

Form **990**

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 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
2020
 Open to Public Inspection

Department of the Treasury
 Internal Revenue Service

A For the 2020 calendar year, or tax year beginning _____, **and ending** _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
PINELLAS COMMUNITY FOUNDATION
 Doing business as _____
 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

D Employer identification number
23-7113194

E Telephone number
727-531-0058

G Gross receipts\$ **54,745,555**

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? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **PINELLASCF.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1969** **M State of legal domicile:** **FL**

H(c) Group exemption number _____

Part I Summary		Prior Year	Current Year
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	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	8
	6 Total number of volunteers (estimate if necessary)	6	42
	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	
Revenue	8 Contributions and grants (Part VIII, line 1h)	10,873,674	18,700,960
	9 Program service revenue (Part VIII, line 2g)		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,454,014	5,410,013
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		48,907
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,327,688	24,159,880
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,259,978	18,137,875
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	481,922	594,079
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25)	437,207	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,379,865	1,950,066
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,121,765	20,682,020
19 Revenue less expenses. Subtract line 18 from line 12	10,205,923	3,477,860	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	120,047,340	135,249,213
	21 Total liabilities (Part X, line 26)	63,249	5,644,002
	22 Net assets or fund balances. Subtract line 21 from line 20	119,984,091	129,605,211

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: _____
DUGGAN COOLEY, CFRE CEO / SECRETARY
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **PAUL E HOROWITZ** Preparer's signature: _____ Date: _____
 Check if PTIN self-employed **P01474269**

Firm's name: **FRSCPA, PLLC** Firm's EIN: **59-2482214**
 Firm's address: **1301 66TH ST N SAINT PETERSBURG, FL 33710-5501** Phone no.: **727-347-1120**

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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 \$ **19,530,934** including grants of \$ **18,137,875**) (Revenue \$)

SEE SCHEDULE O

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

N/A

4c (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 **19,530,934**

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 Revenue Procedure 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	

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <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 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 lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash 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 in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 8		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1a	14		
b	Enter the number of voting members included on line 1a, above, who are independent		
1b	14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DUGGAN COOLEY, CFRE CEO / SECRETARY	40.00 0.00			X			191,380	0	0	
(2) BO BRAULT, CPA BOARD MEMBER	1.00 0.00	X					0	0	0	
(3) DAVID SIETSMA, CPA BOARD MEMBER	1.00 0.00	X					0	0	0	
(4) RICHARD G. BUSCHART, CPA BOARD MEMBER	1.00 0.00	X					0	0	0	
(5) ROBIN DAVIDOV BOARD MEMBER	1.00 0.00	X					0	0	0	
(6) ERICA K. SMITH, ESQ. BOARD MEMBER	1.00 0.00	X					0	0	0	
(7) JAY W. FLEECE III, ESQ. CHAIR	1.00 0.00	X		X			0	0	0	
(8) RENE FLOWERS BOARD MEMBER	1.00 0.00	X					0	0	0	
(9) WILLIAM HORNE BOARD MEMBER	1.00 0.00	X					0	0	0	
(10) JUDGE MYRIAM IRIZARRY BOARD MEMBER	1.00 0.00	X					0	0	0	
(11) GINNY ROWELL BOARD MEMBER	1.00 0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) ELITHIA V. STANFIELD	1.00									
BOARD MEMBER	0.00	X						0	0	0
(13) WILLIAM STURTEVANT	1.00									
BOARD MEMBER	0.00	X						0	0	0
(14) IRENE H. SULLIVAN	1.00									
BOARD MEMBER	0.00	X						0	0	0
(15) FREDDY WILLIAMS	1.00									
BOARD MEMBER	0.00	X						0	0	0
1b Subtotal								191,380		
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								191,380		

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

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

Check 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	11,496,651			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	7,204,309			
	g Noncash contributions included in lines 1a-1f	1g	\$ 1,463,687			
	h Total. Add lines 1a-1f		18,700,960			
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)		2,792,389		2,792,389	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	6a	(i) Real			
			(ii) Personal			
	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	(i) Securities	33,203,299		
			(ii) Other			
	b Less: cost or other basis and sales exps.	7b	30,585,675			
	c Gain or (loss)	7c	2,617,624			
d Net gain or (loss)		2,617,624		2,617,624		
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	48,907		48,907	
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		48,907			
12 Total revenue. See instructions		24,159,880	0	0	5,458,920	

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	17,954,457	17,954,457		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	183,418	183,418		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	191,380	172,242	9,569	9,569
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	362,862	104,878	128,992	128,992
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	31,401	15,701	7,850	7,850
10 Payroll taxes	8,436	4,218	2,109	2,109
11 Fees for services (nonemployees):				
a Management				
b Legal	498,976		498,976	
c Accounting	20,775		20,775	
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees	660,491	660,491		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	407,103	209,710	2,540	194,853
12 Advertising and promotion				
13 Office expenses				
14 Information technology	55,543	27,431	15,933	12,179
15 Royalties				
16 Occupancy	62,576	31,286	15,645	15,645
17 Travel	921	461	230	230
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,420	2,703	991	726
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	9,993	3,175	5,209	1,609
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	182,534	135,579		46,955
b POSTAGE	23,126	9,944	463	12,719
c OTHER	12,815	9,814	2,414	587
d TELEPHONE	5,631	2,815	1,408	1,408
e All other expenses	5,162	2,611	775	1,776
25 Total functional expenses. Add lines 1 through 24e	20,682,020	19,530,934	713,879	437,207
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 Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	2,500	1	2,500
	2 Savings and temporary cash investments	1,119,400	2	7,768,837
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	77,694	4	62,998
	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	113,384,017	11	122,020,817
	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	5,463,729	15	5,394,061
16 Total assets. Add lines 1 through 15 (must equal line 33)	120,047,340	16	135,249,213	
Liabilities	17 Accounts payable and accrued expenses	8,514	17	4,018,183
	18 Grants payable	4,856	18	557,500
	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	49,879	25	1,068,319
	26 Total liabilities. Add lines 17 through 25	63,249	26	5,644,002
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	32,620,526	27	32,716,687
	28 Net assets with donor restrictions	87,363,565	28	96,888,524
	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	119,984,091	32	129,605,211	
33 Total liabilities and net assets/fund balances	120,047,340	33	135,249,213	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	24,159,880
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,682,020
3	Revenue less expenses. Subtract line 2 from line 1	3	3,477,860
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	119,984,091
5	Net unrealized gains (losses) on investments	5	6,143,260
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	129,605,211

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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 Single Audit Act and OMB Circular A-133?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

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 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990 or 990-EZ) 2020

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	554,293	3,130,723	7,790,236	10,873,674	18,700,960	41,049,886
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	554,293	3,130,723	7,790,236	10,873,674	18,700,960	41,049,886
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)						13,675,371
6 Public support. Subtract line 5 from line 4.						27,374,515

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	554,293	3,130,723	7,790,236	10,873,674	18,700,960	41,049,886
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,421,582	2,745,761	2,766,586	3,163,369	2,792,389	13,889,687
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	48,907
11 Total support. Add lines 7 through 10						54,988,480
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	49.78 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	24.64 %
16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<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).		

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

Section D – Distributions		Current Year		
1	Amounts paid to supported organizations to accomplish exempt purposes			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.			
9	Distributable amount for 2020 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Section E – Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2016			
b	Excess from 2017			
c	Excess from 2018			
d	Excess from 2019			
e	Excess from 2020			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and questions about donor advisement.

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include purpose(s) of conservation easements, total number of easements, acreage, and monitoring expenses.

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.

Table with 2 columns: Description, Amount. Rows include questions about reporting art and historical treasures and amounts for revenue and assets.

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	113,384,017	95,684,026	96,682,602	88,084,057	84,471,829
b Contributions	3,620,131	6,251,833	7,710,554	2,549,570	467,236
c Net investment earnings, gains, and losses	10,723,031	16,084,400	-4,315,821	9,407,791	6,489,105
d Grants or scholarships	5,127,745	4,170,578	2,726,365	2,307,324	2,469,226
e Other expenditures for facilities and programs					
f Administrative expenses	578,617	465,664	1,666,944	1,051,492	874,886
g End of year balance	122,020,817	113,384,017	95,684,026	96,682,602	88,084,057

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment **27.09** %
 - b Permanent endowment **72.91** %
 - 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:
- | | Yes | No |
|--|-----|----------|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |

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

Part VI Land, Buildings, and Equipment.

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

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

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

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, col. (B) line 12.)		

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) REFUNDABLE ADVANCES-CARES	1,036,576
(3) PAYROLL LIABILITIES	20,640
(4) DEFERRED RENT	11,103
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,068,319

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	29,642,649
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	6,143,260
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-660,491
e	Add lines 2a through 2d	2e	5,482,769
3	Subtract line 2e from line 1	3	24,159,880
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	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	24,159,880

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	20,021,529
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	-660,491
e	Add lines 2a through 2d	2e	-660,491
3	Subtract line 2e from line 1	3	20,682,020
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	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	20,682,020

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 XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

TRUSTEE FEES \$ **-660,491**

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

TRUSTEE FEES \$ **-660,491**

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	2-1-1 TAMPA BAY CARES 5500 RIO VISTA DR STE 5500 CLEARWATER FL 33760-3140	59-3355555	501C3	57,500				GENERAL SUPPORT
(2)	ABE BROWN MINISTRIES INC. 2921 N 29TH ST TAMPA FL 33605	59-2410601	501C3	30,000				GENERAL SUPPORT
(3)	ABILITIES INC. DBA SERVICESOURCE 2735 WHITNEY RD CLEARWATER FL 33760-1610	59-0874493	501C3	10,000				GENERAL SUPPORT
(4)	ADONAI'S SECOND CHANCE 5920 ROBERT TOLLE DR RIVERVIEW FL 33578	84-3099454	501C3	10,120				GENERAL SUPPORT
(5)	ADOPTION RELATED SERVICES OF PINELL 3941 68TH AVE N PINELLAS PARK FL 33781	56-2559756	501C3	10,000				GENERAL SUPPORT
(6)	ADULT LUTHERANS ORGANIZED FOR ACTIO PO BOX 4367 CLEARWATER FL 33758-4367	36-3792551	501C3	10,000				GENERAL SUPPORT
(7)	ADVANTAGE VILLAGE ACADEMY 833 22ND ST S STE A SAINT PETERSBURG FL 33712	27-0500839	501C3	586,436				GENERAL SUPPORT
(8)	AIDS SERVICE ASSOCIATION OF PINELLA 5771 ROOSEVELT BLVD CLEARWATER FL 33760-3407	59-2862537	501C3	10,000				GENERAL SUPPORT
(9)	ALBANY ACADEMY 135 ACADEMY RD ALBANY NY 12208	14-1338579	501C3	340,894				GENERAL SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **198**
- 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) (2020)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
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OMB No. 1545-0047

2020

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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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	ALPHA HOUSE OF PINELLAS INC. 701 5TH AVE N SAINT PETERSBURG FL 33701-2215	59-1991525	501C3	20,670				GENERAL SUPPORT
(2)	ALSAC/ST. JUDE CHILDREN'S RESEARCH ATTN: SUSAN GRAHAM MEMPHIS TN 38105-1905	35-1044585	501C3	6,636				GENERAL SUPPORT
(3)	AMERICAN HEART ASSOCIATION PO BOX 22035 SAINT PETERSBURG FL 33742	13-5613797	501C3	7,497				GENERAL SUPPORT
(4)	AMERICAN LUNG ASSOCIATION AMERICAN LUNG ASSOCIATION IN FL TAMPA FL 33602-5315	13-1632524	501C3	7,247				GENERAL SUPPORT
(5)	AMERICAN STAGE THEATRE PO BOX 1560 SAINT PETERSBURG FL 33731-1560	59-1777189	501C3	15,000				GENERAL SUPPORT
(6)	A.T. STILL UNIVERSITY ATTENTION: DEVELOPMENT KIRKSVILLE MO 63501	43-0356250	501C3	10,000				GENERAL SUPPORT
(7)	AUDUBON OF FLORIDA 4500 BISCAYNE BLVD MIAMI FL 33137	59-0245495	501C3	23,425				GENERAL SUPPORT
(8)	BAY AREA LEGAL SERVICES INC. 1302 N 19TH ST TAMPA FL 33605	59-1171886	501C3	146,824				GENERAL SUPPORT
(9)	BETH-EL FARMWORKER MINISTRY 18240 HWY 301 S WIMAUMA FL 33598	59-3004876	501C3	30,000				GENERAL SUPPORT

- 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) (2020)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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23-7113194

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	BIG BROTHERS BIG SISTERS OF TAMPA 4630 WOODLAND CORP BLVD STE 160 TAMPA FL 33614-2429	B 59-2173085	501C3	20,348				GENERAL SUPPORT
(2)	BLI LEARNING LABS 5100 1ST AVE N SAINT PETERSBURG FL 33710	82-2896031	501C3	14,070				GENERAL SUPPORT
(3)	BOLEY CENTERS INC. 445 31ST ST N SAINT PETERSBURG FL 33713-7605	59-1290089	501C3	182,722				GENERAL SUPPORT
(4)	BOYS & GIRLS CLUBS OF THE SUNCOAST 4625 EAST BAY DR STE 103 CLEARWATER FL 33764-6866	59-1566799	501C3	127,407				GENERAL SUPPORT
(5)	BROOKWOOD FLORIDA INC. 901 7TH AVE S SAINT PETERSBURG FL 33705-1998	59-0624387	501C3	29,147				GENERAL SUPPORT
(6)	CASA (COMMUNITY ACTION STOPS ABUSE) PO BOX 414 SAINT PETERSBURG FL 33731-0414	59-2114359	501C3	58,046				GENERAL SUPPORT
(7)	CATHOLIC CHARITIES DIOCESE OF ST. 1213 16TH ST N SAINT PETERSBURG FL 33705-1032	P 59-0875805	501C3	39,500				GENERAL SUPPORT
(8)	CHAMPIONS FOR CHILDREN 3108 W AZEELE ST TAMPA FL 33604	59-1807551	501C3	10,000				GENERAL SUPPORT
(9)	CHAUTAUQUA FOUNDATION INC. PO BOX 28 CHAUTAUQUA NY 14722	16-6028421	501C3	6,000				GENERAL SUPPORT

- 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) (2020)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	CHAUTAUQUA WOMEN'S CLUB INC. BOX R CHAUTAUQUA NY 14722	16-6037537	501C3	10,000				GENERAL SUPPORT
(2)	CITIZENS ALLIANCE FOR PROGRESS INC. 401 E MARTIN LUTHER KING JR DR TARPON SPRINGS FL 34689-4451	59-2299047	501C3	15,000				GENERAL SUPPORT
(3)	CITY OF LARGO PO BOX 296 LARGO FL 33779	59-6000360	501C3	17,500				GENERAL SUPPORT
(4)	CITY OF ST. PETERSBURG C/O FINANCE DEPARTMENT SAINT PETERSBURG FL 33731		501C3	528,414				GENERAL SUPPORT
(5)	CLEARWATER FREE CLINIC INC. 1218 COURT ST STE A CLEARWATER FL 33756-5809	59-1852871	501C3	10,907				GENERAL SUPPORT
(6)	CLEARWATER JAZZ HOLIDAY FOUNDATION 600 CLEVELAND ST STE 100 CLEARWATER FL 33755-4110	58-1910442	501C3	15,000				GENERAL SUPPORT
(7)	CLEARWATER MARINE AQUARIUM 249 WINDWARD PSGE CLEARWATER BEACH FL 33767-2244	59-2086737	501C3	24,764				GENERAL SUPPORT
(8)	CLEARWATER MARTIN LUTHER KING JR 1201 DOUGLAS AVE CLEARWATER FL 33755	90-0634955	501C3	10,750				GENERAL SUPPORT
(9)	CLOTHES TO KIDS INC. 1059 N HERCULES AVE CLEARWATER FL 33765-1917	14-1849798	501C3	10,500				GENERAL SUPPORT

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Department of the Treasury
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(1)	COLLEGE FUND OF PINELLAS COUNTY INC PO BOX 673 CLEARWATER FL 33757-0673	59-6178906	501C3	22,177				GENERAL SUPPORT
(2)	COMMUNITY DENTAL CLINIC 1008 WOODLAWN ST CLEARWATER FL 33756-2157	45-3340613	501C3	77,954				GENERAL SUPPORT
(3)	COMMUNITY DEVELOPMENT AND TRAINING PO BOX 530903 SAINT PETERSBURG FL 33747-0903	47-1432113	501C3	47,825				GENERAL SUPPORT
(4)	COMMUNITY LAW PROGRAM 501 1ST AVE N STE 519 SAINT PETERSBURG FL 33701-3715	59-2970727	501C3	105,378				GENERAL SUPPORT
(5)	COPTIC ORTHODOX CHARITIES INC. 2312 GULF TO BAY BLVD CLEARWATER FL 33765	55-0790330	501C3	54,500				GENERAL SUPPORT
(6)	CREATIVE CLAY 1846 1ST AVE S SAINT PETERSBURG FL 33712-1319	59-3338595	501C3	20,979				GENERAL SUPPORT
(7)	CROSS & ANVIL HUMAN SERVICES INC 201 7TH AVENUE SOUTH SAINT PETERSBURG FL 33705	46-1986465	501C3	23,897				GENERAL SUPPORT
(8)	CRYSTAL BEACH YOUTH CENTER PO BOX 434 CRYSTAL BEACH FL 34681-0975	59-3700550	501C3	11,824				GENERAL SUPPORT
(9)	DAB COMMUNITY SERVICES INC. 833 22ND ST S SAINT PETERSBURG FL 33712-2250	47-1786191	501C3	25,010				GENERAL SUPPORT

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Department of the Treasury
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(1)	DACCO BEHAVIORAL HEALTH INC. 4422 E COLUMBUS DR TAMPA FL 33605	59-1514993	501C3	30,000				GENERAL SUPPORT
(2)	DAWNING FAMILY SERVICES INC. 6718 N ARMENIA AVE TAMPA FL 33604	59-2655523	501C3	25,000				GENERAL SUPPORT
(3)	DAYSTAR LIFE CENTER 1055 28TH ST S SAINT PETERSBURG FL 33712	65-0523539	501C3	22,100				GENERAL SUPPORT
(4)	DIRECTIONS FOR LIVING 1437 S BELCHER RD CLEARWATER FL 33764-2829	59-2092715	501C3	327,967				GENERAL SUPPORT
(5)	DISABILITY ACHIEVEMENT CENTER 12552 BELCHER RD S LARGO FL 33773-3014	59-3102837	501C3	52,082				GENERAL SUPPORT
(6)	DUNEDIN CARES INC. (FOOD PANTRY) PO BOX 981 OLDSMAR FL 34677-0981	47-2522602	501C3	7,250				GENERAL SUPPORT
(7)	DUNEDIN FINE ART CENTER 1143 MICHIGAN BLVD DUNEDIN FL 34698-2712	59-1621318	501C3	33,000				GENERAL SUPPORT
(8)	EARLY LEARNING COALITION OF PINELLA EARLY LEARNING COALITION OF PINELLA CLEARWATER FL 33763-1633	59-3726679	501C3	25,000				GENERAL SUPPORT
(9)	ECHO OF BRANDON 507 N PARSONS AVE BRANDON FL 33510	59-3051533	501C3	7,000				GENERAL SUPPORT

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(1)	ECKERD CONNECTS 100 STARCREST DR CLEARWATER FL 33765-3224	59-2551416	501C3	8,000				GENERAL SUPPORT
(2)	EQUALITY FLORIDA INSTITUTE INC. PO BOX 13184 SAINT PETERSBURG FL 33733-3184	59-3435235	501C3	10,000				GENERAL SUPPORT
(3)	FAMILY PROMISE OF PINELLAS COUNTY 6201 22ND AVE N SAINT PETERSBURG FL 33710-4103	26-3550892	501C3	8,000				GENERAL SUPPORT
(4)	FEAST INC. 2255 NEBRASKA AVE PALM HARBOR FL 34683	59-2981961	501C3	32,329				GENERAL SUPPORT
(5)	FEEDING AMERICA TAMPA BAY INC. TAMPA DISTRIBUTION CENTER II TAMPA FL 33605-5940	59-2116576	501C3	735,479				GENERAL SUPPORT
(6)	FLORIDA DREAM CENTER 4017 56TH AVE N SAINT PETERSBURG FL 33714-1737	46-0663472	501C3	112,427				GENERAL SUPPORT
(7)	FLORIDA RESURRECTION HOUSE INC. 800 11TH ST N SAINT PETERSBURG FL 33705	59-2837168	501C3	10,000				GENERAL SUPPORT
(8)	FLORIDA SHERIFF'S YOUTH RANCHES INC PO BOX 2000 LIVE OAK FL 32064-1550	23-7303117	501C3	21,747				GENERAL SUPPORT
(9)	FRIENDS OF STRAYS 2911 47TH AVE N SAINT PETERSBURG FL 33714-3131	59-2156540	501C3	29,764				GENERAL SUPPORT

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(1)	FRONT PORCH CDA INC. PO BOX 531241 SAINT PETERSBURG FL 33747	59-3606615	501C3	24,246				GENERAL SUPPORT
(2)	GIRLS INC. OF PINELLAS 7700 61ST ST N PINELLAS PARK FL 33781-3213	59-0970201	501C3	39,711				GENERAL SUPPORT
(3)	GIRLS ON THE RUN GREATER TAMPA BAY 2519 N MCMULLEN BOOTH RD STE 510-14 CLEARWATER FL 33761	82-1793509	501C3	20,000				GENERAL SUPPORT
(4)	GOLDEN GENERATIONS INC. 2920 PALLANZA DR S SAINT PETERSBURG FL 33705-3608	23-2624207	501C3	56,634				GENERAL SUPPORT
(5)	GOODWILL INDUSTRIES - SUNCOAST INC. 10596 GANDY BLVD SAINT PETERSBURG FL 33702-1422	59-0718492	501C3	80,386				GENERAL SUPPORT
(6)	GREATER RIDGECREST AREA YOUTH DEVEL 13420 ADAMS CIR LARGO FL 33774	16-1730210	501C3	8,611				GENERAL SUPPORT
(7)	GREATER TAMPA BAY AREA COUNCIL BOY 13228 N CENTRAL AVE TAMPA FL 33612-3462	59-0637815	501C3	6,615				GENERAL SUPPORT
(8)	GUARDIAN AD LITEM FOUNDATION OF TAM 14250 49TH ST N STE 4000 CLEARWATER FL 33762-2800	59-2961546	501C3	28,500				GENERAL SUPPORT
(9)	GULF COAST DENTAL OUTREACH 450 KNIGHTS RUN AVE UNIT 1408 TAMPA FL 33602-5995	26-0761820	501C3	50,000				GENERAL SUPPORT

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23-7113194

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(1)	GULF COAST JEWISH FAMILY AND COMMUN 14041 ICOT BLVD CLEARWATER FL 33760-3702	59-1229354	501C3	75,825				GENERAL SUPPORT
(2)	GULFCOAST LEGAL SERVICES INC. 501 1ST AVE N STE 420 SAINT PETERSBURG FL 33701-3714	59-1882749	501C3	83,880				GENERAL SUPPORT
(3)	HABITAT FOR HUMANITY OF PINELLAS AN 13355 49TH ST N CLEARWATER FL 33762-4002	59-2509116	501C3	41,311				GENERAL SUPPORT
(4)	HEALTHY START COALITION OF PINELLAS 4000 GATEWAY CENTRE BLVD STE 200 PINELLAS PARK FL 33782-6141	59-3109517	501C3	17,768				GENERAL SUPPORT
(5)	HEELS TO HEAL INC. 290 9TH ST N STE M100 SAINT PETERSBURG FL 33705	27-1488133	501C3	28,300				GENERAL SUPPORT
(6)	H.E.L.P. MINISTRIES INC. 1381 CHURCH ST LARGO FL 33778	01-0868717	501C3	10,000				GENERAL SUPPORT
(7)	HIGH POINT COMMUNITY PRIDE INC. 5812 150TH AVE N CLEARWATER FL 33760-2132	59-3529732	501C3	7,407				GENERAL SUPPORT
(8)	HISPANIC OUTREACH CENTER 612 FRANKLIN ST CLEARWATER FL 33756-5414	27-1230728	501C3	106,633				GENERAL SUPPORT
(9)	HOMELESS EMPOWERMENT PROGRAM / HEP 1120 N BETTY LN CLEARWATER FL 33755-3303	59-2729694	501C3	46,322				GENERAL SUPPORT

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(1)	HOMELESS LEADERSHIP ALLIANCE OF PIN 647 1ST AVE N SAINT PETERSBURG FL 33701-3601	59-2935116	501C3	88,172				GENERAL SUPPORT
(2)	HOUSE OF MERCY AND ENCOURAGEMENT FO 2030 MAIN ST DUNEDIN FL 34698-5524	68-0634894	501C3	63,536				GENERAL SUPPORT
(3)	HUMANE SOCIETY OF TAMPA BAY 3607 N ARMENIA AVE TAMPA FL 33607-1322	59-0799907	501C3	27,000				GENERAL SUPPORT
(4)	INSPIRE EQUINE THERAPY PROGRAM INC. 1743 DONCASTER RD CLEARWATER FL 33764	81-3960240	501C3	6,645				GENERAL SUPPORT
(5)	INTERDENOMINATIONAL MINISTERIAL ALL 2900 1ST AVE S SAINT PETERSBURG FL 33712	57-1138270	501C3	15,000				GENERAL SUPPORT
(6)	IN TOUCH WITH COMMUNITIES AROUND TH PO BOX 35424 SAINT PETERSBURG FL 33705-0508	46-0918503	501C3	16,000				GENERAL SUPPORT
(7)	JOHNS HOPKINS ALL CHILDREN'S HOSPI 501 6TH AVE S SAINT PETERSBURG FL 33701-4634	59-2481738	501C3	28,569				GENERAL SUPPORT
(8)	JUNIOR LEAGUE OF ST. PETERSBURG FL 500 DR MARTIN LUTHER KING JR ST N S SAINT PETERSBURG FL 33705	59-0759485	501C3	10,000				GENERAL SUPPORT
(9)	LEAGUE OF WOMEN VOTERS OF FLORIDA E 2507 CALLAWAY RD STE 102A TALLAHASSEE FL 32303-5268	59-1385724	501C3	10,000				GENERAL SUPPORT

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(1)	LEALMAN & ASIAN NEIGHBORHOOD FAMILY 4255 56TH AVE N SAINT PETERSBURG FL 33714-1741	59-3631795	501C3	17,455				GENERAL SUPPORT
(2)	LEARNING EMPOWERED 12945 SEMINOLE BLVD BLDG 2 LARGO FL 33778-2319	59-1623437	501C3	38,600				GENERAL SUPPORT
(3)	LEARN TAMPA BAY INC./DBA ACHIEVE 504 E BAKER ST STE 1 PLANT CITY FL 33563	46-5045258	501C3	15,000				GENERAL SUPPORT
(4)	LIFE-SKILLS, EMPOWERMENT AND DEVELO 350 74TH AVE N APT 109 SAINT PETERSBURG FL 33702	81-5249931	501C3	9,500				GENERAL SUPPORT
(5)	LIGHTHOUSE OF PINELLAS 6925 112TH CIR STE 103 LARGO FL 33773-5200	23-7042938	501C3	52,886				GENERAL SUPPORT
(6)	LITERACY COUNCIL OF UPPER PINELLAS 223 DOUGLAS AVE DUNEDIN FL 34698-7911	59-2864557	501C3	9,250				GENERAL SUPPORT
(7)	MOREAN ARTS CENTER 719 CENTRAL AVE SAINT PETERSBURG FL 33701-3627	59-6163303	501C3	10,000				GENERAL SUPPORT
(8)	MORTON PLANT MEASE FOUNDATION INC. 1200 DRUID RD S FRNT CLEARWATER FL 33756-1926	59-1751535	501C3	39,331				GENERAL SUPPORT
(9)	MUSEUM OF FINE ARTS, ST. PETERSBURG 255 BEACH DR NE SAINT PETERSBURG FL 33701-3498	59-0949278	501C3	87,135				GENERAL SUPPORT

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(1)	NAMI PINELLAS COUNTY FLORIDA INC. 8800 49TH ST N STE 302 PINELLAS PARK FL 33782-5340	59-2819044	501C3	10,000				GENERAL SUPPORT
(2)	NEIGHBORLY CARE NETWORK 13945 EVERGREEN AVE CLEARWATER FL 33762-4525	59-1218100	501C3	695,833				GENERAL SUPPORT
(3)	NEW BEGINNINGS OF TAMPA INC. 1402 E CHILKOOT AVE TAMPA FL 33612	52-2376444	501C3	9,500				GENERAL SUPPORT
(4)	NEW VISIONS OF THE WELL INC 833 22ND ST S SAINT PETERSBURG FL 33712	83-1262405	501C3	30,000				GENERAL SUPPORT
(5)	NOMADSTUDIO INC. 12211 WALSINGHAM RD LARGO FL 33778-2008	46-4322352	501C3	53,100				GENERAL SUPPORT
(6)	NONPROFIT LEADERSHIP CENTER OF TAMP 1408 N WESTSHORE BLVD STE 140 TAMPA FL 33607-4517	59-3671047	501C3	10,000				GENERAL SUPPORT
(7)	NORTHBAY CHRISTIAN ACADEMY 2525 N MCMULLEN BOOTH RD CLEARWATER FL 33761-4162	59-3556714	501C3	9,840				GENERAL SUPPORT
(8)	OPERATION PAR INC. 6655 66TH ST N PINELLAS PARK FL 33781-5033	59-1349234	501C3	27,502				GENERAL SUPPORT
(9)	PACE CENTER FOR GIRLS INC. 4000 GATEWAY CENTRE BLVD STE 400 PINELLAS PARK FL 33782-6141	59-2414492	501C3	20,000				GENERAL SUPPORT

- 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) (2020)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	PALM HARBOR HISTORICAL SOCIETY INC. 2043 CURLEW RD PALM HARBOR FL 34683-6820	59-3246072	501C3	10,000				GENERAL SUPPORT
(2)	PARC INC 3190 TYRONE BLVD N SAINT PETERSBURG FL 33710-2919	59-0791038	501C3	41,332				GENERAL SUPPORT
(3)	PASADENA COMMUNITY CHURCH INC. 227 70TH ST S SAINT PETERSBURG FL 33707	59-0624434	501C3	17,122				GENERAL SUPPORT
(4)	PERSONAL ENRICHMENT THROUGH MENTAL 11254 58TH ST N PINELLAS PARK FL 33782-2213	59-3153549	501C3	156,149				GENERAL SUPPORT
(5)	PINELLAS COUNTY BOARD OF COUNTY COM 315 COURT ST FL 5 CLEARWATER FL 33756-5165		501C3	43,500				GENERAL SUPPORT
(6)	PINELLAS COUNTY URBAN LEAGUE INC. 333 31ST ST N SAINT PETERSBURG FL 33713-7603	59-1665523	501C3	42,700				GENERAL SUPPORT
(7)	PINELLAS EDUCATION FOUNDATION 12090 STARKEY RD LARGO FL 33773-2727	59-2688253	501C3	155,603				GENERAL SUPPORT
(8)	PINELLAS EX OFFENDER RE ENTRY COALI 12810 US HWY 19 N CLEARWATER FL 33764	59-3643636	501C3	8,000				GENERAL SUPPORT
(9)	PINELLAS OPPORTUNITY COUNCIL 501 1ST AVE N STE 517 SAINT PETERSBURG FL 33701-3715	59-1227051	501C3	1,162,134				GENERAL SUPPORT

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Schedule I (Form 990) (2020)

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(1)	PINELLAS SHERIFF'S POLICE ATHLETIC 3755 46TH AVE N SAINT PETERSBURG FL 33714-3600	59-3760782	501C3	27,000				GENERAL SUPPORT
(2)	PINELLAS YOUTH SYMPHONY PO BOX 4106 SEMINOLE FL 33775-4106	59-6173059	501C3	15,000				GENERAL SUPPORT
(3)	PLACEMENT WORKS II INC. 4422 CENTRAL AVE SAINT PETERSBURG FL 33711	20-0473682	501C3	57,628				GENERAL SUPPORT
(4)	POLICE ATHLETIC LEAGUE OF ST. PETER 1450 16TH ST N SAINT PETERSBURG FL 33704-4124	59-1060508	501C3	10,000				GENERAL SUPPORT
(5)	POSITIVE SPIN INC. 5118 N 56TH ST STE 224 TAMPA FL 33610	80-0167391	501C3	15,000				GENERAL SUPPORT
(6)	PRESCHOOL EXPERIENCE (DBA COMMUNITY 1665 25TH AVE N SAINT PETERSBURG FL 33713-4443	59-0641386	501C3	10,000				GENERAL SUPPORT
(7)	PROJECT LINK INC. 1315 W SPRUCE ST TAMPA FL 33607-3510	59-2976029	501C3	15,000				GENERAL SUPPORT
(8)	R'CLUB CHILD CARE INC. 4140 49TH ST N SAINT PETERSBURG FL 33709	59-1704870	501C3	30,861				GENERAL SUPPORT
(9)	READY FOR LIFE INC. 2300 TALL PINES DR STE 100 LARGO FL 33771-5348	26-4032979	501C3	15,000				GENERAL SUPPORT

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Schedule I (Form 990) (2020)

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(1)	RECOVER PINELLAS INC. 3627 W WATERS AVE TAMPA FL 33614	80-0626229	501C3	25,000				GENERAL SUPPORT
(2)	RELIGIOUS COMMUNITY SERVICES INC. MR. KIRK SMITH CLEARWATER FL 33756-5607	59-1309186	501C3	63,621				GENERAL SUPPORT
(3)	RHYTHM CHANGES INC. 2807 WESLEYAN DR PALM HARBOR FL 34684	47-3347884	501C3	46,536				GENERAL SUPPORT
(4)	RUTH ECKERD HALL 1111 N MCMULLEN BOOTH RD CLEARWATER FL 33759-3219	59-1803628	501C3	25,000				GENERAL SUPPORT
(5)	RUTH'S PROMISE PRINCE OF PEACE LUTHERAN CHURCH LARGO FL 33770-1561	23-7029829	501C3	7,500				GENERAL SUPPORT
(6)	SAFETY HARBOR NEIGHBORHOOD FAMILY C 1003 DR ML KING JR ST N SAFETY HARBOR FL 34695-3406	59-3406671	501C3	21,847				GENERAL SUPPORT
(7)	SAGES THEATER INC. 2618 COVE CAY DR UNIT 207 CLEARWATER FL 33760	83-4113218	501C3	7,000				GENERAL SUPPORT
(8)	SAILABILITY GREATER TAMPA BAY INC. 1001 GULF BLVD CLEARWATER BEACH FL 33767-2702	03-0419916	501C3	10,000				GENERAL SUPPORT
(9)	SALVATION ARMY CLEARWATER CORPS 1625 N BELCHER RD CLEARWATER FL 33765-1304	58-0660607	501C3	13,247				GENERAL SUPPORT

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(1)	SAVING OUR SENIORS 4362 16TH AVE S SAINT PETERSBURG FL 33711-2749	81-3577562	501C3	10,000				GENERAL SUPPORT
(2)	SCHENECTADY COUNTY HISTORICAL SOCIETY 32 WASHINGTON AVE SCHENECTADY NY 12305	14-1401793	501C3	300,000				GENERAL SUPPORT
(3)	SENIORS IN SERVICE OF TAMPA BAY INC 1306 W SLIGH AVE TAMPA FL 33604	59-2422975	501C3	18,000				GENERAL SUPPORT
(4)	SENIOR SUNSHINE SERIES INC. 110 18TH ST BELLEAIR BEACH FL 33786	83-4239630	501C3	10,198				GENERAL SUPPORT
(5)	SHRINERS HOSPITAL FOR CHILDREN ATTN: TRUST/INVESTMENT ACCOUNTING T TAMPA FL 33631	36-2193608	501C3	354,272				GENERAL SUPPORT
(6)	SOCIETY OF ST. VINCENT DE PAUL SOCIETY 384 15TH ST N SAINT PETERSBURG FL 33705-2016	59-2380770	501C3	55,066				GENERAL SUPPORT
(7)	SOUTHEASTERN GUIDE DOGS INC. 4210 77TH ST E PALMETTO FL 34221	59-2252352	501C3	6,153				GENERAL SUPPORT
(8)	SPCA TAMPA BAY 9099 130TH AVE N LARGO FL 33773-1441	59-0715928	501C3	10,309				GENERAL SUPPORT
(9)	SPEAKEASY MEDIA FOUNDATION 4310 DR MARTIN LUTHER KING ST N SAINT PETERSBURG FL 33703-4659	26-4198896	501C3	10,000				GENERAL SUPPORT

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(1)	ST. ANTHONY'S HOSPITAL 1200 7TH AVE N SAINT PETERSBURG FL 33705-1388	59-2128991	501C3	25,859				GENERAL SUPPORT
(2)	STARTING RIGHT, NOW 4600 HAINES RD SAINT PETERSBURG FL 33714-3339	26-3725699	501C3	22,658				GENERAL SUPPORT
(3)	ST. AUGUSTINE'S EPISCOPAL CHURCH 2920 26TH AVE S SAINT PETERSBURG FL 33712	59-2350452	501C3	5,561				GENERAL SUPPORT
(4)	ST. BRENDAN THE NAVIGATOR PARISH 5012 DUNE DR AVALON NJ 08202	27-3174581	501C3	10,000				GENERAL SUPPORT
(5)	STETSON UNIVERSITY 421 N WOODLAND BLVD DELAND FL 32723	59-0624416	501C3	25,000				GENERAL SUPPORT
(6)	STETSON UNIVERSITY COLLEGE OF LAW 1401 61ST ST S SAINT PETERSBURG FL 33707-3299	59-0624416	501C3	31,376				GENERAL SUPPORT
(7)	ST. JOSEPH'S HOSPITALS FOUNDATION I 2700 W DR MARTIN LUTHER KING JR BLV TAMPA FL 33607-6386	59-1100828	501C3	53,664				GENERAL SUPPORT
(8)	ST. PETERSBURG ARTS ALLIANCE 100 2ND AVE N STE 150 SAINT PETERSBURG FL 33701-3351	46-1335413	501C3	134,725				GENERAL SUPPORT
(9)	ST. PETERSBURG COLLEGE FOUNDATION PO BOX 13489 SAINT PETERSBURG FL 33733	59-1954362	501C3	11,227				GENERAL SUPPORT

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(1)	ST. PETERSBURG COLLEGE SCHOOL OF PO BOX 13489 SAINT PETERSBURG FL 33733-3489	59-1954362	501C3	29,376				GENERAL SUPPORT
(2)	ST. PETERSBURG FOUNDATION INC. C/O KAREN CHASSIN SAINT PETERSBURG FL 33701	82-5222202	501C3	50,000				GENERAL SUPPORT
(3)	ST. PETERSBURG FREE CLINIC 863 3RD AVE N SAINT PETERSBURG FL 33701-2703	23-7208280	501C3	2,310,999				GENERAL SUPPORT
(4)	ST. PETERSBURG INNOVATION DISTRICT 140 7TH AVE S LPH 314 SAINT PETERSBURG FL 33701	81-2230884	501C3	15,000				GENERAL SUPPORT
(5)	ST. PETERSBURG PREGNANCY CENTER INC 1210 22ND ST S SAINT PETERSBURG FL 33712-2259	59-3173118	501C3	10,000				GENERAL SUPPORT
(6)	ST. VINCENT DE PAUL COMMUNITY KITCH 1345 PARK ST CLEARWATER FL 33756-6039	59-3050191	501C3	10,000				GENERAL SUPPORT
(7)	SUNCOAST CENTER INC. 4024 CENTRAL AVE SAINT PETERSBURG FL 33711-1239	59-2092717	501C3	38,657				GENERAL SUPPORT
(8)	SUNCOAST HOSPICE FOUNDATION 5771 ROOSEVELT BLVD CLEARWATER FL 33760-3407	59-2252045	501C3	7,495				GENERAL SUPPORT
(9)	SUNCOAST JAZZ FESTIVAL PO BOX 395 LARGO FL 33779	59-2986002	501C3	10,035				GENERAL SUPPORT

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(1)	SUNCOAST VOICES FOR CHILDREN FOUNDATION 8550 ULMERTON RD STE 255 LARGO FL 33771-5351	20-1133518	501C3	10,000				GENERAL SUPPORT
(2)	TAMPA BAY HEALTHCARE COLLABORATIVE PO BOX 835 SAINT PETERSBURG FL 33731-0835	54-2080380	501C3	25,000				GENERAL SUPPORT
(3)	TAMPA BAY NETWORK TO END HUNGER 4532 W KENNEDY BLVD STE 252 TAMPA FL 33609-2042	36-4758155	501C3	492,530				GENERAL SUPPORT
(4)	TAMPA BAY WATCH INC. 3000 PINELLAS BAYWAY S TIERRA VERDE FL 33715	59-3191962	501C3	6,000				GENERAL SUPPORT
(5)	TAMPA JEWISH FAMILY SERVICES 522 N HOWARD AVE TAMPA FL 33606	59-1549670	501C3	10,000				GENERAL SUPPORT
(6)	TAMPA KOREAN UNITED METHODIST CHURCH C/O SUNG SOO KIM, FINANCE CHAIRMAN WESLEY CHAPEL FL 33544	59-3576073	501C3	45,000				GENERAL SUPPORT
(7)	TAMPA METROPOLITAN AREA YMCA INC. 110 E OAK AVE TAMPA FL 33602	59-1742909	501C3	20,000				GENERAL SUPPORT
(8)	TARPON SPRINGS SHEPHERD CENTER 304 S PINELLAS AVE TARPON SPRINGS FL 34689-3636	59-3070882	501C3	33,500				GENERAL SUPPORT
(9)	THE ARC TAMPA BAY INC. 1501 N BELCHER RD STE 249 CLEARWATER FL 33765-1300	59-1056551	501C3	125,418				GENERAL SUPPORT

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(1)	THE CENTRE FOR WOMEN 305 S HYDE PARK AVE TAMPA FL 33606	59-1787902	501C3	7,500				GENERAL SUPPORT
(2)	THE DEUCES LIVE INC. 833 22ND ST S SAINT PETERSBURG FL 33712	45-0701090	501C3	37,500				GENERAL SUPPORT
(3)	THE FAMILY HEALTHCARE FOUNDATION 16002 BURNHAM WAY TAMPA FL 33647	59-3517416	501C3	30,000				GENERAL SUPPORT
(4)	THE FLORIDA HOLOCAUST MUSEUM 55 5TH ST S SAINT PETERSBURG FL 33701-4146	59-2981494	501C3	10,000				GENERAL SUPPORT
(5)	THE FLORIDA ORCHESTRA INC. 244 2ND AVE N STE 420 SAINT PETERSBURG FL 33701-3306	59-1223691	501C3	15,300				GENERAL SUPPORT
(6)	THE GATHERING OF WOMEN INC. 600 31ST ST S SAINT PETERSBURG FL 33712	27-1689089	501C3	61,924				GENERAL SUPPORT
(7)	THE HARBOR DISH INC. 255 5TH AVE S SAFETY HARBOR FL 34695-4034	46-2344552	501C3	33,847				GENERAL SUPPORT
(8)	THE KIND MOUSE PRODUCTIONS INC. 3934 HUNTINGTON ST NE SAINT PETERSBURG FL 33703-6040	45-2455492	501C3	116,362				GENERAL SUPPORT
(9)	THE KIRK OF DUNEDIN 2686 BAYSHORE BLVD DUNEDIN FL 34698-1801	59-1211410	501C3	8,000				GENERAL SUPPORT

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- 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) (2020)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	THE OUTREACH CLINIC INC. 517 N PARSONS AVE BRANDON FL 33510	59-2917499	501C3	10,000				GENERAL SUPPORT
(2)	THE RED TENT WOMEN'S INITIATIVE INC 535 CENTRAL AVE STE 317 SAINT PETERSBURG FL 33701	46-0596084	501C3	25,000				GENERAL SUPPORT
(3)	THE SALVADOR DALI MUSEUM INC. 1 DALI BLVD SAINT PETERSBURG FL 33701-3920	59-2015192	501C3	10,000				GENERAL SUPPORT
(4)	THE SHIRLEY PROCTOR PULLER FOUNDATI 4133 CORTEZ WAY S SAINT PETERSBURG FL 33712	46-4930592	501C3	27,800				GENERAL SUPPORT
(5)	THE SOCIETY OF ST. VINCENT DE PAUL 2176 MARILYN ST CLEARWATER FL 33765	61-1587026	501C3	27,000				GENERAL SUPPORT
(6)	THE TIFFIN SCHOOL FOUNDATION C/O NPT-UK JENKINTOWN PA 19046	23-7825575	501C3	7,000				GENERAL SUPPORT
(7)	TIDES FOUNDATION ATTN: FLORIDA RIGHTS RESTORATION SAN FRANCISCO CA 94139-9381	51-0198509	501C3	200,000				GENERAL SUPPORT
(8)	UNITED FOOD BANK AND SERVICES OF 702 E ALSOBROOK STE H PLANT CITY FL 33563	59-3069728	501C3	10,000				GENERAL SUPPORT
(9)	UNITED WAY SUNCOAST 5201 W KENNEDY BLVD STE 600 TAMPA FL 33609-1820	59-3725701	501C3	5,500				GENERAL SUPPORT

- 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) (2020)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	UNIVERSITY AREA COMMUNITY DEVELOPEME 14013 N 22ND ST TAMPA FL 33613-3624	31-1624121	501C3	10,000				GENERAL SUPPORT
(2)	UNIVERSITY OF FLORIDA OFFICE OF STUDENT FINANCIAL AFFAIRS GAINESVILLE FL 32611-4025	59-6002052	501C3	6,486				GENERAL SUPPORT
(3)	UNIVERSITY OF FLORIDA COLLEGE OF ME PO BOX 100243 GAINESVILLE FL 32610	59-0974739	501C3	12,793				GENERAL SUPPORT
(4)	UNIVERSITY OF SOUTH FLORIDA CONTROLLER'S OFFICE ORLANDO FL 32886-4571	59-3102112	501C3	31,861				GENERAL SUPPORT
(5)	UP WITH LIFE MINISTRIES 519 CREST AVE S CLEARWATER FL 33756	59-3502057	501C3	10,000				GENERAL SUPPORT
(6)	VOICES OF HOPE FOR APHASIA 6798 CROSSWINDS DR STE B-102 SAINT PETERSBURG FL 33710	45-3554825	501C3	20,124				GENERAL SUPPORT
(7)	WAREHOUSE ARTS DISTRICT ASSOCIATION 515 22ND ST S SAINT PETERSBURG FL 33712-1758	46-0826859	501C3	11,000				GENERAL SUPPORT
(8)	WHEELCHAIRS 4 KIDS INC. 1976 S PINELLAS AVE TARPON SPRINGS FL 34689-1942	45-1308941	501C3	10,000				GENERAL SUPPORT
(9)	YMCA OF GREATER ST. PETERSBURG INC. 600 1ST AVE N STE 201 SAINT PETERSBURG FL 33701-3609	59-0624468	501C3	35,000				GENERAL SUPPORT

- 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) (2020)

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 RENTAL ASSISTANCE	60	183,418			
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

2020

**Open to Public
Inspection**

PINELLAS COMMUNITY FOUNDATION

Employer identification number
23-7113194

Part I Questions Regarding Compensation

	Yes	No
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"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input type="checkbox"/> Compensation committee		
<input type="checkbox"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input type="checkbox"/> Compensation survey or study		
<input 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?		X
b Participate in or receive payment from a supplemental nonqualified retirement plan?		X
c Participate in or receive payment from an equity-based compensation arrangement?		X
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?		X
b Any related organization?		X
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?		X
b Any related organization?		X
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		X
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		X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DUGGAN COOLEY, CFRE CEO / SECRETARY	(i)	191,380	0	0	0	0	191,380	0
	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**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

2020

**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	1,375,062	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 (SERVICES)	X	1	88,625	ADVERTISING SPOTS
26 Other ()				
27 Other ()				
28 Other ()				

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

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

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

Schedule M (Form 990) 2020

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

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SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service

Name of the organization

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020**Open to Public
Inspection**

Employer identification number

PINELLAS COMMUNITY FOUNDATION**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) SEEKS EFFECTIVE SOLUTIONS FOR PINELLAS
COUNTY'S MOST CHALLENGING SOCIAL, ENVIRONMENTAL AND EDUCATIONAL ISSUES,
WHILE SUPPORTING THE ADVANCEMENT OF ARTS AND CULTURE. PCF IS THE ONLY
CHARITABLE FOUNDATION OF ITS KIND SOLELY DEDICATED TO ENHANCING THE QUALITY
OF LIFE FOR ALL PINELLAS COUNTY RESIDENTS. IN 2020, MORE THAN 100
CHARITABLE ORGANIZATIONS RECEIVED DONOR-FUNDED GRANTS TO SUPPORT THEIR
COMMUNITY PROGRAMS. IT IS THANKS TO THE GENEROSITY OF DONORS THAT THIS WORK
IS POSSIBLE.

GRANTS FROM PCF IMPROVE THE QUALITY OF LIFE BY BRINGING TOGETHER
PHILANTHROPY AND SOLUTIONS TO LOCAL ISSUES. GRANTS SUPPORT SOLUTIONS TO A
BROAD RANGE OF ISSUES INCLUDING CHILDHOOD HUNGER, HOMELESSNESS, ACCESS TO
HEALTHCARE, ARTS EDUCATION, AND COLLEGE SCHOLARSHIPS.

PCF PROVIDES COMMUNITY LEADERSHIP THROUGH THE EXPLORATION OF PARTICULAR
COMMUNITY NEEDS AND CHALLENGES. DURING THE YEAR 2020, PCF CONVENE
COMMUNITY PARTNERS TO LEARN MORE ABOUT THE VITALITY AND VULNERABILITIES OF
OUR AGING POPULATION. PCF DEVELOPED THE MONIKER ACT II TO CELEBRATE THIS

Name of the organization PINELLAS COMMUNITY FOUNDATION	Employer identification number 23-7113194
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SPECIAL POPULATION AND RECOGNIZE THEIR MANY CONTRIBUTIONS DURING THE SECOND ACT OF LIFE. ALSO, PCF WORKED WITH PARTNERS TO LAUNCH A COMPREHENSIVE COMMUNITY NEEDS ASSESSMENT TO MORE CONCRETELY UNDERSTAND THE NEEDS OF OUR AGING COMMUNITY. WITH PARTNERS, THIS NEEDS ASSESSMENT PROCESS WILL TAKE PLACE IN YEAR 2020.

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 COMMITTEE APPROVES CEO COMPENSATION

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION AVAILABLE ON REQUEST

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

TRUSTEE FEES	\$ -660,491
TRUSTEE FEES	\$ 660,491

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

PINELLAS COMMUNITY FOUNDATION

Employer identification number

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 82-4362545 CLEARWATER FL 33764	CHARITABLE				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?	
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							

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

DAA

Schedule R (Form 990) 2020

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(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	
(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 country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(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.

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

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners 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)													

Form 990	Two Year Comparison Report	2019 & 2020
For calendar year 2020, or tax year beginning _____, ending _____		

Name

Taxpayer Identification Number

PINELLAS COMMUNITY FOUNDATION**23-7113194**

		2019	2020	Differences
Revenue	1. Contributions, gifts, grants	1. 10,873,674	7,204,309	-3,669,365
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3.	11,496,651	11,496,651
	4. Program service revenue	4.		
	5. Investment income	5. 3,163,369	2,792,389	-370,980
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7. 1,290,645	2,617,624	1,326,979
	8. Net income or (loss) from fundraising events	8.		
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11.		48,907
	12. Total revenue. Add lines 1 through 11	12. 15,327,688	24,159,880	8,832,192
Expenses	13. Grants and similar amounts paid	13. 3,259,978	18,137,875	14,877,897
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15. 128,925	191,380	62,455
	16. Salaries, other compensation, and employee benefits	16. 352,997	402,699	49,702
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 1,105,224	1,587,345	482,121
	19. Occupancy, rent, utilities, and maintenance	19. 56,976	62,576	5,600
	20. Depreciation and Depletion	20.		
	21. Other expenses	21. 217,665	300,145	82,480
	22. Total expenses. Add lines 13 through 21	22. 5,121,765	20,682,020	15,560,255
	23. Excess or (Deficit). Subtract line 22 from line 12	23. 10,205,923	3,477,860	-6,728,063
Other Information	24. Total exempt revenue	24. 15,327,688	24,159,880	8,832,192
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 4,454,014	5,458,920	1,004,906
	27. Total assets	27. 120,047,340	135,249,213	15,201,873
	28. Total liabilities	28. 63,249	5,644,002	5,580,753
	29. Retained earnings	29. 119,984,091	129,605,211	9,621,120
	30. Number of voting members of governing body	30. 17	14	
	31. Number of independent voting members of governing body	31. 17	14	
	32. Number of employees	32. 6	8	
	33. Number of volunteers	33.	42	

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Federal Statements

FYE: 12/31/2020

Taxable Dividends from Securities

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
DIVIDENDS	\$ 2,622,638		14			
SPLIT INTEREST VALUE CHANGE	169,751		14			
TOTAL	<u>\$ 2,792,389</u>					

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
CONSULTANT	\$ 407,103	\$ 209,710	\$ 2,540	\$ 194,853
TOTAL	<u>\$ 407,103</u>	<u>\$ 209,710</u>	<u>\$ 2,540</u>	<u>\$ 194,853</u>

Form 990, Part IX, Line 24e - All Other Expenses

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
PROFESSIONAL DUES	\$ 2,850	\$ 1,140	\$ 285	\$ 1,425
SUPPLIES	1,849	1,147	351	351
EQUIPMENT	463	324	139	
TOTAL	<u>\$ 5,162</u>	<u>\$ 2,611</u>	<u>\$ 775</u>	<u>\$ 1,776</u>

Federal Statements**Schedule A, Part II, Line 1(e)**

Description	<u>Amount</u>
U.S. TREASURY-CARES ACT	\$ 11,496,651
CONTRIBUTIONS-PUBLICLY TRADED SEC.	1,375,062
CONTRIBUTIONS-SERVICES	88,625
CONTRIBUTIONS AND BEQUESTS	5,719,140
MEMBERSHP, CONTRIBUTIONS	21,482
TOTAL	<u>\$ 18,700,960</u>

Schedule A, Part II, Line 8(e)

Description	<u>Amount</u>
DIVIDENDS	\$ 2,622,638
SPLIT INTEREST VALUE CHANGE	169,751
TOTAL	<u>\$ 2,792,389</u>

Schedule A, Part II, Line 10(e)

Description	<u>Amount</u>
MISCELLANEOUS INCOME	\$ 48,907
TOTAL	<u>\$ 48,907</u>