

Form **990**

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

OMB No. 1545-0047

2021
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2021 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

F Name and address of principal officer:
DUGGAN COOLEY, CFRE
17755 US HIGHWAY 19 N, SUITE 150
CLEARWATER FL 33764

G Gross receipts \$ **46,301,282**

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** **H(c)** Group exemption number ▶

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1969** **M** State of legal domicile: **FL**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO IMPROVE THE QUALITY OF LIFE IN OUR COMMUNITY BY BRINGING TOGETHER PHILANTHROPY AND SOLUTIONS TO LOCAL ISSUES.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	9
	6 Total number of volunteers (estimate if necessary)	6	37
	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)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	18,700,960	14,352,550
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,410,013	8,886,192
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	48,907	26,209
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	24,159,880	23,264,951
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	18,137,875	16,791,030
	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)	594,079	579,770
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 396,838		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,950,066	1,521,231
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	20,682,020	18,892,031	
19 Revenue less expenses. Subtract line 18 from line 12	3,477,860	4,372,920	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	135,249,213	142,858,566
	22 Net assets or fund balances. Subtract line 21 from line 20	5,644,002	1,217,908
		129,605,211	141,640,658

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: **DUGGAN COOLEY, CFRE** Date: **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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2021)

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 \$ **18,217,003** including grants of \$ **16,791,030**) (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 **18,217,003**

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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

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

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

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

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.		
1b	Enter the number of voting members included on line 1a, above, who are independent.		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	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
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed FL
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DUGGAN COOLEY, CFRE CEO / SECRETARY	40.00 0.00			X				170,653	0	13,500
(2) NICOLE CARR BOARD MEMBER	1.00 0.00	X						0	0	0
(3) BO BRAULT, CPA BOARD MEMBER	1.00 0.00	X						0	0	0
(4) DAVID SIETSMA, CPA BOARD MEMBER	1.00 0.00	X						0	0	0
(5) RICHARD G. BUSCHART, CPA BOARD MEMBER	1.00 0.00	X						0	0	0
(6) ROBIN DAVIDOV BOARD MEMBER	1.00 0.00	X						0	0	0
(7) ERICA K. SMITH, ESQ. BOARD MEMBER	1.00 0.00	X						0	0	0
(8) JAY W. FLEECE III, ESQ. CHAIR	1.00 0.00	X		X				0	0	0
(9) RENE FLOWERS BOARD MEMBER	1.00 0.00	X						0	0	0
(10) WILLIAM HORNE BOARD MEMBER	1.00 0.00	X						0	0	0
(11) JUDGE MYRIAM IRIZARRY 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) GINNY ROWELL	1.00									
BOARD MEMBER	0.00	X						0	0	
(13) ELITHIA V. STANFIELD	1.00									
BOARD MEMBER	0.00	X						0	0	
(14) WILLIAM STURTEVANT	1.00									
BOARD MEMBER	0.00	X						0	0	
(15) IRENE H. SULLIVAN	1.00									
BOARD MEMBER	0.00	X						0	0	
(16) FREDDY WILLIAMS	1.00									
BOARD MEMBER	0.00	X						0	0	
1b Subtotal								170,653	13,500	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								170,653	13,500	

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? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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	6,163,925				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	8,188,625				
	g Noncash contributions included in lines 1a-1f	1g	\$ 1,626,244				
	h Total. Add lines 1a-1f		14,352,550				
				Business Code			
Program Service Revenue	2a						
	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)		2,771,411			2,771,411	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real					
		(ii) Personal					
		6a					
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		7a	29,151,112				
		b Less: cost or other basis and sales exps.	7b	23,036,331			
	c Gain or (loss)	7c	6,114,781				
	d Net gain or (loss)		6,114,781			6,114,781	
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				Business Code			
	11a MISCELLANEOUS INCOME		26,209			26,209	
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d		26,209					
12 Total revenue. See instructions		23,264,951	0	0	8,912,401		

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	16,599,972	16,599,972		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	191,058	191,058		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	170,655	153,589	8,533	8,533
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	371,545	144,621	127,017	99,907
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	37,232	20,478	9,308	7,446
10 Payroll taxes	338	185	85	68
11 Fees for services (nonemployees):				
a Management				
b Legal	72,684		72,684	
c Accounting	24,500	12,005	12,495	
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees	733,167	733,167		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	435,708	220,139	3,481	212,088
12 Advertising and promotion				
13 Office expenses				
14 Information technology	43,618	23,870	10,306	9,442
15 Royalties				
16 Occupancy	72,031	39,617	18,008	14,406
17 Travel	1,831	1,007	458	366
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	8,226	5,251	2,321	654
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	28,771	21,900	5,147	1,724
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	53,081	26,540		26,541
b POSTAGE	21,509	9,249	430	11,830
c OTHER	12,428	7,342	4,014	1,072
d TELEPHONE	6,643	3,653	1,661	1,329
e All other expenses	7,034	3,360	2,242	1,432
25 Total functional expenses. Add lines 1 through 24e	18,892,031	18,217,003	278,190	396,838
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)		(B)	
		Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing	2,500	1	2,500
	2	Savings and temporary cash investments	7,768,837	2	1,152,758
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	62,998	4	293,220
	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	122,020,817	11	136,021,482
	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	5,394,061	15	5,388,606	
16	Total assets. Add lines 1 through 15 (must equal line 33)	135,249,213	16	142,858,566	
Liabilities	17	Accounts payable and accrued expenses	4,018,183	17	21,122
	18	Grants payable	557,500	18	1,170,720
	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	1,068,319	25	26,066
	26	Total liabilities. Add lines 17 through 25	5,644,002	26	1,217,908
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	32,716,687	27	35,087,536
	28	Net assets with donor restrictions	96,888,524	28	106,553,122
	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	129,605,211	32	141,640,658	
33	Total liabilities and net assets/fund balances	135,249,213	33	142,858,566	

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	23,264,951
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,892,031
3	Revenue less expenses. Subtract line 2 from line 1	3	4,372,920
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	129,605,211
5	Net unrealized gains (losses) on investments	5	7,662,517
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
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	141,640,658

Part XII Financial Statements and Reporting

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

Yes No

1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	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	2b	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.	2c	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?	3a	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	3b	X

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization PINELLAS COMMUNITY FOUNDATION	Employer identification number 23-7113194
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

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

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

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

Schedule A (Form 990) 2021

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,130,723	7,790,236	10,873,674	18,700,960	14,352,550	54,848,143
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	3,130,723	7,790,236	10,873,674	18,700,960	14,352,550	54,848,143
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)						15,200,907
6 Public support. Subtract line 5 from line 4						39,647,236

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	3,130,723	7,790,236	10,873,674	18,700,960	14,352,550	54,848,143
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,745,761	2,766,586	3,163,369	2,792,389	2,771,411	14,239,516
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				48,907	26,209	75,116
11 Total support. Add lines 7 through 10						69,162,775
12 Gross receipts from related activities, etc. (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	14	57.32 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	49.78 %

- 16a **33 1/3% support test—2021.** 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
- b **33 1/3% support test—2020.** 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
- 17a **10%-facts-and-circumstances test—2021.** 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
- b **10%-facts-and-circumstances test—2020.** 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
- 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

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2021. 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—2020. 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 box 12a or 12b in Part I, answer lines 4b and 4c 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).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <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 on lines 11b and 11c below, the governing body of a supported organization?		
b	A family member of a person described on line 11a above?		
c	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

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>		

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>		

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 on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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 on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
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>		

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 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 2021 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-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

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

PART II, LINE 10 - OTHER INCOME DETAIL

OTHER INCOME \$ **75,116**

**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

2021

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	38	
2 Aggregate value of contributions to (during year)	2,144,740	
3 Aggregate value of grants from (during year)	1,587,552	
4 Aggregate value at end of year	25,476,561	

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements.

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- | | |
|---|---|
| <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) | <input type="checkbox"/> Preservation of a historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> Preservation of open space | |

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

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

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

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

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

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

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

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

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

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

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

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

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

- (i) Revenue included on Form 990, Part VIII, line 1 ▶ \$
- (ii) Assets included in Form 990, Part X ▶ \$

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

- a Revenue included on Form 990, Part VIII, line 1 ▶ \$
- b Assets included in Form 990, Part X ▶ \$

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 | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	122,020,817	113,384,017	95,684,026	96,682,602	88,084,057
b Contributions	3,737,637	3,620,131	6,251,833	7,710,554	2,549,570
c Net investment earnings, gains, and losses	15,556,674	10,723,031	16,084,400	-4,315,821	9,407,791
d Grants or scholarships	4,634,169	5,127,745	4,170,578	2,726,365	2,307,324
e Other expenditures for facilities and programs					
f Administrative expenses	660,477	578,617	465,664	1,666,944	1,051,492
g End of year balance	136,021,482	122,020,817	113,384,017	95,684,026	96,682,602

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

- a** Board designated or quasi-endowment **▶ 26.34 %**
- b** Permanent endowment **▶ 73.66 %**
- c** Term endowment **▶ %**

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations

(ii) Related organizations

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

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Yes No

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) PAYROLL LIABILITIES	20,625
(3) DEFERRED RENT	5,441
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	26,066

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	30,194,309
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	7,662,517	
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	-733,159	
	e Add lines 2a through 2d			2e 6,929,358
3	Subtract line 2e from line 1			3 23,264,951
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 23,264,951

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	18,158,862
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	-733,169	
	e Add lines 2a through 2d			2e -733,169
3	Subtract line 2e from line 1			3 18,892,031
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 18,892,031

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	\$	-733,154
OTHER	\$	-5

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

TRUSTEE FEES	\$	-733,154
OTHER	\$	-15

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

PINELLAS COMMUNITY FOUNDATION

Employer identification number

23-7113194

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EUROPE			GENERAL SUPPORT	SEE PART I	191,058
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					191,058
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					191,058

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

Schedule F (Form 990) 2021

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE	GENERAL SUPPORT	184,058	WIRE TRANSFER			
(2)			EUROPE	GENERAL SUPPORT	7,000	WIRE TRANSFER			
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

3 Enter total number of other organizations or entities 0

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

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

Part IV Foreign Forms

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

Schedule F (Form 990) 2021

Part V Supplemental Information

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

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

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

PART I, LINE 3 - ACTIVITIES PER REGION

REGION	EXPENDITURES	INVESTMENTS
EUROPE	\$ 191,058	\$ 0

**SCHEDULE I
(Form 990)**

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

OMB NO. 1545-0047
2021
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

PINELLIAS COMMUNITY FOUNDATION

Employer identification number
23-7113194

Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	A DOOR OF HOPE 8900 US HWY 19 N PINELLIAS PARK FL 33782	45-3993709	501C3	10,000				GENERAL SUPPORT
(2)	ADOPTON RELATED SERVICES OF PINELL 3941 68TH AVE N PINELLIAS PARK FL 33781	56-2559756	501C3	20,000				GENERAL SUPPORT
(3)	ADULT LUTHERANS ORGANIZED FOR ACTIO PO BOX 4367 CLEARWATER FL 33758-4367	36-3792251	501C3	10,000				GENERAL SUPPORT
(4)	ADVANTAGE VILLAGE ACADEMY 833 22ND ST S STE A SAINT PETERSBURG FL 33712	27-0500839	501C3	76,939				GENERAL SUPPORT
(5)	AEDI FOUNDATION 661 17TH AVE S SAINT PETERSBURG FL 33701	83-4188727	501C3	25,000				GENERAL SUPPORT
(6)	AFRICAN-AMERICAN HERITAGE ASSOCIATI 2240 9TH AVE S SAINT PETERSBURG FL 33712	46-2372617	501C3	80,000				GENERAL SUPPORT
(7)	AGENCY FOR COMMUNITY TREATMENT SERV 4612 N 56TH ST TAMPA FL 33610-7123	59-1860626	501C3	7,578				GENERAL SUPPORT
(8)	AIDS SERVICE ASSOCIATION OF PINELLIA 5771 ROOSEVELT BLVD CLEARWATER FL 33760-3407	59-2862537	501C3	7,543				GENERAL SUPPORT
(9)	A KIDS PLACE OF TAMPA BAY 1715 LITHIA PINECREST RD BRANDON FL 33511	26-2757636	501C3	10,000				GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 188**

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

**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
2021
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. Yes No

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 non-cash assistance	(h) Purpose of grant or assistance
(1)	ALBANY ACADEMY 135 ACADEMY RD ALBANY NY 12208	14-1338579	501C3	440,505				GENERAL SUPPORT
(2)	ALL KIDNEY PATIENT SUPPORT GROUP 2802 6TH AVE S SAINT PETERSBURG FL 33712	81-0778105	501C3	33,197				GENERAL SUPPORT
(3)	ALPHA HOUSE OF PINELLAS INC. 701 5TH AVE N SAINT PETERSBURG FL 33701-2215	59-1991525	501C3	15,515				GENERAL SUPPORT
(4)	ALISAC/ST. JUDE CHILDREN'S RESEARCH ATTN: SUSAN GRAHAM MEMPHIS TN 38105-1905	35-1044585	501C3	8,135				GENERAL SUPPORT
(5)	AMERICAN HEART ASSOCIATION PO BOX 22035 SAINT PETERSBURG FL 33742	13-5613797	501C3	5,908				GENERAL SUPPORT
(6)	AMERICAN LUNG ASSOCIATION AMERICAN LUNG ASSOCIATION IN FL TAMPA FL 33602-5315	13-1632524	501C3	5,408				GENERAL SUPPORT
(7)	AMERICAN STAGE THEATRE PO BOX 1560 SAINT PETERSBURG FL 33731-1560	59-1777189	501C3	15,000				GENERAL SUPPORT
(8)	A MOTHER'S ARMS INC. 361 HANCOCK ST DUNEDIN FL 34698	83-3805815	501C3	15,000				GENERAL SUPPORT
(9)	ARTZ 4 LIFE ACADEMY INC. 1751 KINGS HWY CLEARWATER FL 33755-2026	59-3483799	501C3	15,000				GENERAL SUPPORT

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

3 Enter total number of other organizations listed in the line 1 table 2

**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
2021
Open to Public Inspection

Name of the organization **PINELIAS COMMUNITY FOUNDATION**

Employer identification number
23-7113194

Part I General Information on Grants and Assistance

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

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	A. T. STILL UNIVERSITY ATTENTION: DEVELOPMENT KIRKSVILLE MO 63501	43-0356250	501C3	10,000				GENERAL SUPPORT
(2)	AUDUBON OF FLORIDA 4500 BISCAYNE BLVD MIAMI FL 33137	59-0245495	501C3	19,448				GENERAL SUPPORT
(3)	BAY AREA LEGAL SERVICES INC. 1302 N 19TH ST TAMPA FL 33605	59-1171886	501C3	53,424				GENERAL SUPPORT
(4)	BLI LEARNING LABS 5100 78TH AVE NORTH SUITE 5 PINELIAS PARK FL 33781	82-2896031	501C3	15,000				GENERAL SUPPORT
(5)	BOLEY CENTERS INC. 445 31ST ST N SAINT PETERSBURG FL 33713-7605	59-1290089	501C3	239,901				GENERAL SUPPORT
(6)	BOYS & GIRLS CLUBS OF THE SUNCOAST 4625 EAST BAY DR STE 103 CLEARWATER FL 33764-6866	59-1566799	501C3	278,675				GENERAL SUPPORT
(7)	BROOKWOOD FLORIDA INC. 901 7TH AVE S SAINT PETERSBURG FL 33705-1998	59-0624387	501C3	53,251				GENERAL SUPPORT
(8)	CARING FOR GIRLS ACADEMY INC 4556 CORTEZ WAY S SAINT PETERSBURG FL 33712	45-2780019	501C3	15,456				GENERAL SUPPORT
(9)	CASA (COMMUNITY ACTION STOPS ABUSE) PO BOX 414 SAINT PETERSBURG FL 33731-0414	59-2114359	501C3	92,276				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 **▶**

**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.
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OMB No. 1545-0047
2021
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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 non-cash assistance	(h) Purpose of grant or assistance
(1)	CATHOLIC CHARITIES DIOCESE OF ST. P 1213 16TH ST N SAINT PETERSBURG FL 33705-1032	59-0875805	501C3	55,000				GENERAL SUPPORT
(2)	CELEBRATE OUTREACH INC 100 MIRROR LAKE DR N SAINT PETERSBURG FL 33701	90-0578754	501C3	33,889				GENERAL SUPPORT
(3)	CHANGING THE GAME FOR A NEW GENERAT 2822 W VIRGINIA AVE TAMPA FL 33607	81-3641562	501C3	41,640				GENERAL SUPPORT
(4)	CHAUTAUQUA FOUNDATION INC. PO BOX 28 CHAUTAUQUA NY 14722	16-6028421	501C3	10,000				GENERAL SUPPORT
(5)	CITIZENS ALLIANCE FOR PROGRESS INC. 401 E MARTIN LUTHER KING JR DR TARPOON SPRINGS FL 34689-4451	59-2299047	501C3	9,900				GENERAL SUPPORT
(6)	CITY OF DUNEDIN 542 MAIN ST DUNEDIN FL 34698-4966	59-6000310	501C3	4,500,000				GENERAL SUPPORT
(7)	CITY OF INDIAN ROCKS BEACH 1507 BAY PALM BLVD INDIAN ROCKS BEACH FL 33785-2827	59-6019761	501C3	25,000				GENERAL SUPPORT
(8)	CLEARWATER JAZZ HOLIDAY FOUNDATION 600 CLEVELAND ST STE 100 CLEARWATER FL 33755-4110	58-1910442	501C3	15,000				GENERAL SUPPORT
(9)	CLEARWATER MARINE AQUARIUM 249 WINDWARD PSGE CLEARWATER BEACH FL 33767-2244	59-2086737	501C3	21,596				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) (2021)**

**SCHEDULE I
(Form 990)**

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

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047
2021
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Name of the organization

PINELLAS COMMUNITY FOUNDATION

Employer identification number
23-7113194

Part I General Information on Grants and Assistance

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

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	CLEARWATER MARTIN LUTHER KING JR NE 1201 DOUGLAS AVE CLEARWATER FL 33755	90-0634955	501C3	25,000				GENERAL SUPPORT
(2)	CLEARWATER NEIGHBORHOOD FAMILY CENT 900 N MARTIN LUTHER KING JR AVE CLEARWATER FL 33755-3344	27-0435230	501C3	28,044				GENERAL SUPPORT
(3)	CLEARWATER NEIGHBORHOOD HOUSING SER 608 N GARDEN AVE CLEARWATER FL 33755	59-1898543	501C3	10,000				GENERAL SUPPORT
(4)	CLOTHES TO KIDS INC. 1059 N HERCULES AVE CLEARWATER FL 33765-1917	14-1849798	501C3	11,000				GENERAL SUPPORT
(5)	CLOUD NINE OUTDOORS 1403 DRUID RD E CLEARWATER FL 33767	81-1404393	501C3	10,798				GENERAL SUPPORT
(6)	COLLEGE FUND OF PINELLAS COUNTY INC PO BOX 673 CLEARWATER FL 33757-0673	59-6178906	501C3	20,498				GENERAL SUPPORT
(7)	COMMUNITY DENTAL CLINIC 1008 WOODLAWN ST CLEARWATER FL 33756-2157	45-3340613	501C3	30,000				GENERAL SUPPORT
(8)	COMMUNITY DEVELOPMENT AND TRAINING PO BOX 530903 SAINT PETERSBURG FL 33747-0903	47-1432113	501C3	27,500				GENERAL SUPPORT
(9)	COMMUNITY LAW PROGRAM 501 1ST AVE N STE 519 SAINT PETERSBURG FL 33701-3715	59-2970727	501C3	299,492				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.

DATA

**SCHEDULE I
(Form 990)**

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

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OMB No. 1545-0047
2021
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Department of the Treasury
Internal Revenue Service

Name of the organization
PINELLIAS COMMUNITY FOUNDATION

Employer identification number
23-7113194

Part I General Information on Grants and Assistance

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

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	COPTIC ORTHODOX CHARITIES INC. 2312 GULF TO BAY BLVD CLEARWATER FL 33765	55-0790330	501C3	28,502				GENERAL SUPPORT
(2)	CREATIVE CLAY 1846 1ST AVE S SAINT PETERSBURG FL 33712-1319	59-3338595	501C3	15,000				GENERAL SUPPORT
(3)	CRISIS CENTER OF TAMPA BAY 1 CRISIS CENTER PLZ TAMPA FL 33613-1238	59-1785265	501C3	10,000				GENERAL SUPPORT
(4)	CROSS & ANVIL HUMAN SERVICES INC 201 7TH AVENUE SOUTH SAINT PETERSBURG FL 33705	46-1986465	501C3	35,700				GENERAL SUPPORT
(5)	CROSSNORE COMMUNITIES FOR CHILDREN PO BOX 249 CROSSNORE NC 28616-0249	56-0567980	501C3	21,697				GENERAL SUPPORT
(6)	CRYSTAL BEACH YOUTH CENTER PO BOX 434 CRYSTAL BEACH FL 34681-0975	59-3700550		10,000				GENERAL SUPPORT
(7)	CULTURED BOOKS LITERACY FOUNDATION 833 22ND ST. S. SAINT PETERSBURG FL 33712	85-3637622	501C3	9,000				GENERAL SUPPORT
(8)	DAYSTAR LIFE CENTER 1055 28TH ST S SAINT PETERSBURG FL 33712	65-0523539	501C3	106,200				GENERAL SUPPORT
(9)	DIRECTIONS FOR LIVING 1437 S BEICHER RD CLEARWATER FL 33764-2829	59-2092715	501C3	462,139				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

**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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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. Yes No

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	DISABILITY ACHIEVEMENT CENTER 12552 BELCHER RD S LARGO FL 33773-3014	59-3102837	501C3	22,138				GENERAL SUPPORT
(2)	DR. CARTER G. WOODSON AFRICAN AMERI 2240 9TH AVE S SAINT PETERSBURG FL 33712-2102	74-3112739	501C3	10,455				GENERAL SUPPORT
(3)	DUNEDIN FINE ART CENTER 1143 MICHIGAN BLVD DUNEDIN FL 34698-2712	59-1621318	501C3	13,000				GENERAL SUPPORT
(4)	EMPOWERED TO CHANGE INC. 7190 SEMINOLE BLVD SEMINOLE FL 33772-5935	32-0451666	501C3	20,000				GENERAL SUPPORT
(5)	EMPOWERMENT 13555 AUTOMOBILE BLVD., STE. 300 CLEARWATER FL 33762	84-5074612	501C3	25,000				GENERAL SUPPORT
(6)	EQUALITY FLORIDA INSTITUTE PO BOX 13184 SAINT PETERSBURG FL 33733-3184	59-3435235	501C3	20,000				GENERAL SUPPORT
(7)	FAMILY CENTER ON DEAFNESS 12445 62ND ST STE 303 LARGO FL 33773-3738	32-0313956	501C3	20,000				GENERAL SUPPORT
(8)	FEEDING AMERICA TAMPA BAY INC. TAMPA DISTRIBUTION CENTER II TAMPA FL 33605-5940	59-2116576	501C3	989,736				GENERAL SUPPORT
(9)	FLORIDA BOTANICAL GARDENS FOUNDATIO 12520 UIMERTON RD LARGO FL 33774-3602	59-1230940	501C3	15,000				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) (2021)

**SCHEDULE I
(Form 990)**

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

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 non-cash assistance	(h) Purpose of grant or assistance
(1)	FLORIDA-CEED 4222 22ND AVE S SAINT PETERSBURG FL 33711	82-2063676	501C3	17,000				GENERAL SUPPORT
(2)	FLORIDA DREAM CENTER 4017 56TH AVE N SAINT PETERSBURG FL 33714-1737	46-0663472	501C3	54,887				GENERAL SUPPORT
(3)	FLORIDA RESURRECTION HOUSE INC. 800 11TH ST N SAINT PETERSBURG FL 33705	59-2837168	501C3	15,000				GENERAL SUPPORT
(4)	FLORIDA SHERIFF'S YOUTH RANCHES INC PO BOX 2000 BOYS RANCH FL 32064	23-7303117	501C3	18,019				GENERAL SUPPORT
(5)	FRIENDS OF STRAYS 2911 47TH AVE N SAINT PETERSBURG FL 33714-3131	59-2156540	501C3	21,596				GENERAL SUPPORT
(6)	FRONT PORCH CDA INC. PO BOX 531241 SAINT PETERSBURG FL 33747	59-3606615	501C3	6,936				GENERAL SUPPORT
(7)	GIRLS INC. OF PINELLAS 7700 61ST ST N PINELLAS PARK FL 33781-3213	59-0970201	501C3	20,239				GENERAL SUPPORT
(8)	GIRLS ROCK ST. PETE 3621 17TH ST. N. SAINT PETERSBURG FL 33713	81-1588762	501C3	15,000				GENERAL SUPPORT
(9)	GOLDEN GENERATIONS INC. 2920 PALANZA DR S SAINT PETERSBURG FL 33705-3608	23-2624207	501C3	135,852				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 ▶

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047
2021
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

PINELLIAS COMMUNITY FOUNDATION

Employer identification number
23-7113194

Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	GOODWILL INDUSTRIES - SUNCOAST INC. 10596 GANDY BLVD SAINT PETERSBURG FL 33702-1422	59-0718492	501C3	91,574				GENERAL SUPPORT
(2)	GREATER RIDGECREST AREA YOUTH DEVELOPMENT 13420 ADAMS CIR LARGO FL 33774	16-1730210	501C3	17,302				GENERAL SUPPORT
(3)	GREATER TAMPA BAY AREA COUNCIL BOY SCOUTS 13228 N CENTRAL AVE TAMPA FL 33612-3462	59-0637815	501C3	5,079				GENERAL SUPPORT
(4)	GREEN BOOK OF TAMPA BAY 833 22ND ST. S. SAINT PETERSBURG FL 33712	85-3767116	501C3	6,800				GENERAL SUPPORT
(5)	GULF COAST DENTAL OUTREACH 450 KNIGHTS RUN AVE UNIT 1408 TAMPA FL 33602-5995	26-0761820	501C3	30,000				GENERAL SUPPORT
(6)	GULF COAST JEWISH FAMILY AND COMMUNITY CENTER 14041 ICOT BLVD CLEARWATER FL 33760-3702	59-1229354	501C3	47,500				GENERAL SUPPORT
(7)	GULFOAST LEGAL SERVICES INC. 501 1ST AVE N STE 420 SAINT PETERSBURG FL 33701-3714	59-1882749	501C3	132,543				GENERAL SUPPORT
(8)	HABITAT FOR HUMANITY OF PINELLIAS ANCHORAGE 13355 49TH ST N CLEARWATER FL 33762-4002	59-2509116	501C3	27,189				GENERAL SUPPORT
(9)	HEELS TO HEAL INC. 290 9TH ST N STE M100 SAINT PETERSBURG FL 33705	27-1488133	501C3	11,243				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.

DAA

**SCHEDULE I
(Form 990)**

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

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047
2021
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. Yes No

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 non-cash assistance	(h) Purpose of grant or assistance
(1)	HIGH POINT COMMUNITY PRIDE INC. 5812 150TH AVE N CLEARWATER FL 33760-2132	59-3529732	501C3	26,683				GENERAL SUPPORT
(2)	HISPANIC OUTREACH CENTER 612 FRANKLIN ST CLEARWATER FL 33756-5414	27-1230728	501C3	95,658				GENERAL SUPPORT
(3)	HOMELESS LEADERSHIP ALLIANCE OF PIN 647 1ST AVE N SAINT PETERSBURG FL 33701-3601	59-2935116	501C3	290,134				GENERAL SUPPORT
(4)	HOUSE OF MERCY AND ENCOURAGEMENT 2030 MAIN ST DUNEDIN FL 34698-5524	68-0634894	501C3	39,215				GENERAL SUPPORT
(5)	HUMANE SOCIETY OF TAMPA BAY 3607 N ARMENIA AVE TAMPA FL 33607-1322	59-0799907	501C3	16,500				GENERAL SUPPORT
(6)	INSPIRE EQUINE THERAPY PROGRAM INC. 1743 DONCASTER RD CLEARWATER FL 33764	81-3960240	501C3	24,840				GENERAL SUPPORT
(7)	INTERDENOMINATIONAL MINISTERIAL ALL 2900 1ST AVE S SAINT PETERSBURG FL 33712	57-1138270	501C3	25,000				GENERAL SUPPORT
(8)	IN TOUCH WITH COMMUNITIES AROUND PO BOX 35424 SAINT PETERSBURG FL 33705-0508	46-0918503	501C3	67,078				GENERAL SUPPORT
(9)	JOHNS HOPKINS ALL CHILDREN'S HOSPIT 501 6TH AVE S SAINT PETERSBURG FL 33701-4634	59-2481738	501C3	24,749				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) (2021)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
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2021
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Department of the Treasury
Internal Revenue Service

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

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

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 non-cash assistance	(h) Purpose of grant or assistance
(1)	JUNIOR LEAGUE OF ST. PETERSBURG FL 500 DR MARTIN LUTHER KING JR ST N S SAINT PETERSBURG FL 33705	59-0759485	501C3	8,817				GENERAL SUPPORT
(2)	LEALMAN & ASIAN NEIGHBORHOOD FAMILY 4255 56TH AVE N SAINT PETERSBURG FL 33714-1741	59-3631795	501C3	15,000				GENERAL SUPPORT
(3)	LEES-MCRAE COLLEGE INC PO BOX 128 BANNER ELK NC 28604	56-0529953	501C3	7,232				GENERAL SUPPORT
(4)	LIGHTHOUSE OF PINELLAS 6925 112TH CIR STE 103 LARGO FL 33773-5200	23-7042938	501C3	55,535				GENERAL SUPPORT
(5)	LITERACY COUNCIL OF UPPER PINELLAS 223 DOUGLAS AVE DUNEDIN FL 34698-7911	59-2864557	501C3	6,220				GENERAL SUPPORT
(6)	MAN UP AND GO 2126 BLUE BEECH CT TRINITY FL 34655	47-1933529	501C3	10,000				GENERAL SUPPORT
(7)	MEMORIAL SIOAN KETTERING CANCER GEN 885 SECOND AVENUE, 8TH FLOOR NEW YORK NY 10017	13-1924236	501C3	8,135				GENERAL SUPPORT
(8)	METROPOLITAN CHARITIES INC. 3251 3RD AVE N SAINT PETERSBURG FL 33713	59-3153947	501C3	7,500				GENERAL SUPPORT
(9)	METROPOLITAN MINISTRIES INC 2002 N FLORIDA AVE TAMPA FL 33602-2204	59-1477007	501C3	129,035				GENERAL SUPPORT

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

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

**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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2021
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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

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	MOREAN ARTS CENTER 719 CENTRAL AVE SAINT PETERSBURG FL 33701-3627	59-6163303	501C3	40,750				GENERAL SUPPORT
(2)	MORTON PLANT MEASE FOUNDATION INC. 1200 DRUID RD S FRNT CLEARWATER FL 33756-1926	59-1751535	501C3	32,053				GENERAL SUPPORT
(3)	MUSEUM OF FINE ARTS, ST. PETERSBURG 255 BEACH DR NE SAINT PETERSBURG FL 33701-3498	59-0949278	501C3	57,992				GENERAL SUPPORT
(4)	NEIGHBORLY CARE NETWORK 13945 EVERGREEN AVE CLEARWATER FL 33762-4525	59-1218100	501C3	173,822				GENERAL SUPPORT
(5)	NEW VISIONS OF THE WELL INC 833 22ND ST S SAINT PETERSBURG FL 33712	83-1262405	501C3	15,000				GENERAL SUPPORT
(6)	NOMADSTUDIO INC. 12211 WALSINGHAM RD LARGO FL 33778-2008	46-4322352	501C3	52,000				GENERAL SUPPORT
(7)	NONPROFIT LEADERSHIP CENTER OF TAMPA 1408 N WESTSHORE BLVD STE 140 TAMPA FL 33607-4517	59-3671047	501C3	25,000				GENERAL SUPPORT
(8)	PACE CENTER FOR GIRLS INC. 4000 GATEWAY CENTRE BLVD STE 400 PINELLAS PARK FL 33782-6141	59-2414492	501C3	57,033				GENERAL SUPPORT
(9)	PALM HARBOR HISTORICAL SOCIETY INC. 2043 CURLEW RD PALM HARBOR FL 34683-6820	59-3246072	501C3	11,008				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 **▶**

**SCHEDULE I
(Form 990)**

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

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PINELLAS COMMUNITY FOUNDATION

Part I General Information on Grants and Assistance

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

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

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(1)	PARC INC 3190 TYRONE BLVD N SAINT PETERSBURG FL 33710-2919	59-0791038	501C3	25,129				GENERAL SUPPORT
(2)	PASADENA COMMUNITY CHURCH INC. 227 70TH ST S SAINT PETERSBURG FL 33707	59-0624434	501C3	11,874				GENERAL SUPPORT
(3)	PERSONAL ENRICHMENT THROUGH MENTAL 11254 58TH ST N PINELLAS PARK FL 33782-2213	59-3153549	501C3	384,227				GENERAL SUPPORT
(4)	PINELLAS COUNTY AFRICAN AMERICAN P.O. BOX 5785 CLEARWATER FL 33758	59-3706274	501C3	6,000				GENERAL SUPPORT
(5)	PINELLAS EDUCATION FOUNDATION 12090 STARKEY RD LARGO FL 33773-2727	59-2688253	501C3	9,135				GENERAL SUPPORT
(6)	PINELLAS EX OFFENDER RE ENTRY COALIT 12810 US HWY 19 N CLEARWATER FL 33764	59-3643636	501C3	20,000				GENERAL SUPPORT
(7)	PINELLAS OPPORTUNITY COUNCIL 501 1ST AVE N STE 517 SAINT PETERSBURG FL 33701-3715	59-1227051	501C3	1,840,456				GENERAL SUPPORT
(8)	PINELLAS SHERIFF'S POLICE ATHLETIC 3755 46TH AVE N SAINT PETERSBURG FL 33714-3600	59-3760782	501C3	20,000				GENERAL SUPPORT
(9)	PLACEMENT WORKS II INC. 4422 CENTRAL AVE SAINT PETERSBURG FL 33711	20-0473682	501C3	10,633				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

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**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
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Name of the organization
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Employer identification number
23-7113194

Part I General Information on Grants and Assistance

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(1)	PROJECT LINK INC. 1315 W SPRUCE ST TAMPA FL 33607-3510	59-2976029	501C3	101,174				GENERAL SUPPORT
(2)	PROJECT PROSPER INC. 13575 58TH ST N STE 107 CLEARWATER FL 33760-3755	20-89936475	501C3	15,000				GENERAL SUPPORT
(3)	REACH SERVICES 6157 31ST AVE N SAINT PETERSBURG FL 33710	82-4672063	501C3	15,000				GENERAL SUPPORT
(4)	READY FOR LIFE INC. 2300 TALL PINES DR STE 100 LARGO FL 33771-5348	26-4032979	501C3	17,056				GENERAL SUPPORT
(5)	RHYTHM CHANGES INC. 2807 WESLEYAN DR PALM HARBOR FL 34684	47-3347884	501C3	38,696				GENERAL SUPPORT
(6)	RONALD MCDONALD HOUSE CHARITIES OF 35 DAVIS BLVD TAMPA FL 33606	59-1835985	501C3	114,297				GENERAL SUPPORT
(7)	RUTH ECKERD HALL 1111 N MCMULLEN BOOTH RD CLEARWATER FL 33759-3219	59-1803628	501C3	15,000				GENERAL SUPPORT
(8)	SAFETY HARBOR ART AND MUSIC CENTER 706 2ND ST N SAFETY HARBOR FL 34695-3514	45-1473112	501C3	13,500				GENERAL SUPPORT
(9)	SAFETY HARBOR NEIGHBORHOOD FAMILY C 1003 DR MARTIN LUTHER KING JR ST N SAFETY HARBOR FL 34695-3406	59-3406671	501C3	18,155				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

**SCHEDULE I
(Form 990)**

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

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Name of the organization

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Employer identification number
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Part I General Information on Grants and Assistance

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	SALVATION ARMY CLEARWATER CORPS 1625 N BELCHER RD CLEARWATER FL 33765-1304	58-0660607	501C3	12,408				GENERAL SUPPORT
(2)	SCHENECTADY COUNTY HISTORICAL SOCIETY 32 WASHINGTON AVE SCHENECTADY NY 12305	14-1401793	501C3	677,347				GENERAL SUPPORT
(3)	SECOND CHANCE EMPOWERMENT FOUNDATION 661 17TH AVE S SAINT PETERSBURG FL 33701	85-1962092	501C3	20,000				GENERAL SUPPORT
(4)	SHAPING THE EARLY MIND 12641 116TH LN N LARGO FL 33778	83-3510078	501C3	10,230				GENERAL SUPPORT
(5)	SHIHAN SCHOOL OF SURVIVAL PO BOX 213 CLEARWATER FL 33757-0213	26-2760509	501C3	25,000				GENERAL SUPPORT
(6)	SHRINERS HOSPITAL FOR CHILDREN ATTN: TRUST/INVESTMENT ACCOUNTING TAMPA FL 33631	36-2193608	501C3	451,572				GENERAL SUPPORT
(7)	SOCIETY OF ST. VINCENT DE PAUL SOCIETY 384 15TH ST N SAINT PETERSBURG FL 33705-2016	59-2380770	501C3	57,011				GENERAL SUPPORT
(8)	SOUTH CENTRAL COMMUNITY ACTION PROGRAM FRANKLIN COUNTY OFFICE CHAMBERSBURG PA 17201	23-2020123	501C3	6,000				GENERAL SUPPORT
(9)	SPCA TAMPA BAY 9099 130TH AVE N LARGO FL 33773-1441	59-0715928	501C3	5,237				GENERAL SUPPORT

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

3 Enter total number of other organizations listed in the line 1 table 2

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**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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23-7113194

Name of the organization
PINELLAS COMMUNITY FOUNDATION

Part I General Information on Grants and Assistance

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	ST. ANTHONY'S HOSPITAL 1200 7TH AVE N SAINT PETERSBURG FL 33705-1388	59-2128991	501C3	74,879				GENERAL SUPPORT
(2)	STARTING RIGHT, NOW 4600 HAINES RD SAINT PETERSBURG FL 33714-3339	26-3725699	501C3	20,000				GENERAL SUPPORT
(3)	STETSON UNIVERSITY 421 N WOODLAND BLVD DELAND FL 32723	59-0624416	501C3	25,000				GENERAL SUPPORT
(4)	STETSON UNIVERSITY COLLEGE OF LAW 1401 61ST ST S SAINT PETERSBURG FL 33707-3299	59-0624416	501C3	25,105				GENERAL SUPPORT
(5)	ST. PETERSBURG ARTS ALLIANCE 100 2ND AVE N STE 150 SAINT PETERSBURG FL 33701-3351	46-1335413	501C3	10,000				GENERAL SUPPORT
(6)	ST. PETERSBURG COLLEGE FOUNDATION PO BOX 13489 SAINT PETERSBURG FL 33733	59-1954362	501C3	8,333				GENERAL SUPPORT
(7)	ST. PETERSBURG COLLEGE SCHOOL OF NTU PO BOX 13489 SAINT PETERSBURG FL 33733-3489	59-1954362	501C3	22,980				GENERAL SUPPORT
(8)	ST. PETERSBURG FOUNDATION INC. 360 CENTRAL AVE STE 1490 SAINT PETERSBURG FL 33701	82-5222202	501C3	50,000				GENERAL SUPPORT
(9)	ST. PETERSBURG FREE CLINIC 863 3RD AVE N SAINT PETERSBURG FL 33701-2703	23-7208280	501C3	67,470				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 **▶**

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DAA

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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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 non-cash assistance	(h) Purpose of grant or assistance
(1)	ST. PETERSBURG INNOVATION DISTRICT 140 7TH AVE S LPH 314 SAINT PETERSBURG FL 33701	81-2230884	501C3	10,000				GENERAL SUPPORT
(2)	STRAZ CENTER FOR THE PERFORMING ART 1010 N WC MACINNES PL TAMPA FL 33602-3720	59-2037085	501C3	6,000				GENERAL SUPPORT
(3)	ST. VINCENT DE PAUL COMMUNITY KITCH 1345 PARK ST CLEARWATER FL 33756-6039	59-3050191	501C3	45,000				GENERAL SUPPORT
(4)	SUNCOAST CENTER INC. 4024 CENTRAL AVE SAINT PETERSBURG FL 33711-1239	59-2092717	501C3	17,881				GENERAL SUPPORT
(5)	TAMPA BAY NETWORK TO END HUNGER 4532 W KENNEDY BLVD STE 252 TAMPA FL 33609-2042	36-4758155	501C3	400,173				GENERAL SUPPORT
(6)	TAMPA BAY RESEARCH INSTITUTE 11208 BLUE HERON BLVD N STE 110 SAINT PETERSBURG FL 33716-3706	59-2076218	501C3	11,455				GENERAL SUPPORT
(7)	TAMPA BAY SYMPHONY INC. PO BOX 4653 CLEARWATER FL 33758-4653	59-2722176	501C3	15,175				GENERAL SUPPORT
(8)	TAMPA KOREAN UNITED METHODIST CHURCH C/O SUNG SOO KIM, FINANCE CHAIRMAN WESTLEY CHAPEL FL 33544	59-3576073	501C3	65,000				GENERAL SUPPORT
(9)	TAMPA METROPOLITAN AREA YMCA INC. 110 E OAK AVE TAMPA FL 33602	59-1742909	501C3	9,000				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.
DAA

**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
2021
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. Yes No

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 non-cash assistance	(h) Purpose of grant or assistance
(1)	TARPON SPRINGS SHEPHERD CENTER 304 S PINELLAS AVE TARPON SPRINGS FL 34689-3636	59-3070882	501C3	62,503				GENERAL SUPPORT
(2)	THE ARC TAMPA BAY INC. 1501 N BEICHER RD STE 249 CLEARWATER FL 33765-1300	59-1056551	501C3	152,730				GENERAL SUPPORT
(3)	THE DEUCES LIVE INC. 833 22ND ST S SAINT PETERSBURG FL 33712	45-0701090	501C3	8,877				GENERAL SUPPORT
(4)	THE FLORIDA ORCHESTRA INC. 244 2ND AVE N STE 420 SAINT PETERSBURG FL 33701-3306	59-1223691	501C3	17,011				GENERAL SUPPORT
(5)	THE GATHERING OF WOMEN INC. 600 31ST ST S SAINT PETERSBURG FL 33712	27-1689089	501C3	31,182				GENERAL SUPPORT
(6)	THE HARBOR DISH INC. 255 5TH AVE S SAFETY HARBOR FL 34695-4034	46-2344552	501C3	23,569				GENERAL SUPPORT
(7)	THE HOSPICE OF THE FLORIDA SUNCOAST 5771 ROOSEVELT BLVD STE 700 CLEARWATER FL 33760-3407	59-1744006	501C3	18,550				GENERAL SUPPORT
(8)	THE KIND MOUSE PRODUCTIONS INC. 1801 16TH ST N, STE. B SAINT PETERSBURG FL 33703	45-2455492	501C3	44,638				GENERAL SUPPORT
(9)	THE KIRK OF DUNEDIN 2686 BAYSHORE BLVD DUNEDIN FL 34698-1801	59-1211410	501C3	10,000				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 **▶**

**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
2021
 Open to Public Inspection

Name of the organization: **PINELLIAS COMMUNITY FOUNDATION** Employer identification number: **23-7113194**

Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	THE LOCAL COMMUNITY HOUSING CORPORA 500 S WALTON AVE TARON SPRINGS FL 34689-4714	20-4000503	501C3	12,000				GENERAL SUPPORT
(2)	THE MAKE IT OUT FOUNDATION INC. PO BOX 530133 SAINT PETERSBURG FL 33747-0133	82-2883432	501C3	20,000				GENERAL SUPPORT
(3)	THE RED TENT WOMEN'S INITIATIVE INC 535 CENTRAL AVE STE 317 SAINT PETERSBURG FL 33701	46-0596084	501C3	15,000				GENERAL SUPPORT
(4)	THE SALVADOR DALI MUSEUM INC. 1 DALI BLVD SAINT PETERSBURG FL 33701-3920	59-2015192	501C3	10,000				GENERAL SUPPORT
(5)	THE SHIRLEY PROCTOR PULLER FOUNDATI 4133 CORTEZ WAY S SAINT PETERSBURG FL 33712	46-4930592	501C3	39,879				GENERAL SUPPORT
(6)	THE SOCIETY OF ST. VINCENT DE PAUL 2176 MARILYN ST CLEARWATER FL 33765	61-1587026	501C3	26,000				GENERAL SUPPORT
(7)	THE STUDIO@620 620 1ST AVE S SAINT PETERSBURG FL 33701-4120	52-2398308	501C3	21,000				GENERAL SUPPORT
(8)	THE UNIVERSITY OF VERMONT FOUNDATIO GRASSE MOUNT BURLINGTON VT 05401	45-1556038	501C3	6,598				GENERAL SUPPORT
(9)	UNIVERSITY OF FLORIDA COLLEGE OF ME PO BOX 100243 GAINESVILLE FL 32610	59-0974739	501C3	10,501				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

**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
2021
Open to Public Inspection

Employer identification number
23-7113194

Part I General Information on Grants and Assistance

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

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	UNIVERSITY OF SOUTH FLORIDA CONTROLLER'S OFFICE ORLANDO FL 32886-4571	59-3102112	501C3	22,980				GENERAL SUPPORT
(2)	UNIVERSITY OF SOUTH FLORIDA 4202 E FOWLER AVE TAMPA FL 33620-5455	59-0879015	501C3	26,169				GENERAL SUPPORT
(3)	UNIVERSITY OF SOUTH FLORIDA 3702 SPECTRUM BLVD STE 165 TAMPA FL 33612	59-2959590	501C3	156,183				GENERAL SUPPORT
(4)	UP WITH LIFE MINISTRIES 519 CREST AVE S CLEARWATER FL 33756	59-3502057	501C3	19,233				GENERAL SUPPORT
(5)	VOICES OF HOPE FOR APHASIA 6798 CROSSWINDS DR STE B-102 SAINT PETERSBURG FL 33710	45-3554825	501C3	24,848				GENERAL SUPPORT
(6)	WHEELCHAIRS 4 KIDS INC. 1976 S PINELLAS AVE TARPON SPRINGS FL 34689-1942	45-1308941	501C3	20,000				GENERAL SUPPORT
(7)	WILLA CARSON HEALTH AND WELLNESS 1108 N MARTIN LUTHER KING JR AVE CLEARWATER FL 33755-3222	65-0743078	501C3	31,452				GENERAL SUPPORT
(8)	WUSF PUBLIC MEDIA 4202 E FOWLER AVE TAMPA FL 33620-6870	59-0879015	501C3	13,435				GENERAL SUPPORT
(9)	XO FACTOR INC. 1800 N ROME AVE TAMPA FL 33607-4422	47-3358510	501C3	6,700				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.

DAA

**SCHEDULE I
(Form 990)**

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

▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2021
Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
PINELLIAS COMMUNITY FOUNDATION

Employer identification number
23-7113194

Part I General Information on Grants and Assistance

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

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	YOUNG KINGS & QUEENS COLLEGE PREP & 644 16TH AVE S SAINT PETERSBURG FL 33701-5408	82-3968898	501C3	12,000				GENERAL SUPPORT
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

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

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

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

DAA

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

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

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

THE ORGANIZATION RECORDS IN MINUTES THE GRANT DETERMINATION PROCESS OF

VARIOUS COMMITTEES. ADDITIONALLY, GRANTEEES 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

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

2021

Open to Public Inspection

Name of the organization

PINELLAS COMMUNITY FOUNDATION

Employer identification number

23-7113194

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
1a		
1b		
2		
3		
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9		

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

Schedule J (Form 990) 2021

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

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

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

	(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (E) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	DUGGAN COOLEY, CFRE CEO / SECRETARY	(i) 170,653	(ii) 0	(iii) 0	13,500 0	0 0	184,153 0	0 0
2		(i)	(ii)	(iii)				
3		(i)	(ii)	(iii)				
4		(i)	(ii)	(iii)				
5		(i)	(ii)	(iii)				
6		(i)	(ii)	(iii)				
7		(i)	(ii)	(iii)				
8		(i)	(ii)	(iii)				
9		(i)	(ii)	(iii)				
10		(i)	(ii)	(iii)				
11		(i)	(ii)	(iii)				
12		(i)	(ii)	(iii)				
13		(i)	(ii)	(iii)				
14		(i)	(ii)	(iii)				
15		(i)	(ii)	(iii)				
16		(i)	(ii)	(iii)				

Part III Supplemental Information

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

Area with horizontal lines for supplemental information.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

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 1545-0074

2021

**Open To Public
Inspection**

Name of the organization: **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	11	1,625,591	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	653	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 V, Donee Acknowledgement **29**

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

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

Schedule M (Form 990) 2021

**SCHEDULE O
(Form 990)**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 Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021Open 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 2021, 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 2021, PCF CONVENED 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

Employer identification number

PINELLAS COMMUNITY FOUNDATION

23-7113194

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 2021.

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	\$	-733,154
OTHER	\$	-5
TRUSTEE FEES	\$	733,154
OTHER	\$	15

Name of the organization PINELLAS COMMUNITY FOUNDATION	Employer identification number 23-7113194
--	---

TOTAL **\$ 10**

**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

2021

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 CLEARWATER FL 33764			82-4362545		N/A
(2)		CHARITABLE				
(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

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 total year assets	(h) Disproportionate allocation?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1095)	(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?
(1)									Yes No
(2)									
(3)									
(4)									

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

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

- 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
 - a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
 - b Gift, grant, or capital contribution to related organization(s)
 - c Gift, grant, or capital contribution from related organization(s)
 - d Loans or loan guarantees to or for related organization(s)
 - e Loans or loan guarantees by related organization(s)

- f Dividends from related organization(s)
- g Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- l Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o Sharing of paid employees with related organization(s)
- p Reimbursement paid to related organization(s) for expenses
- q Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	Yes	No
(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	2020 & 2021
For calendar year 2021, or tax year beginning _____, ending _____		

Name **PINELLAS COMMUNITY FOUNDATION** Taxpayer Identification Number **23-7113194**

		2020	2021	Differences
R e v e n u e	1. Contributions, gifts, grants	7,204,309	8,188,625	984,316
	2. Membership dues and assessments			
	3. Government contributions and grants	11,496,651	6,163,925	-5,332,726
	4. Program service revenue			
	5. Investment income	2,792,389	2,771,411	-20,978
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	2,617,624	6,114,781	3,497,157
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	48,907	26,209	-22,698
	12. Total revenue. Add lines 1 through 11	24,159,880	23,264,951	-894,929
E x p e n s e s	13. Grants and similar amounts paid	18,137,875	16,791,030	-1,346,845
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	191,380	170,655	-20,725
	16. Salaries, other compensation, and employee benefits	402,699	409,115	6,416
	17. Professional fundraising fees			
	18. Other professional fees	1,587,345	1,266,059	-321,286
	19. Occupancy, rent, utilities, and maintenance	62,576	72,031	9,455
	20. Depreciation and Depletion			
	21. Other expenses	300,145	183,141	-117,004
	22. Total expenses. Add lines 13 through 21	20,682,020	18,892,031	-1,789,989
	23. Excess or (Deficit). Subtract line 22 from line 12	3,477,860	4,372,920	895,060
O t h e r I n f o r m a t i o n	24. Total exempt revenue	24,159,880	23,264,951	-894,929
	25. Total unrelated revenue			
	26. Total excludable revenue	5,458,920	8,912,401	3,453,481
	27. Total assets	135,249,213	142,858,566	7,609,353
	28. Total liabilities	5,644,002	1,217,908	-4,426,094
	29. Retained earnings	129,605,211	141,640,658	12,035,447
	30. Number of voting members of governing body	14	15	
	31. Number of independent voting members of governing body	14	15	
32. Number of employees	8	9		
33. Number of volunteers	42	37		

Federal Statements

Taxable Dividends from Securities

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
DIVIDENDS	\$ 2,557,069		14			
SPLIT INTEREST VALUE CHANGE	214,342		14			
TOTAL	<u>\$ 2,771,411</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	\$ 435,708	\$ 220,139	\$ 3,481	\$ 212,088
TOTAL	<u>\$ 435,708</u>	<u>\$ 220,139</u>	<u>\$ 3,481</u>	<u>\$ 212,088</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>
SUPPLIES	\$ 4,235	\$ 2,060	\$ 1,426	\$ 749
PROFESSIONAL DUES	2,799	1,300	816	683
TOTAL	<u>\$ 7,034</u>	<u>\$ 3,360</u>	<u>\$ 2,242</u>	<u>\$ 1,432</u>