLAS 12211 WALSHINGHAM RD LARGO FL 33778-2008	45-2414664	501C3	15,000				ARTS & CULTURE
(7)	CROSSNORE COMMUNITIES FOR CHILDREN PO BOX 249 CROSSNORE NC 28616-0249	56-0567980	501C3	7,624				YOUTH/FAMILIES
(8)	CRYSTAL BEACH YOUTH CENTER PO BOX 434 CRYSTAL BEACH FL 34681-0975	59-3700550	501C3	17,000				YOUTH/FAMILIES
(9)	DAYSTAR LIFE CENTER INC 1055 28TH ST S SAINT PETERSBURG FL 33712	65-0523539	501C3	55,000				HOMELESSNESS/HOUSING

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

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

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**SCHEDULE I
(Form 990)**

**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.

Department of the Treasury
Internal Revenue Service

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OMB No. 1545-0047
2023
Open to Public
Inspection

Name of the organization

PINELLAS COMMUNITY FOUNDATION

Employer identification number
23-7113194

Part I General Information on Grants and Assistance

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

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	DIRECTIONS FOR LIVING 1437 S BELCHER RD CLEARWATER FL 33764-2829	59-2092715	501C3	138,135				BEHAVIORAL HEALTH
(2)	DISABILITY ACHIEVEMENT CENTER 12552 BELCHER RD S LARGO FL 33773-3014	59-3102837	501C3	20,000				INDIVIDUALS WITH DIS
(3)	DR. CARTER G. WOODSON AFRICAN AMERI 2240 9TH AVE S SAINT PETERSBURG FL 33712-2102	74-3112739	501C3	46,735				ARTS & CULTURE
(4)	DUNEDIN CARES INC. (FOOD PANTRY) 1630 PINEHURST ROAD DUNEDIN FL 34698	47-2522602	501C3	15,000				FOOD
(5)	DUNEDIN FINE ART CENTER 1143 MICHIGAN BLVD DUNEDIN FL 34698-2712	59-1621318	501C3	47,150				ARTS & CULTURE
(6)	DUNEDIN SCOTTISH ARTS FOUNDATION 1134 DOUGLAS AVE DUNEDIN FL 34698-4948	59-1634451	501C3	30,347				ARTS & CULTURE
(7)	EMPOWERMENT COMMUNITY CENTER INC 13555 AUTOMOBILE BLVD., STE. 300 CLEARWATER FL 33762	84-5074612	501C3	18,527				BEHAVIORAL HEALTH
(8)	EQUALITY FLORIDA INSTITUTE PO BOX 13184 SAINT PETERSBURG FL 33733	59-3435235	501C3	15,000				EDUCATION
(9)	FAMILY CENTER ON DEAFNESS 12446 62ND ST N STE 303 LARGO FL 33773-3738	32-0313956	501C3	20,000				INDIVIDUALS WITH DIS

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

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

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

SCHEDULE I
(Form 990)

**Grants and Other Assistance to Organizations,
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Department of the Treasury
Internal Revenue Service

PINELLAS COMMUNITY FOUNDATION

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.

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1	(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 noncash assistance	(h) Purpose of grant or assistance
(1)	FAMILY RESOURCES INC. 5180 62ND AVE N PINELLAS PARK FL 33781-5600	23-7146873	501C3	25,000				HOMELESSNESS/HOUSING
(2)	FATHER FLANAGAN'S BOYS HOME 14100 CRAWFORD ST BOYS TOWN NE 68010	35-2274901	501C3	6,209				YOUTH/FAMILIES
(3)	FEAST INC. 2255 NEBRASKA AVE PALM HARBOR FL 34683	59-2981961	501C3	20,000				FOOD
(4)	FEEDING AMERICA TAMPA BAY INC. 3624 CAUSEWAY BLVD TAMPA FL 33619	59-2116576	501C3	176,254				FOOD
(5)	FIRST UNITED METHODIST CHURCH OF 411 TURNER ST CLEARWATER FL 33756-5328	59-0747305	501C3	8,651				RELIGIOUS
(6)	FLORIDA DREAM CENTER 4017 56TH AVE N SAINT PETERSBURG FL 33714-1737	46-0663472	501C3	40,500				FOOD
(7)	FLORIDA HUMANITIES COUNCIL, INC. 599 2ND ST S SAINT PETERSBURG FL 33701-5005	23-7304964	501C3	6,000				ARTS & CULTURE
(8)	FLORIDA RESURRECTION HOUSE INC. 800 11TH ST N SAINT PETERSBURG FL 33705	59-2837168	501C3	15,000				HOMELESSNESS/HOUSING
(9)	FLORIDA SHERIFF'S YOUTH RANCHES INC PO BOX 2000 BOYS RANCH FL 32064	23-7303117	501C3	68,069				YOUTH/FAMILIES

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

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

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DAA

SCHEDULE I
(Form 990)

**Grants and Other Assistance to Organizations,
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Name of the organization

PINELLIAS COMMUNITY FOUNDATION

Employer identification number
23-7113194

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

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1	(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 noncash assistance	(h) Purpose of grant or assistance
(1)	FRIENDS OF STRAYS 2911 47TH AVE N SAINT PETERSBURG FL 33714-3131	59-2156540	501C3	59,344				ANIMALS/ENVIRONMENT
(2)	FRIENDS OF THE CHILDREN - TAMPA BAY 7028 W WATERS AVE STE 214 TAMPA FL 33634	82-5141973	501C3	15,000				EDUCATION
(3)	FRONT PORCH CDA INC. PO BOX 531241 SAINT PETERSBURG FL 33747	59-3606615	501C3	15,000				YOUTH/FAMILIES
(4)	GIRLS ON THE RUN GREATER TAMPA BAY 13194 US HWY 301 SOUTH, SUITE 379 RIVERVIEW FL 33578	82-1793509	501C3	15,000				YOUTH/FAMILIES
(5)	GOODWILL INDUSTRIES - SUNCOAST INC. 10596 GANDY BLVD SAINT PETERSBURG FL 33702-1422	59-0718492	501C3	192,274				HOMELESSNESS/HOUSING
(6)	GREATER BRANDON MEALS ON WHEELS INC PO BOX 6578 BRANDON FL 33508	59-3589194	501C3	10,000				FOOD
(7)	GREATER TAMPA BAY AREA COUNCIL BGY 13228 N CENTRAL AVE TAMPA FL 33612-3462	59-0637815	501C3	12,337				EDUCATION
(8)	GULF COAST DENTAL OUTREACH 450 KNIGHTS RUN AVE UNIT 1408 TAMPA FL 33602-5995	26-0761820	501C3	28,000				HEALTH
(9)	GULF COAST JEWISH FAMILY AND COMMUN 14041 ICOT BLVD CLEARWATER FL 33760-3702	59-1229354	501C3	148,722				YOUTH/FAMILIES

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047
2023
Open to Public
Inspection

Name of the organization

PINELLAS COMMUNITY FOUNDATION

Employer identification number
23-7113194

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.

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(1)	GULFCOAST LEGAL SERVICES INC. 501 1ST AVE N STE 420 SAINT PETERSBURG FL 33701-3714	59-1882749	501C3	16,500				HOMELESSNESS/HOUSING
(2)	HEALTHY START COALITION OF PINELLAS 4000 GATEWAY CENTRE BLVD STE 200 PINELLAS PARK FL 33782-6141	59-3109517	501C3	25,000				HEALTH
(3)	HEELS TO HEAL INC. 601 5TH AVE N SAINT PETERSBURG FL 33701	27-1488133	501C3	15,000				BEHAVIORAL HEALTH
(4)	HISPANIC CHAMBER OF PINELLAS COUNTY 3951 JENITA DRIVE PALM HARBOR FL 34685	86-2743078	501C3	10,000				OTHER
(5)	HISPANIC OUTREACH CENTER 612 FRANKLIN ST CLEARWATER FL 33756	27-1230728	501C3	28,000				YOUTH/FAMILIES
(6)	HOMELESS EMPOWERMENT PROGRAM / HEP 1120 N BETTY LN CLEARWATER FL 33755-3303	59-2729694	501C3	214,367				HOMELESSNESS/HOUSING
(7)	HOMELESS LEADERSHIP ALLIANCE OF PIN 647 1ST AVE N SAINT PETERSBURG FL 33701-3601	59-2935116	501C3	268,471				HOMELESSNESS/HOUSING
(8)	HOPE VILLAGES OF AMERICA INC 503 SOUTH MARTIN LUTHER KING JR AVE CLEARWATER FL 33756	59-1309186	501C3	87,748				FOOD
(9)	HOUSE OF MERCY AND ENCOURAGEMENT 2030 MAIN ST DUNEDIN FL 34698-5524	68-0634894	501C3	10,000				BEHAVIORAL HEALTH

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

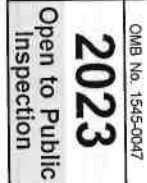
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**SCHEDULE I
(Form 990)**

**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.
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Department of the Treasury
Internal Revenue Service

PINELLAS COMMUNITY FOUNDATION

Employer identification number
23-7113194

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(1)	INFINITE POTENTIAL LEARNING ACADEMY 1900 12TH ST S SAINT PETERSBURG FL 33705	92-2766408	501C3	9,107				EDUCATION
(2)	JAMES B. SANDERLIN FAMILY SERVICE 2335 22ND AVE S SAINT PETERSBURG FL 33712-3019	59-3024059	501C3	22,615				YOUTH/FAMILIES
(3)	JOHNS HOPKINS ALL CHILDREN'S HOSPITAL 501 6TH AVE S SAINT PETERSBURG FL 33701-4634	59-2481738	501C3	29,067				HEALTH
(4)	KEYS TO THE UNIVERSE INC 833 22ND ST S SAINT PETERSBURG FL 33712	86-1352909	501C3	15,000				ARTS & CULTURE
(5)	KIMBERLY HOME PREGNANCY CENTER INC. 1189 NE CLEVELAND ST CLEARWATER FL 33755-4815	59-2077208	501C3	10,000				YOUTH/FAMILIES
(6)	LEADERSHIP CONSERVATORY FOUNDATION PO BOX 1213 DUNEDIN FL 34697	45-5288900	501C3	7,489				ARTS & CULTURE
(7)	LEALMAN & ASIAN NEIGHBORHOOD FAMILY 4255 56TH AVE N SAINT PETERSBURG FL 33714-1741	59-3631795	501C3	25,000				YOUTH/FAMILIES
(8)	LEES-MORAE COLLEGE INC PO BOX 128 BANNER ELK NC 28604	56-0529953	501C3	7,624				EDUCATION
(9)	LIFE-SKILLS, EMPOWERMENT AND DEVELOPMENT 525 CENTER AVE SAINT PETERSBURG FL 33701	81-5249931	501C3	20,000				YOUTH/FAMILIES

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SCHEDULE I
(Form 990)

Grants and Other Assistance to Organizations,
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Name of the organization

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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.

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(1)	LIGHTHOUSE OF PINELLAS 6925 112TH CIR STE 103 LARGO FL 33773-5200	23-7042938	501C3	41,622				INDIVIDUALS WITH DIS
(2)	MEALS ON WHEELS OF POLK COUNTY INC 620 6TH ST NW WINTER HAVEN FL 33881	59-1427004	501C3	10,000				FOOD
(3)	MEMORIAL SLOAN KETTERING CANCER CEN 633 THIRD AVENUE, 5TH FLOOR NEW YORK NY 10017	13-1924236	501C3	9,413				HEALTH
(4)	MOREAN ARTS CENTER 719 CENTRAL AVE SAINT PETERSBURG FL 33701-3627	59-6163303	501C3	87,150				ARTS & CULTURE
(5)	MORTON PLANT MEASE FOUNDATION INC. 1200 DRUID RD S FRNT CLEARWATER FL 33756-1926	59-1751535	501C3	71,767				HEALTH
(6)	MUSEUM OF FINE ARTS, ST. PETERSBURG 255 BEACH DR NE SAINT PETERSBURG FL 33701-3498	59-0949278	501C3	76,484				ARTS & CULTURE
(7)	NEIGHBORLY CARE NETWORK 13945 EVERGREEN AVE CLEARWATER FL 33762-4525	59-1218100	501C3	20,000				FOOD
(8)	NEW VISIONS OF THE WELL INC 833 22ND ST S SAINT PETERSBURG FL 33712	83-1262405	501C3	140,239				BEHAVIORAL HEALTH
(9)	NOMADSTUDIO INC. 12211 WALSINGHAM RD LARGO FL 33778-2008	46-4322352	501C3	105,000				ARTS & CULTURE

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**SCHEDULE I
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**Grants and Other Assistance to Organizations,
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(1)	NORTHWAY CHRISTIAN ACADEMY 2525 N MCMULLEN BOOTH RD CLEARWATER FL 33761-4162	59-3556714	501C3	10,000				EDUCATION
(2)	PALM HARBOR HISTORICAL SOCIETY INC. 2043 CURLEW RD PALM HARBOR FL 34683-6820	59-3246072	501C3	10,000				ARTS & CULTURE
(3)	PARC INC PO BOX 47799 SAINT PETERSBURG FL 33743-7799	59-0791038	501C3	33,000				INDIVIDUALS WITH DIS
(4)	PINELLAS COMMUNITY FOUNDATION 17755 US HWY 19 NORTH CLEARWATER FL 33764	23-7113194	501C3	689,972				OTHER
(5)	PERSONAL ENRICHMENT THROUGH MENTAL 11254 58TH ST N PINELLAS PARK FL 33782-2213	59-3153549	501C3	24,500				BEHAVIORAL HEALTH
(6)	PINELLAS COUNTY AFRICAN AMERICAN P.O. BOX 5785 CLEARWATER FL 33758	59-3706274	501C3	18,720				ARTS & CULTURE
(7)	PINELLAS DIASPORA ARTS PROJECT INC PO BOX 13732 SAINT PETERSBURG FL 33733	87-1578977	501C3	10,000				ARTS & CULTURE
(8)	PINELLAS EDUCATION FOUNDATION 12090 STARKEY RD LARGO FL 33773-2727	59-2688253	501C3	14,636				EDUCATION
(9)	PINELLAS EX OFFENDER RE ENTRY COALLI 12810 US HWY 19 N CLEARWATER FL 33764	59-3643636	501C3	25,000				HOMELESSNESS/HOUSING

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(1)	PINELLAS OPPORTUNITY COUNCIL 501 1ST AVE N STE 517 SAINT PETERSBURG FL 33701-3715	59-1227051	501C3	20,000				HOMELESSNESS/HOUSING
(2)	PROJECT LINK INC. 1315 W SPRUCE ST TAMPA FL 33607-3510	59-2976029	501C3	15,000				YOUTH/FAMILIES
(3)	PROJECT PROSPER INC. 13575 58TH ST N STE 107 CLEARWATER FL 33760-3755	20-8936475	501C3	15,000				EDUCATION
(4)	PROJECTALCHEMY 620 1ST AVE S SAINT PETERSBURG FL 33607	83-2778550	501C3	10,000				ARTS & CULTURE
(5)	R'CLUB CHILD CARE INC. 4140 49TH ST N SAINT PETERSBURG FL 33709	59-1704870	501C3	6,361				YOUTH/FAMILIES
(6)	REACH SERVICES INC DBA REACH ST. 6157 31ST AVE N SAINT PETERSBURG FL 33710	82-4672063	501C3	70,000				FOOD
(7)	READY FOR LIFE INC. 2300 TALL PINES DR STE 100 LARGO FL 33771-5348	26-4032979	501C3	20,000				YOUTH/FAMILIES
(8)	REBUILDING TOGETHER TAMPA BAY 3914 N US HWY 301 STE 700 TAMPA FL 33619-1293	59-3664580	501C3	21,820				HOMELESSNESS/HOUSING
(9)	RECOVERY EPICENTER FOUNDATION 1270 ROGERS ST CLEARWATER FL 33756	46-5272217	501C3	15,000				BEHAVIORAL HEALTH

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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(1)	REFUGEE AND MIGRANT WOMEN'S INITIAT P.O. BOX 2792 RIVERVIEW FL 33568	82-1837961	501C3	22,180				EDUCATION
(2)	REMEMBER ME NEP INC 11212 REGAL LANE LARGO FL 33774-4132	86-2847068	501C3	61,312				BEHAVIORAL HEALTH
(3)	RUTH ECKERD HALL 1111 N MCMULLEN BOOTH RD CLEARWATER FL 33759-3219	59-1803628	501C3	37,150				ARTS & CULTURE
(4)	SAFETY HARBOR NEIGHBORHOOD FAMILY 1003 DR MARTIN LUTHER KING JR ST N SAFETY HARBOR FL 34695-3406	59-3406671	501C3	34,500				YOUTH/FAMILIES
(5)	SALVATION ARMY CLEARWATER CORPS 1625 N BELCHER RD CLEARWATER FL 33765-1304	58-0660607	501C3	14,861				HOMELESSNESS/HOUSING
(6)	SCHENECTADY COUNTY HISTORICAL SOCIETY 32 WASHINGTON AVE SCHENECTADY NY 12305	14-1401793	501C3	336,497				ARTS & CULTURE
(7)	SENIORS IN SERVICE OF TAMPA BAY INC 1306 W SLIGH AVE TAMPA FL 33604	59-2422975	501C3	20,000				YOUTH/FAMILIES
(8)	SERVICES FOR THE HOME BOUND OF FLAN 43 W WASHINGTON ST CHAMBERSBURG PA 17201	25-1218001	501C3	10,000				INDIVIDUALS WITH DIS
(9)	SHRINERS HOSPITAL FOR CHILDREN PO BOX 31356 TAMPA FL 33631	36-2193608	501C3	362,321				HEALTH

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**SCHEDULE I
(Form 990)**

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(1)	SING OUT AND READ 1211 N WESTSHORE BLVD STE 610 TAMPA FL 33607	80-0731246	501C3	20,000				EDUCATION
(2)	SOCIETY OF ST. VINCENT DE PAUL SQUT 384 15TH ST N SAINT PETERSBURG FL 33705-2016	59-2380770	501C3	25,000				HOMELESSNESS/HOUSING
(3)	SOUTH CENTRAL COMMUNITY ACTION PHOG 533 S MAIN ST CHAMBERSBURG PA 17201	23-2020123	501C3	10,000				HOMELESSNESS/HOUSING
(4)	SPCA TAMPA BAY 9099 130TH AVE N LARGO FL 33773-1441	59-0715928	501C3	20,713				ANIMALS/ENVIRONMENT
(6)	SPEAKEASY MEDIA FOUNDATION 4310 DR MARTIN LUTHER KING ST N SAINT PETERSBURG FL 33703-4659	26-4198896	501C3	25,016				BEHAVIORAL HEALTH
(6)	ST PETERSBURG OPERA COMPANY 2145 1ST AVE S ST PETERSBURG FL 33712	20-8523525	501C3	15,000				ARTS & CULTURE
(7)	ST. ANTHONY'S HOSPITAL 1200 7TH AVE N SAINT PETERSBURG FL 33705-1388	59-2128991	501C3	141,677				HEALTH
(8)	ST. PETERSBURG ARTS ALLIANCE 100 2ND AVE N STE 150 SAINT PETERSBURG FL 33701-3351	46-1335413	501C3	22,150				ARTS & CULTURE
(9)	ST. PETERSBURG COLLEGE FOUNDATION PO BOX 13489 SAINT PETERSBURG FL 33733	59-1954362	501C3	31,822				EDUCATION

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(1)	ST. PETERSBURG COLLEGE SCHOOL OF NU PO BOX 13489 SAINT PETERSBURG FL 33733-3489	59-1954362	501C3	58,422				SCHOLARSHIPS
(2)	ST. PETERSBURG FREE CLINIC 863 3RD AVE N SAINT PETERSBURG FL 33701-2703	23-7208280	501C3	187,542				FOOD
(3)	ST. PETERSBURG MUSEUM OF HISTORY 335 2ND AVE NE SAINT PETERSBURG FL 33701-3520	59-0809627	501C3	20,000				ARTS & CULTURE
(4)	ST. PETERSBURG NEIGHBORHOOD HOUSING 1600 DR MARTIN LUTHER KING JR ST S SAINT PETERSBURG FL 33701-5707	59-2026381	501C3	19,799				HOMELESSNESS/HOUSING
(5)	ST. VINCENT DE PAUL COMMUNITY KITCH 1345 PARK ST CLEARWATER FL 33756-6039	59-3050191	501C3	29,000				HOMELESSNESS/HOUSING
(6)	STARTING RIGHT, NOW 1212 W CASS ST TAMPA FL 33606	26-3725699	501C3	71,975				HOMELESSNESS/HOUSING
(7)	STETSON UNIVERSITY 421 N WOODLAND BLVD DELAND FL 32723	59-0624416	501C3	20,000				EDUCATION
(8)	STETSON UNIVERSITY COLLEGE OF LAW 1401 61ST ST S SAINT PETERSBURG FL 33707-3299	59-0624416	501C3	58,422				SCHOLARSHIPS
(9)	STRAZ CENTER FOR THE PERFORMING ART 1010 N WC MACINNES PL TAMPA FL 33602-3720	59-2037085	501C3	7,000				ARTS & CULTURE

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

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

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

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047
2023
Open to Public
Inspection

Name of the organization

PINELLAS COMMUNITY FOUNDATION

Employer identification number
23-7113194

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	TAMPA BAY BLACK BUSINESS INITIATIVE 1920 E. HILLSBOROUGH AVENUE, 2ND FL TAMPA FL 33610	59-2849317	501C3	15,000				OTHER
(2)	TAMPA BAY SYMPHONY INC. PO BOX 4653 CLEARWATER FL 33758-4653	59-2722176	501C3	9,413				ARTS & CULTURE
(3)	TAMPA BAY WATCH INC. 3000 PINELLAS BAYWAY S TERRA VERDE FL 33715	59-3191962	501C3	25,000				ANIMALS/ENVIRONMENT
(4)	TAMPA KOREAN UNITED METHODIST CHURCH 26211 COUNTY LINE RD WESLEY CHAPEL FL 33544	59-3576073	501C3	100,000				RELIGIOUS
(5)	TEDRA'S CULTURAL ARTS BRAID EXPRIE 6160 UIMERTON RD STE 11 CLEARWATER FL 33760	88-2459165	501C3	13,000				ARTS & CULTURE
(6)	THE ARC TAMPA BAY INC. 1501 N BEICHER RD STE 249 CLEARWATER FL 33765-1300	59-1056551	501C3	35,798				INDIVIDUALS WITH DIS
(7)	THE DEUCES LIVE INC. 833 22ND ST S SAINT PETERSBURG FL 33712	45-0701090	501C3	10,000				ARTS & CULTURE
(8)	THE DYSAUTONOMIA PROJECT INC 4592 UIMERTON ROAD CLEARWATER FL 33762	46-5433260	501C3	21,000				HEALTH
(9)	THE FLORIDA ORCHESTRA INC. 244 2ND AVE N STE 420 SAINT PETERSBURG FL 33701-3306	59-1223691	501C3	42,150				ARTS & CULTURE

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

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

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047
2023
Open to Public
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Department of the Treasury
Internal Revenue Service

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

Employer identification number
23-7113194

PINELLIAS COMMUNITY FOUNDATION

Part I General Information on Grants and Assistance

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

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	THE GATHERING OF WOMEN INC. 600 31ST ST S SAINT PETERSBURG FL 33712	27-1689089	501C3	116,671				FOOD
(2)	THE HARBOR DISH INC. 690 MAIN STREET #123 SAFETY HARBOR FL 34695-3551	46-2344552	501C3	15,000				FOOD
(3)	THE KIND MOUSE PRODUCTIONS INC. 1801 16TH ST N, STE. B SAINT PETERSBURG FL 33703	45-2455492	501C3	15,000				FOOD
(4)	THE LONG CENTER FOUNDATION INC 1501 N BELCHER RD STE 236 CLEARWATER FL 33765	59-2702966	501C3	10,000				HEALTH
(5)	THE OFF-CENTRAL PLAYERS 2260 1ST AVE S ST. PETERSBURG FL 33712	86-2468322	501C3	150,000				ARTS & CULTURE
(6)	THE PHYLLIS WHEATLEY RISE TO READ 980 MELROSE AVE S SAINT PETERSBURG FL 33705	27-4826221	501C3	18,750				EDUCATION
(7)	THE SHIRLEY PROCTOR PULLER FOUNDATI 4133 CORTEZ WAY S SAINT PETERSBURG FL 33712	46-4930592	501C3	257,767				EDUCATION
(8)	THE SOCIETY OF ST. VINCENT DE PAUL 2176 MARILYN ST CLEARWATER FL 33765	61-1587026	501C3	38,000				HOMELESSNESS/HOUSING
(9)	THE STUDIO@620 620 1ST AVE S SAINT PETERSBURG FL 33701-4120	52-2398308	501C3	74,744				ARTS & CULTURE

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

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

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047
2023
Open to Public Inspection
Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization

PINELLAS COMMUNITY FOUNDATION

Employer identification number

23-7113194

Part I General Information on Grants and Assistance

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

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	THE UNIVERSITY OF VERMONT FOUNDATIO GRASSE MOUNT BURLINGTON VT 05401	45-1556038	501C3	24,273				SCHOLARSHIPS
(2)	TRINE UNIVERSITY ONE UNIVERSITY AVE ANGOLA IN 46703	35-0715530	501C3	8,651				EDUCATION
(3)	TWEETYBS INC 4905 34TH ST S STE 146 SAINT PETERSBURG FL 33711	84-4755272	501C3	58,500				YOUTH/FAMILIES
(4)	UNIVERSITY OF FLORIDA COLLEGE OF ME PO BOX 100243 GAINESVILLE FL 32610	59-0974739	501C3	25,823				EDUCATION
(5)	UNIVERSITY OF SOUTH FLORIDA FOUNDAT 4202 E FOWLER AVE TAMPA FL 33620-5455	59-0879015	501C3	66,167				EDUCATION
(6)	USF SCHOOL OF AGING STUDIES 13301 BRUCE B DOWNS BLVD MHC 1346 TAMPA FL 33612-3807	59-0879015	501C3	8,651				EDUCATION
(7)	VOICES OF HOPE FOR APHASIA 6798 CROSSWINDS DR N STE B-102 SAINT PETERSBURG FL 33710	45-3554825	501C3	35,000				HEALTH
(8)	WAREHOUSE ARTS DISTRICT ASSOCIATION 515 22ND ST S SAINT PETERSBURG FL 33712-1758	46-0826859	501C3	20,000				ARTS & CULTURE
(9)	WILLA CARSON HEALTH AND WELLNESS CE 1108 N MARTIN LUTHER KING JR AVE CLEARWATER FL 33755-3222	65-0743078	501C3	65,000				HEALTH

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

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

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

**SCHEDULE I
(Form 990)****Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.Go to www.irs.gov/Form990 for the latest information.OMB No. 1545-0047
2023
Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service**PINELLIAS COMMUNITY FOUNDATION**Employer identification number
23-7113194**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	WOLF - WARRIOR OUTDOOR LEADERSHIP 450 8TH AVE SE SAINT PETERSBURG FL 33701	F	501C3	55,654				EDUCATION
(2)	WUSF PUBLIC MEDIA 4202 E FOWLER AVE TVB100 TAMPA FL 33620-6870	59-0879015	501C3	9,413				ARTS & CULTURE
(3)	XO FACTOR INC. 1800 N ROME AVE TAMPA FL 33607-4422	47-3358510	501C3	25,500				HOMELESSNESS/HOUSING
(4)	YMCA OF GREATER ST. PETERSBURG INC. 600 1ST AVE N STE 201 SAINT PETERSBURG FL 33701-3609	59-0624468	501C3	1,374,521				YOUTH/FAMILIES
(5)	YMCA OF THE SUNCOAST INC 2469 ENTERPRISE RD CLEARWATER FL 33763-1702	59-0810731	501C3	30,000				YOUTH/FAMILIES
(6)	YOUNG KINGS & QUEENS COLLEGE PREP & 644 16TH AVE S SAINT PETERSBURG FL 33701-5408	82-3968898	501C3	12,000				EDUCATION
(7)								
(8)								
(9)								

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

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

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

Schedule I (Form 990) 2023

DAA

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					
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 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS
THE ORGANIZATION RECORDS IN MINUTES THE GRANT DETERMINATION PROCESS OF
VARIOUS COMMITTEES. ADDITIONALLY, GRANTEES MUST CERTIFY THE APPROPRIATE USE
OF FUNDS AND REPORT THEIR EXPENDITURE OF SUCH FUNDS BACK TO THE FOUNDATION.
REPORTS ARE DUE ONE YEAR AFTER DISBURSEMENT.

SCHEDULE J
(Form 990)

 Department of the Treasury
 Internal Revenue Service

Name of the organization

Compensation Information

 For certain Officers, Directors, Trustees, Key Employees, and Highest
 Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047

2023

 Open to Public
 Inspection

Employer identification number

23-7113194

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

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

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

1b

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

2

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

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

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

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

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

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

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

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

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

7

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

8

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

9

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

Schedule J (Form 990) 2023

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 (E) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
DUGGAN COOLEY, CFRE 1 CEO / SECRETARY	(i) 220,000 (ii) 0	(ii) 25,000 (iii) 0	(iii) 0 (iv) 0	(C) 0 (D) 0	(D) 0 (E) 0	245,000 0	0 0
2	(i)	(ii)	(iii)	(C)	(D)		
3	(i)	(ii)	(iii)	(C)	(D)		
4	(i)	(ii)	(iii)	(C)	(D)		
5	(i)	(ii)	(iii)	(C)	(D)		
6	(i)	(ii)	(iii)	(C)	(D)		
7	(i)	(ii)	(iii)	(C)	(D)		
8	(i)	(ii)	(iii)	(C)	(D)		
9	(i)	(ii)	(iii)	(C)	(D)		
10	(i)	(ii)	(iii)	(C)	(D)		
11	(i)	(ii)	(iii)	(C)	(D)		
12	(i)	(ii)	(iii)	(C)	(D)		
13	(i)	(ii)	(iii)	(C)	(D)		
14	(i)	(ii)	(iii)	(C)	(D)		
15	(i)	(ii)	(iii)	(C)	(D)		
16	(i)	(ii)	(iii)	(C)	(D)		

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.

Area with horizontal dotted lines for supplemental information.

**SCHEDULE M
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

OMB No. 1545-0047

2023**Open To Public
Inspection****PINELLAS COMMUNITY FOUNDATION**

Employer identification number

23-7113194**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	10	456,284	QUOTED MARKET PRICE
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
33		

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

Schedule M (Form 990) 2023

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 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 for the latest information.

OMB No. 1545-0047

2023**Open to Public
Inspection**

Name of the organization

PINELLAS COMMUNITY FOUNDATION

Employer identification number

23-7113194**FORM 990 - ORGANIZATION'S MISSION**

TO IMPROVE THE QUALITY OF LIFE IN OUR COMMUNITY BY BRINGING TOGETHER
PHILANTHROPY AND SOLUTIONS TO LOCAL ISSUES. FROM THE ISSUES OF CHILDHOOD
HUNGER, HOMELESSNESS, OR QUALITY HEALTHCARE TO ARTS EDUCATION OR COLLEGE
SCHOLARSHIPS, PCF SUPPORTS A DIVERSE SET OF NONPROFIT ORGANIZATIONS AND
CAUSES THAT HAVE A DEEP AND BROAD-RANGING IMPACT REFLECTIVE OF BOTH THE
COMMUNITY'S NEEDS AND DONOR WISHES.

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

PINELLAS COMMUNITY FOUNDATION (PCF) IS DEDICATED TO ENHANCING QUALITY OF
LIFE FOR ALL PINELLAS COUNTY RESIDENTS BY ADDRESSING CRITICAL COMMUNITY
CHALLENGES IN HUMAN SERVICES, ENVIRONMENTAL HEALTH, AND EDUCATION, WHILE
FOSTERING A VIBRANT ARTS AND CULTURE SECTOR. IN PARTNERSHIP WITH OUR
GENEROUS DONORS, PCF AWARDED GRANTS TO 257 CHARITABLE ORGANIZATIONS IN
2023, SUPPORTING INITIATIVES THAT STRENGTHEN OUR COMMUNITY'S RESILIENCE AND
WELL-BEING.

OUR GRANTS ADDRESS KEY ISSUES SUCH AS FOOD SECURITY, HOUSING STABILITY,
HEALTHCARE ACCESS, ARTS EDUCATION, AND EDUCATIONAL SUPPORT. AS A COMMUNITY
LEADER, PCF WORKS COLLABORATIVELY TO IDENTIFY, ADDRESS, AND MONITOR
EMERGING NEEDS AND CHALLENGES. BY ALIGNING RESOURCES WITH STRATEGIC
SOLUTIONS, PCF REMAINS A TRUSTED PARTNER IN ADVANCING IMPACTFUL, LOCALLY-
FOCUSED PHILANTHROPY.

IN ADDITION, PCF ASSISTS DONORS IN CREATING SCHOLARSHIP FUNDS TO SUPPORT

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

Schedule O (Form 990) 2023

Name of the organization

PINELLAS COMMUNITY FOUNDATION

Employer identification number

23-7113194

THE EDUCATION AND ADVANCEMENT OF STUDENTS IN OUR COMMUNITY. THROUGH THESE FUNDS, PCF ADMINISTERS AND DISTRIBUTES SCHOLARSHIPS THAT EMPOWER STUDENTS TO PURSUE HIGHER EDUCATION AND VOCATIONAL TRAINING, HELPING TO BUILD A BRIGHTER FUTURE FOR PINELLAS COUNTY. OUR TEAM WORKS CLOSELY WITH DONORS TO DESIGN SCHOLARSHIPS THAT REFLECT THEIR GOALS, ENSURING THAT EACH AWARD HAS A MEANINGFUL IMPACT ON THE LIVES OF STUDENTS AND THE BROADER COMMUNITY.

PCF FURTHER HELPS DONORS MAXIMIZE THEIR IMPACT THROUGH TAILORED CHARITABLE GIVING OPTIONS, INCLUDING DONOR-ADVISED FUNDS AND OTHER PHILANTHROPIC PLANNING TOOLS. IN 2023, DONORS PARTNERED WITH PCF TO DIRECT 167 GRANTS TO ORGANIZATIONS THROUGH DONOR-ADVISED FUNDS, SUPPORTING A RANGE OF NEEDS ALIGNED WITH THEIR VALUES AND INTERESTS. PCF'S TEAM PROVIDES EXPERTISE AND GUIDANCE TO ENSURE THAT EACH GIFT ADDRESSES MEANINGFUL COMMUNITY NEEDS. BY SIMPLIFYING AND STREAMLINING THE GIVING PROCESS, PCF EMPOWERS DONORS TO MAKE A LASTING, POSITIVE IMPACT ON THE CAUSES THEY CARE ABOUT MOST.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
CEO AND DIRECTOR OF FINANCE REVIEW FORM 990 PRIOR TO THE SUBMISSION AND
REVIEW BY THE ORGANIZATION'S BOARD OF GOVERNORS.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
MONITORED BY CEO AND CHAIR

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
COMMITTEE APPROVES CEO COMPENSATION

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

Schedule O (Form 990) 2023

Page 2

Name of the organization

Employer identification number

PINELLAS COMMUNITY FOUNDATION

23-7113194

COMMITTEE APPROVES CEO COMPENSATION**FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION****AVAILABLE ON REQUEST**

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Employer identification number

PINELLAS COMMUNITY FOUNDATION

23-7113194

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
(1) PINELLAS CF COMPANY, LLC 17755 US HIGHWAY 19 NORTH CLEARWATER FL 33764 82-4362545	CHARITABLE	FL			N/A
(2)					
(3)					
(4)					
(5)					

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?
(1)						Yes No
(2)						
(3)						
(4)						
(5)						

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 county)	(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) Dispo- portionate alloc.? <div>Yes No</div>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? <div>Yes No</div>		(k) Percentage ownership
(1)												
(2)												
(3)												
(4)												

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 county)	(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?
(1)								<div>Yes No</div>
(2)								
(3)								
(4)								

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)

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.

				Yes		No	
				1a		1b	
				1c		1d	
				1e		1f	
				1g		1h	
				1i		1j	
				1k		1l	
				1m		1n	
				1o		1p	
				1q		1r	
				1s			
(1)	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved			
(2)							
(3)							
(4)							
(5)							
(6)							

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

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

	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
(11)														

Part VII**Supplemental Information.**

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