

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning _____, and ending _____

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Termination
 - Amended return
 - Application pending

Please use IRS label or print or type. See Specific Instructions.

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
5200 EAST BAY DRIVE, SUITE 202

City or town, state or country, and ZIP + 4
CLEARWATER FL 33764

D Employer identification number
23-7113194

E Telephone number
727-531-0058

G Gross receipts \$ **-11,791,168**

H(a) Is this a group return for affiliates? Yes No

H(b) Are all affiliates included? Yes No

If "No," attach a list. (see instructions)

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

J Website: ▶ **pinellasccf.org**

H(c) Group exemption number ▶ _____

K Type of organization: Corporation Trust Association Other ▶ _____

L Year of formation: _____

M State of legal domicile: _____

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: INVESTMENT MANAGEMENT & MAKING OF GRANTS TO BENEFICIARIES		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of employees (Part V, line 2a)	5	3
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,505,064	42,111
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,385,646	-13,662,440
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,545,487	1,829,161
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,436,197	-11,791,168
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,164,910	2,104,826
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	76,978	113,437
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 30,006		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	161,980	488,832
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,403,868	2,707,095	
19 Revenue less expenses. Subtract line 18 from line 12	4,032,329	-14,498,263	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	72,905,754	58,264,323
	22 Net assets or fund balances. Subtract line 21 from line 20	72,905,754	58,264,323

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.

Signature of officer: **JULIE SCALES** Date: _____

EXECUTIVE DIRECTOR

Type or print name and title

Paid Preparer's Use Only

Preparer's signature: **ANDREW J CSANADY** Date: **5/18/09** Check if self-employed: Preparer's identifying number (see instructions): **P00367476**

Firm's name (or yours if self-employed), address, and ZIP + 4: **Andrew J. Csanady, CPA**
151 107th Ave Ste 10
Treasure Island, FL 33706-4747

EIN: ▶ _____ Phone no.: **727-360-3481**

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

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

INVESTMENT MANAGEMENT & MAKING OF GRANTS TO BENEFICIARIES

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ **2,674,221** including grants of \$ **2,104,826**) (Revenue \$)

INVESTMENT MANAGEMENT & MAKING OF GRANTS TO BENEFICIARIES

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

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

4d Other program services. (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ \$ **2,674,221** (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		X
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22	Did the organization report more than \$5,000 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, questions 3, 4, or 5? 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 questions 24b-24d and complete Schedule K. If "No," go to question 25.		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) and 501(c)(4) 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	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? 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, Parts II, III, IV, and V, line 1		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
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

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
1a	0		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b	0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
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	3		
2b	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 this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: <input type="checkbox"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		X
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
TAMARA F IRWIN VICE CHAIR		X		X				0	0	0
J MARVIN GUTHRIE CHAIR		X		X				0	0	0
JACK T LEE BOARD MEMBER		X						0	0	0
JAY H TIFFIN BOARD MEMBER		X						0	0	0
SANDRA F DIAMOND BOARD MEMBER		X						0	0	0
VIRGINIA C ENGLAND BOARD MEMBER		X						0	0	0
JANICE STARLING-WILLIAMS BOARD MEMBER		X						0	0	0
JOSEPH L WELLS BOARD MEMBER		X						0	0	0
LOUIE N ADCOCK BOARD MEMBER		X						0	0	0
MARIA EDMONDS BOARD MEMBER		X						0	0	0
HARRY S WILKS BOARD MEMBER		X						0	0	0
SALLIE A PARKS BOARD MEMBER		X						0	0	0
BYRON C SMITH BOARD MEMBER		X						0	0	0
JULIE SCALES EXECUTIVE DI				X				0	0	0
								0	0	0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 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					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	42,111				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f			42,111			
Program Service Revenue		Busn. Code					
	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)		-13,662,440	891,596		-14,554,036	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross Rents	(i) Real	(ii) Personal				
	b Less: rental exps.						
	c Rental inc. or (loss)						
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis & sales exps.						
	c Gain or (loss)						
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19	a					
		b Less: direct expenses	b				
		c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold		b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Busn. Code					
11a RESTRICTED TRUSTS			1,829,161			1,829,161	
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			1,829,161				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			-11,791,168	891,596	0	-12,724,875	

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	2,008,696	2,008,696		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	96,130	96,130		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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	101,027	73,688	2,339	25,000
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	4,681	4,681		
10 Payroll taxes	7,729	5,637	179	1,913
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	8,400	8,400		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	681	681		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	404	404		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a TRUSTEE FEES	462,012	462,012		
b DUES & LICENSES	5,130	5,130		
c MARKETING	3,093			3,093
d TELEPHONE	3,023	3,023		
e SUPPLIES	2,643	2,643		
f All other expenses	3,446	3,096	350	
25 Total functional expenses. Add lines 1 through 24f	2,707,095	2,674,221	2,868	30,006
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest bearing		1
	2	Savings and temporary cash investments	1,566,014	2 959,415
	3	Pledges and grants receivable, net		3
	4	Accounts receivable, net	132,598	4 127,173
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		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 basis	10a	
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	10b	10c
	11	Investments—publicly traded securities	71,207,142	11 57,177,735
	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		15
16	Total assets. Add lines 1 through 15 (must equal line 34)	72,905,754	16 58,264,323	
Liabilities	17	Accounts payable and accrued expenses		17
	18	Grants payable		18
	19	Deferred revenue		19
	20	Tax-exempt bond liabilities		20
	21	Escrow account liability. Complete Part IV of Schedule D		21
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22
	23	Secured mortgages and notes payable to unrelated third parties		23
	24	Unsecured notes and loans payable		24
	25	Other liabilities. Complete Part X of Schedule D		25
	26	Total liabilities. Add lines 17 through 25		26
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	22,174,571	27 18,655,618
	28	Temporarily restricted net assets		28
	29	Permanently restricted net assets	50,731,183	29 39,608,705
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30
	31	Paid-in or capital surplus, or land, building, or equipment fund		31
	32	Retained earnings, endowment, accumulated income, or other funds		32
	33	Total net assets or fund balances	72,905,754	33 58,264,323
	34	Total liabilities and net assets/fund balances	72,905,754	34 58,264,323

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits?		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2008

Open to Public
Inspection

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

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

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 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.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 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 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III—Functionally Integrated
 - d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	17,355,566	2,230,142	1,683,610	1,505,064	143,945	22,918,327
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 1-3	17,355,566	2,230,142	1,683,610	1,505,064	143,945	22,918,327
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)						22,244,698
6 Public support. Subtract line 5 from line 4						673,629

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	17,355,566	2,230,142	1,683,610	1,505,064	143,945	22,918,327
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,550,632	2,072,746	2,330,518	2,566,464	2,242,753	10,763,113
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 IV.)						
11 Total support. Add lines 7 through 10						33,681,440
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	2.0000 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	64.4606 %
16a 33 1/3 % support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3 % support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
17a 10%-facts-and-circumstances test—2008. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2007. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1-5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First five 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

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 18%.

19a 33 1/3 % support tests—2008. 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—2007. 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 Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

Part II, Line 1 - Unusual Grants

\$ 17,135,638

Schedule of Contributors
▶ **Attach to Form 990, 990-EZ, and 990-PF.**

2008

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

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(**3**) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

General Rule

- For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	LARGO ELKS 810 16TH AVE SE LARGO FL 33771	\$ 17,989	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	MARGARET SHOONMAKER ESTATE REGIONS BANK 13535 FEATHER SOUND DR #220 CLEARWATER FL 33762	\$ 15,693	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number, aggregate contributions, aggregate grants, aggregate value, and two yes/no questions.

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

Form for Part II including questions about conservation easements, a table for 'Held at the End of the Year' (2a-2d), and questions 3-9 regarding monitoring and reporting.

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

Form for Part III including questions 1a and 1b about reporting art and historical treasures, and question 2 about financial gain.

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

3 Using the organization's accession and other records, check any of the following that are a 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 programs
- e** Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

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 Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to 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 XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to 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	50,720,580				
b Contributions	-14,722				
c Investment earnings or losses	-9,601,294				
d Grants or scholarships	135,911				
e Other expenditures for facilities and programs	1,347,642				
f Administrative expenses					
g End of year balance	39,608,705				

2 Provide the estimated percentage of the year end balance held as:

- a** Board designated or quasi-endowment _____ %
- b** Permanent endowment 100.00 %
- c** Term endowment _____ %

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

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

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

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

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

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.**

▶ **Attach to Form 990.**

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) 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
	ST. JUDE'S CHILDREN'S HOSPITAL 501 ST. JUDE PLACE MEMPHIS TN 38105	35-1044585	3	9,072				
	FAITH IN ACTION OF UPPER PINELLAS 455 SCOTLAND STREET DUNEDIN FL 34698	59-3248081	3	21,191				
	CITIZENS ALLIANCE FOR PROGRESS P.O. BOX 295 TARPON SPRINGS FL 34688	59-2299047	3	20,000				
	CRYSTAL BEACG YOUTH CENTER P.O. BOX 434 CRYSTAL BEACH FL 34681	59-3700550	3	15,000				
	GIRLS INCORPORATED OF PINELLAS 7700 - 61ST STREE NORTH PINELLAS PARK FL 33781	59-0970201	3	20,000				
	OPERATION PAR 6655 - 66TH STREET NORTH PINELLAS PARK FL 33781	59-1349234	3	15,000				
	PARTNERS N PROGRESS FOR THE ARTS P.O. BOX 1030 LARGO FL 33779	59-2597553	3	5,123				
	PINELLAS COUNTY ANIMAL FOUNDATION 10825 SEMINOLE BLVD, BLDG A SEMINOLE FL 33778	59-2624204	3	33,800				
	CARING AND SHARING FOR IND. LIVING 12551 BELCHER RO9AD SOUTH LARGO FL 33773	59-3102837	3	25,000				

- 2 Enter total number of section 501(c)(3) and government organizations **▶ 76**
- 3 Enter total number of other organizations **▶**

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

Name of the organization

PINELLAS COMMUNITY FOUNDATION

**Employer identification number
23-7113194**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
LIGHTHOUSE OF PINELLAS 6925 - 112TH CIRCLE NORTH LARGO FL 33773	23-7042938	3	19,277				
PINELLAS EDUCATION FOUNDATION 12090 STARKY ROAD LARGO FL 33773	59-2688253	3	6,293				
SPCA TAMPA BAY 9099 - 130TH AVENUE NORTH LARGO FL 33773	59-0715928	3	5,320				
SUNCOAST VOICES FOR CHILDREN FDN 6451 - 126TH AVENUE NORTH LARGO FL 33773	20-1133518	3	10,000				
BOY SCOUTS/WEST CENTRAL FL 11046 JOHNSON BLVD SEMINOLE FL 33772	59-0637815	3	9,165				
DEAF AND HEARING CONNECTION 7821 SEMINOLE BLVD SEMINOLE FL 33771	59-2396122	3	10,277				
LARGO LIBRARY FOUNDATION 120 CENTRAL PARK DRIVE LARGO FL 33771	59-2794507	3	5,123				
BIG BROTHERS BIG SISTERS OF PINELLA 918 WEST BAY DRIVE LARGO FL 33770	59-1197491	3	10,361				
CLEARWATER MARINE AQUARIUM 249 WINDWARD PASSAGE CLEARWATER FL 33767	23-7242598	3	21,402				
SAILABILITY GREATER TAMPA BAY 1001 GULF BLVD CLEARWATER FL 33767	03-0419916	3	16,000				
211 TAMPA BAY CARES 50 S BELCHER ROAD #116 CLEARWATER FL 33765	59-3355555	3	10,000				

2 Enter total number of Section 501(c)(3) and government organizations ▶ _____
 3 Enter total number of other organizations ▶ _____

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

Schedule I-1 (Form 990) 2008

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

Name of the organization

PINELLAS COMMUNITY FOUNDATION

Employer identification number

23-7113194

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CLOTHES TO KIDS 1059 HERCULES AVENUE CLEARWATER FL 33765	14-1849798	3	10,000				
UPARC 1501 NORTH BEALCHER ROAD NO. 249 CLEARWATER FL 33765	59-1056551	3	28,116				
DIRECTION FOR MENTAL HEALTH 1437 SOUTH BELCHER ROAD CLEARWATER FL 33764	59-2092715	3	10,000				
GOLDA MEIR/JEWISH CENTER 2010 GREENBRIAR BLVD CLEARWATER FL 33763	59-1901486	3	10,000				
YMCA OF THE SUNCOAST 2469 ENTERPRISE ROAD CLEARWATER FL 33763	59-0810731	3	9,000				
FAMILY SERVICE CENTERS OF PINELLAS 2960 ROOSEVELT BLVD CLEARWATER FL 33760	59-0624378	3	10,000				
JUNIOR ACHIEVEMENT/W. CENTRAL FLA. 13805 - 58TH STREET NORTH CLEARWATER FL 33760	59-1098499	3	10,000				
SHEPHERD'S VILLAGE C/C 1700 MCMULLEN BOOTHE ROAD A-6 CLEARWATER FL 33759	59-3096209	3	10,000				
SALVATION ARMY-CLEARWATER CORPS 1625 NORTH BELCHER ROAD CLEARWATER FL 33758-8070	58-0660607	3	7,730				
TAMPA BAY SYMPHONU P.O. BOX 4653 CLEARWATER FL 33758-8070	59-2722176	3	6,411				
COLLEGE FUND OF PINELLAS COUNTY P.O. BOX 673 CLEARWATER FL 33757	59-6178906	3	10,994				

2 Enter total number of Section 501(c)(3) and government organizations ▶ _____
 3 Enter total number of other organizations ▶ _____

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

Schedule I-1 (Form 990) 2008

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

Name of the organization

PINELLAS COMMUNITY FOUNDATION

**Employer identification number
23-7113194**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CHILD DEVELOPMENT CENTER 110 SOUTH FORT HARRISON CLEARWATER FL 33756	59-0624435	3	11,661				
COMMUNITY SERVICE FOUNDATION 925 LAKEVIEW ROAD CLEARWATER FL 33756	59-0866639	3	10,000				
MORTON PLANT MEASE HEALTH CARE 1200 DRUID ROAD CLEARWATER FL 33756	59-1755355	3	47,533				
RELIGIOUS COMMUNITY SERVICES 503 SOUTH MARTIN LUTHER KING JR AVE CLEARWATER FL 33756	59-1309186	3	25,000				
CLEARWATER FREE CLINIC 707 NORTH FORT HARRISON CLEARWATER FL 33755	59-1852871	3	16,349				
CLEARWATER NEIGHBORHOOD HOUSING 608 NORTH GARDEN AVENUE CLEARWATER FL 33755	59-1898543	3	10,000				
COMMUNITY PRIDE CHILD CARE 1235 HOLT AVENUE CLEARWATER FL 33755	59-0908144	3	35,210				
HOMELESS EMERGENCY PROJECT 1120 NORTH BETTY LANE CLEARWATER FL 33755	59-2729694	3	23,000				
NORTHBAY CHRISTIAN ACADEMY 1625 UNION STREET CLEARWATER FL 33755	59-3556714	3	10,000				
UNITED METHODIST COOP. MINISTRIES 1625 UNION STREET CLEARWATER FL 33755	59-1623437	3	10,000				
WILLA CARSON HEALTH CENTER 1108 N. MARTIN LUTHER KING JR AVE CLEARWATER FL 33755	65-0743078	3	10,000				

2 Enter total number of Section 501(c)(3) and government organizations ▶ _____
 3 Enter total number of other organizations ▶ _____

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

Schedule I-1 (Form 990) 2008

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

Name of the organization

PINELLAS COMMUNITY FOUNDATION

**Employer identification number
23-7113194**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
AMERICAN HEART ASSOCIATION P.O. BOX 22035 ST. PETERSBURG FL 33742	13-5613797	3	7,730				
GODWILL INDUSTRIES-SUNCOAST P.O. BOX 14456 ST. PETERSBURG FL 33733	59-0718492	3	120,289				
ASAP HOMELESS SERVICES P.O. BOX 3910 ST. PETERSBURG FL 33731	65-0132187	3	21,000				
COMMUNITY ACTION STOPS ABUSE P.O. BOX 414 ST. PETERSBURG FL 33731	59-2114359	3	43,000				
HABITAT FOR HUMANITY OF PINELLAS 3071 - 118TH AVENUE NORTH ST PETERSBURG FL 33716	59-2509116	3	10,322				
PINELLAS COUNTY URBAN LEAGUE 333 - 31ST STREET NORTH ST. PETERSBURG FL 33713	59-1665523	3	10,000				
PRE-SCHOOL EXPERIENCE 1665 - 25TH AVENUE NORTH ST. PETERSBURG FL 33713	59-0641386	3	22,000				
FRIENDS OF HAPPY WORKERS 920 - 19TH STREET SOUTH ST. PETERSBURG FL 33712	59-0751908	3	21,788				
PARC 3190 TYRONE BLVD NORTH ST. PETERSBURG FL 33710	59-0791038	3	11,304				
SCIENCE CENTER OF PINELLAS COUNTY 7701 - 22ND AVENUE NORTH ST. PETERSBURG FL 33710	59-0874941	3	15,000				
YWCA OF TAMPA BAY 655 - 2ND AVENUE SOUTH ST. PETERSBURG FL 33710	59-0638517	3	20,322				

2 Enter total number of Section 501(c)(3) and government organizations ▶ _____
 3 Enter total number of other organizations ▶ _____

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

Schedule I-1 (Form 990) 2008

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

Name of the organization

PINELLAS COMMUNITY FOUNDATION

Employer identification number

23-7113194

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
BOYS & GIRLS CLUBS OF THE SUNCOAST 5111 - 66TH STREET NORTH ST. PETERSBURG FL 33709	59-1566799	3	10,000				
BROOKWOOD FLORIDA -CENTRAL 901 SEVENTH AVENUE SOUTH ST. PETERSBURG FL 33705	59-0624387	3	15,000				
ST ANTHONY'S HEALTH CARE FOUND 1200 SEVENTH AVENUE NORTH ST. PETERSBURG FL 33705	59-2128991	3	76,589				
GREAT EXPLORATIONS 1925 FOURTH STREET NORTH ST. PETERSBURG FL 33704	59-2763359	3	10,000				
AMERICAN LUNG ASSOCIATION 8950 MARTIN LUTHER KING, JR.ST.N. ST. PETERSBURG FL 33702	59-0662271	3	7,730				
BENEDICT HAVEN 210 - 72ND AVENUE NORTH ST. PETERSBURG FL 33702	59-3492167	3	10,000				
ALL CHILDREN'S HOSPITAL FOUNDATION 801 SIXTH STREET SOUTH ST. PETERSBURG FL 33701	59-2481783	3	14,640				
ALPHA HOUSE OF PINELLAS COUNTY 701 - 5TH AVENUE NORTH ST. PETERSBURG FL 33701	59-1991525	3	14,695				
DAYSTAR LIFE CENTER 226 - 6TH STREE T SOUTH ST. PETERSBURG FL 33701	65-0523539	3	10,000				
FLORIDA ORCHESTRA 244 2ND AVENUE NORTH ST. PETERSBURG FL 33701	59-1223691	3	5,869				
MUSEUM OF FINE ARTS 255 BEACH DRIVE NORTHEAST ST. PETERSBURG FL 33701	59-0949278	3	48,638				

2 Enter total number of Section 501(c)(3) and government organizations ▶ _____
 3 Enter total number of other organizations ▶ _____

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

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

Name of the organization

PINELLAS COMMUNITY FOUNDATION

**Employer identification number
23-7113194**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
ST. PETERSBURG FREE CLINIC 863 -3RD AVENUE NORTH ST. PETERSBURG FL 33701	23-7208280	3	32,000				
ST. PETERSBURG HISTORICAL SOCIETY 335 - 2ND AVENUE NORTHEAST ST. PETERSBURG FL 33701	59-0809627	3	15,300				
SHRINERS HOSPITAL FOR CHILDREN P.O. BOX 31356 TAMPA FL 33631	04-2121377	3	132,159				
FLORIDA AUDUBON SOCIETY 444 BRICKELL AVENUE MIAMI FL 33131	59-0245495	3	35,338				
UNIVERSITY OF FLORIDA FOUNDATION P.O. BOX 100243 GAINESVILLE FL 32610	59-2911059	3	17,489				
FLORIDA SHERIFFS YOUTH RANCH P.O. BOX 2000 BOYS RANCH FL 32064	23-7303117	3	32,193				
SCHENECTADY CO HISTORICAL SOC 32 WASHINGTON AVENUE SCHENECTADY FL 12305	14-1401793	3	300,000				
ALBANY ACADEMY 135 ACADEMY ROAD ALBANY NY 12208	14-1338579	3	113,653				
SLOAN-KETTING CANCER CENTER 1275 YORK AVENUE NEW YORK NY 10065	91-2154267	3	6,411				
UNIVERSITY OF VERMONT 411 MAIN STREET BURLINGTON VT 05401	03-0179440	3	6,081				
YMCA OF GREATER ST. PETERSBURG P.O. BOX 13189 ST. PETERSBURG FL 33701	59-0624468	3	10,000				

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

PINELLAS COMMUNITY FOUNDATION

Employer identification number

23-7113194

Form 990, Part VI, Line 8a - Documentation by Governing Body Explanation

YES

Form 990, Part VI, Line 8b - Documentation by Committee Explanation

YES

Form 990, Part VI, Line 10 - Organization's Process Used to Review Form 990

NO-REVIEWED BY EXECUTIVE DIRECTOR

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

MONITORED BY EXECUTIVE DIRECTOR AND CHAIRMAN

Form 990, Part VI, Line 15a - Compensation Process for Top Official

YES

Form 990, Part VI, Line 15b - Compensation Process for Officers

YES

Federal Statements

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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
POSTAGE	\$ 2,141	\$ 2,141	\$	\$
MISCELLANEOUS	745	745		
PERMITS	350		350	
EQUIPMENT	170	170		
PROFESSIONAL EVENTS	40	40		
Total	<u>\$ 3,446</u>	<u>\$ 3,096</u>	<u>\$ 350</u>	<u>\$ 0</u>

Schedule A, Part II - Unusual Grants

<u>Name</u>	<u>Date</u>	<u>Amount</u>	<u>Description</u>
FRANCHERE		\$ 17,135,638	
Total		<u>\$ 17,135,638</u>	

Federal Statements

Schedule A, Part II, Line 5 - Excess Gifts

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
	\$ <u>22,918,327</u>	\$ <u>22,244,698</u>
Total	\$ <u><u>22,918,327</u></u>	\$ <u><u>22,244,698</u></u>