

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

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

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

C Name of organization
SUNCOAST CREDIT UNION FOUNDATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
6801 E HILLSBOROUGH AVENUE

City or town, state or province, country, and ZIP or foreign postal code
TAMPA, FL 33610

D Employer identification number
59-3037324

E Telephone number
(800) 999-5887

G Gross receipts \$ 5,120,617

F Name and address of principal officer:
ANTHONY D SATCHEL
6801 E HILLSBOROUGH AVENUE
TAMPA, FL 33610

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)

H(c) Group exemption number ▶

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

J Website: ▶ N/A

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1991

M State of legal domicile: FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
FUNDRAISING, CHARITABLE CONTRIBUTIONS, AND AWARDED SCHOLARSHIPS.

2 Check this box 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	4
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	4
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	0
6 Total number of volunteers (estimate if necessary)	6	100
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	3,652,580	4,098,434
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	121,873	235,353
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,774,453	4,333,787
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,326,310	3,509,852
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	18,114	18,548
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	3,344,424	3,528,400
19 Revenue less expenses. Subtract line 18 from line 12	430,029	805,387
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	5,712,347	6,863,679
21 Total liabilities (Part X, line 26)	0	0
22 Net assets or fund balances. Subtract line 21 from line 20	5,712,347	6,863,679

Part II Signature Block

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

Sign Here
Signature of officer: *****
Date: 2020-05-29
ANTHONY D SATCHEL CHAIRMAN
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Preparer's signature: Date: 2020-05-29
Check if self-employed PTIN: P01577924
Firm's name ▶ WARREN AVERETT LLC Firm's EIN ▶ 45-4084437
Firm's address ▶ 316 SOUTH BAYLEN ST SUITE 300 Phone no. (850) 435-7400
PENSACOLA, FL 32502

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:

TO PROMOTE THE EDUCATION, HEALTH, AND EMOTIONAL WELL BEING OF CHILDREN IN OUR COMMUNITIES THROUGH SCHOLARSHIPS AND CONTRIBUTIONS TO PUBLIC SCHOOLS, MEDICAL RESEARCH AND DEVELOPMENT, FAMILY SUPPORT ORGANIZATIONS, AND OTHER CHARITABLE PROGRAMS OF DIRECT BENEFIT TO CHILDREN.

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 \$ 204,726 including grants of \$ 204,726) (Revenue \$)
See Additional Data

4b (Code:) (Expenses \$ 290,117 including grants of \$ 290,117) (Revenue \$)
See Additional Data

4c (Code:) (Expenses \$ 267,000 including grants of \$ 267,000) (Revenue \$)
See Additional Data

(Code:) (Expenses \$ 2,748,009 including grants of \$ 2,748,009) (Revenue \$)
VARIOUS DONATIONS

4d Other program services (Describe in Schedule O.)
(Expenses \$ 2,748,009 including grants of \$ 2,748,009) (Revenue \$)

4e Total program service expenses ▶ 3,509,852

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
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		No
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		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	Yes	
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		No
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		No
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		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		No
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
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		No
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		No
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		No
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)		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	Yes	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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 []

Table with 3 columns: Question, Yes, No. Rows 1a, 1b, 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

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 0
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
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in 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 No
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 No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b No
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 No
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 No
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 No
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 No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h
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 No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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 No
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 No

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in 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

Table with 3 columns: Question, Yes, No. Rows include: 1a (4), 1b (4), 2 (No), 3 (No), 4 (No), 5 (No), 6 (No), 7a (No), 7b (No), 8a (Yes), 8b (Yes), 9 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (No), 10b, 11a (No), 11b, 12a (No), 12b, 12c, 13 (No), 14 (No), 15a (No), 15b (No), 16a (No), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed: FL
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in 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: CINDY HELTON 6801 E HILLSBOROUGH AVENUE TAMPA, FL 33610 (800) 999-5887

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			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,098,434		
	g Noncash contributions included in lines 1a - 1f:\$	1g			
h Total. Add lines 1a-1f			4,098,434		

Program Service Revenue			(A)	(B)	(C)	(D)
		Business 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)		125,900			125,900	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	6a				
			(ii) Personal				
		b Less: rental expenses	6b				
		c Rental income or (loss)	6c				
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	7a	896,283			
			(ii) Other				
		b Less: cost or other basis and sales expenses	7b	786,830			
		c Gain or (loss)	7c	109,453			
	d Net gain or (loss)		109,453			109,453	
	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							
11a Miscellaneous Revenue		Business Code					
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions			4,333,787	0	0	235,353	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,509,852	3,509,852		
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.				
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				
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	17,179		17,179	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FOREIGN TAXES PAID	1,369		1,369	
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	3,528,400	3,509,852	18,548	0
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 IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	2,169,765	2	2,787,771
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 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		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	3,542,582	11	4,075,908
	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)	5,712,347	16	6,863,679	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	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		25	
	26 Total liabilities. Add lines 17 through 25	0	26	0
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions		27	
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	0	29	0
	30 Paid-in or capital surplus, or land, building or equipment fund	0	30	0
	31 Retained earnings, endowment, accumulated income, or other funds	5,712,347	31	6,863,679
32 Total net assets or fund balances	5,712,347	32	6,863,679	
33 Total liabilities and net assets/fund balances	5,712,347	33	6,863,679	

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	4,333,787
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,528,400
3	Revenue less expenses. Subtract line 2 from line 1	3	805,387
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,712,347
5	Net unrealized gains (losses) on investments	5	345,945
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 in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,863,679

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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 in Schedule O.
- 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?
- 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 in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b		No
2c		
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 59-3037324

Name: SUNCOAST CREDIT UNION FOUNDATION

Form 990 (2019)

Form 990, Part III, Line 4a:

THE SCHOOL DISTRICT OF LEE COUNTY IS THE 33RD LARGEST SCHOOL DISTRICT IN THE COUNTRY. IT IS MADE UP OF OVER 90,000 STUDENTS FROM GRADES K THROUGH 12 AND 12,000+ FULL- AND PART-TIME EMPLOYEES, WHICH INCLUDES 5,500 EDUCATORS. NOT ONLY IS LEE COUNTY'S PUBLIC SCHOOL DISTRICT ONE OF THE LARGEST, BUT IT IS ALSO ONE OF THE MOST SOCIOECONOMICALLY DISADVANTAGED; 70% OF THE STUDENTS IN LEE COUNTY MEET FEDERAL GUIDELINES FOR POVERTY. THESE STATISTICS SHOW THE GREAT IMPORTANCE OF SUPPORTING LEE COUNTY PUBLIC SCHOOLS.

Form 990, Part III, Line 4b:

AS PART OF THE REGION'S STRATEGIC SOLUTION TO THE CHILDREN'S MENTAL AND BEHAVIORAL HEALTH EPIDEMIC IN SOUTHWEST FLORIDA, LEE MEMORIAL HEALTH SYSTEM FOUNDATION IS BRINGING IMPROVED ACCESS TO CARE FOR FAMILIES AND PROVIDES A FRAMEWORK TO CONNECT COMMUNITY PARTNERS. THIS IS BEING DONE BY PROVIDING CHILD ADVOCATES, CASE MANAGERS AND CARE NAVIGATORS TO HELP CHILDREN AND FAMILIES ACCESS NEEDED BEHAVIORAL HEALTH SERVICES AND USE THEM MORE EFFECTIVELY AND EFFICIENTLY.

Form 990, Part III, Line 4c:

THE HILLSBOROUGH EDUCATION FOUNDATION PROVIDES FUNDING TO HILLSBOROUGH COUNTY SCHOOLS THROUGH GRANTS, SCHOLARSHIPS, TEACHER RECOGNITION,
ETC.

SCHEDULE A
(Form 990 or 990-EZ)

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
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
SUNCOAST CREDIT UNION FOUNDATION

Employer identification number
59-3037324

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
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						
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). . .						
6	Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
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.). . .						
11	Total support. Add lines 7 through 10						
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 2019 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2019. 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—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a	10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,676,379	3,088,817	3,290,710	3,652,580	4,098,434	16,806,920
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	2,676,379	3,088,817	3,290,710	3,652,580	4,098,434	16,806,920
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	184,845	192,045	204,008	217,661	208,399	1,006,958
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.						0
c Add lines 7a and 7b.	184,845	192,045	204,008	217,661	208,399	1,006,958
8 Public support. (Subtract line 7c from line 6.)						15,799,962

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6.	2,676,379	3,088,817	3,290,710	3,652,580	4,098,434	16,806,920
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	62,596	70,953	79,749	96,403	125,900	435,601
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.	62,596	70,953	79,749	96,403	125,900	435,601
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	2,738,975	3,159,770	3,370,459	3,748,983	4,224,334	17,242,521

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

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	91.630 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	92.410 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	2.530 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	2.390 %

19a 33 1/3% support tests—2019. 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—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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>		
	1		
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>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	3a		
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>		
	3b		
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>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
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>		
	4b		
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>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) 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>		
	5a		
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?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
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>		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	8		
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>		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9c		
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>		
	10a		
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>		
	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 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 in (2), 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 government entity (see instructions)		
2	Activities Test. Answer (a) and (b) 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>	Yes	No
b	Did the activities described in (a) 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 (a) and (b) 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>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):	1	
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 1-1/2% 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 .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 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)	
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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 59-3037324

Name: SUNCOAST CREDIT UNION FOUNDATION

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).

Facts And Circumstances Test

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

Supplemental Financial Statements

OMB No. 1545-0047 2019 Open to Public Inspection

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.

Name of the organization SUNCOAST CREDIT UNION FOUNDATION

Employer identification number 59-3037324

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor information.

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

Form for Part II Conservation Easements. Includes checkboxes for types of easements, a table for conservation details (2a-2d), and questions about monitoring and expenses.

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting and amounts for art and historical treasures.

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 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 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:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,542,582	3,694,173	3,247,085	2,820,672	2,669,599
b Contributions			102,004	192,045	184,845
c Net investment earnings, gains, and losses	551,875	-133,477	362,012	249,389	-20,179
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	18,548	18,114	16,928	15,021	13,593
g End of year balance	4,075,909	3,542,582	3,694,173	3,247,085	2,820,672

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

- a** Board designated or quasi-endowment ▶ 100.000 %
- b** Permanent endowment ▶
- c** Temporarily restricted 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)		No
3a(ii)		No
3b		

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

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

Part VI Land, Buildings, and Equipment.

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

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

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ 0

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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	

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 FIN 48 (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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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	

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	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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	

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.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 59-3037324

Name: SUNCOAST CREDIT UNION FOUNDATION

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	THE ENDOWMENT WAS ESTABLISHED TO IMPROVE THE LIVES OF CHILDREN BY SUPPORTING EDUCATION, HEALTHCARE, AND EMOTIONAL WELL-BEING INITIATIVES.

Note: To capture the full content of this document as Filed, please select landscape mode (11" x 8.5") when printing.

**Schedule I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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

▶ Attach to Form 990.

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

Department of the
Treasury
Internal Revenue Service

Name of the organization
SUNCOAST CREDIT UNION FOUNDATION

Employer identification number
59-3037324

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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 106

3 Enter total number of other organizations listed in the line 1 table ▶ 8

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.

Return Reference	Explanation
PART I, LINE 2:	ORGANIZATIONS REQUESTING RENEWAL GRANT FUNDING ARE REQUIRED TO COMPLETE A GRANT REPORT PROVIDING DETAILS OF THE ORGANIZATION'S USE OF THE PREVIOUS GRANT FUNDS. IN ADDITION, SITE VISITS MAY BE PERFORMED TO DETERMINE THE PROGRESS ON A PREVIOUS GRANT.

Additional Data

Software ID:
Software Version:
EIN: 59-3037324
Name: SUNCOAST CREDIT UNION FOUNDATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
THE SCHOOL DISTRICT OF LEE COUNTY 2855 COLONIAL BLVD FORT MYERS, FL 33966	59-6000701		204,726				2019 BATTLE OF THE BOOKS GIFT CARDS; SCHOOL DISTRICT OF LEE COUNTY TEACHER OF THE YEAR; 2019-2020 FUNDING; 2020 BATTLE OF THE BOOKS GIFT CARDS; HIGH SCHOOL BAND INSTRUMENT REPAIRS & MAINTENANCE; GIFT CARD FOR SCHOOL DISTRICT OF LEE COUNTY
LEE COUNTY BOARD OF COUNTY COMMISSIONERS 2115 SECOND STREET FORT MYERS, FL 33901	59-1150488		8,000				2020 SOUTHWEST FLORIDA READING FESTIVAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
HARDEE COUNTY SCHOOL BOARD 1009 N 6TH AVE WAUCHULA, FL 33873	59-6000631		10,725				HARDEE COUNTY ADULT EDUCATION; ESGI ONE-ON-ONE ASSESSMENTS MADE EASY; FROM ABCS TO 1 TO 1; ZOLFO SPRINGS ES ACCELERATED READER; ZOLFO SPRINGS ES POSITIVE BEHAVIOR SUPPORT; ZOLFO SPRINGS ENGAGING POSITIVE BEHAVIOR; ZSE SCIENTISTS
SUMTER COUNTY SCHOOL BOARD 2680 WEST COUNTY ROAD 476 BUSHNELL, FL 33513	59-6000863		27,800				2019-2020 FUNDING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
HILLSBOROUGH COUNTY PUBLIC SCHOOLS 901 EAST KENNEDY BLVD TAMPA, FL 33602	59-6000660		103,475				ACHIEVEMENT AND PARTNERS IN EDUCATION PROJECTS; STUDENT SPACEFLIGHT EXPERIMENTS PROGRAM MISSION 14; PERFECT ATTENDANCE 2019; GOING FOR THE GOLD HCPS 90X20
CHARLOTTE COUNTY PUBLIC SCHOOLS 1445 EDUCATION WAY PORT CHARLOTTE, FL 33948	59-6000539		60,000				2019-2020 FUNDING; 2019 NEW TEACHER ORIENTATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
SCHOOL DISTRICT OF COLLIER COUNTY FLORIDA 5775 OSCEOLA TRAIL NAPLES, FL 34109	59-6000557		42,200				COLLIER COUNTY PUBLIC SCHOOLS PARENT AND COMMUNITY ENGAGEMENT EVENTS; NEW TEACHER ORIENTATION REGISTRATION FEE; CCPS 2019 5K RUN/WALK
DISTRICT SCHOOL BOARD OF PASCO COUNTY 7227 LAND O LAKES BLVD LAND O LAKES, FL 346382826	59-6000792		15,000				ADVANCEMENT VIA INDIVIDUAL DETERMINATION (AVID)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
THE POLICE ATHLETIC LEAGUE OF ST PETERSBURG 1450 16TH STREET NORTH ST PETERSBURG, FL 33704	59-1060508	501(C)(3)	5,000				TUNE INTO READING
COLLIER HEALTH SERVICES 3555 KRAFT RD NAPLES, FL 34105	59-1741277	501(C)(3)	20,000				RONALD MCDONALD CARE MOBILE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
LEVY COUNTY SCHOOLS FOUNDATION PO BOX 1386 BRANSON, FL 32621	59-2999520	501(C)(3)	17,000				2019-2020 FUNDING
DESOTO COUNTY EDUCATION FOUNDATION INC PO BOX 1903 ARCADIA, FL 34265	59-3533706	501(C)(3)	15,785				2019-2020 ANNUAL FUNDING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
OUR MOTHERS HOME OF SOUTHWEST FLORIDA INC 7438 CARRIER RD FORT MYERS, FL 339672757	65-0510103	501(C)(3)	15,000				MENTORED LIVING PROGRAM-RESIDENT SPECIFIC LINE ITEMS
ECKERD YOUTH ALTERNATIVES INC 100 STARCREST DRIVE CLEARWATER, FL 33765	59-2551416	501(C)(3)	15,000				ECKERD CONNECTS: RAISING HOPE - ROOMS OF HOPE PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
FLORIDA SOUTHWESTERN STATE COLLEGE FOUNDATION INC 8099 COLLEGE PARKWAY FORT MYERS, FL 33919	59-6173638	501(C)(3)	15,000				FSW 3RD ANNUAL GOLF TOURNAMENT SHOE SPONSORSHIP; FSW ATHLETIC SCHOLARSHIP
PEOPLE HELPING PEOPLE IN HERNANDO COUNTY PO BOX 6182 SPRING HILL, FL 34611	27-0357086	501(C)(3)	15,000				WEEKEND BLESSINGS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BIG BROTHERS BIG SISTERS OF THE SUN COAST INC 1000 S TAMIAMI TRAIL SUITE C VENICE, FL 34285	59-1361826	501(C)(3)	13,000				SCHOOL-BASED ONE TO ONE MENTORING
CHILDREN'S HOME NETWORK 10909 MEMORIAL HIGHWAY TAMPA, FL 33615	59-0696284	501(C)(3)	15,000				SUPPORTING AND EMPOWERING EDUCATIONAL AND DEVELOPMENTAL SERVICES (SEEDS)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CITRUS COUNTY HARVEST INC DBA CITRUS COUNTY BLESSINGS PO BOX 82 LECANTO, FL 34460	59-3575428	501(C)(3)	20,000				CITRUS COUNTY BLESSINGS
CORPORATION TO DEVELOP COMMUNITIES OF TAMPA INC 1907 E HILLSBOROUGH AVE TAMPA, FL 33610	59-3150608	501(C)(3)	12,500				5 YEAR PLEDGE (YOUTH PROGRAMS); YOU DESERVE TO BE LOVED GIRLS SUMMIT 2019

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
WHEELCHAIRS 4 KIDS INC 1976 S PINELLAS AVE TARPON SPRINGS, FL 34689	45-1308941	501(C)(3)	12,500				LET'S ROLL
QUANTUM LEAP FARM INC 10401 WOODSTOCK ROAD ODESSA, FL 33556	59-3469464	501(C)(3)	12,000				LITTLE LEAPERS PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
TAMPA BAY PERFORMING ARTS CENTER DBA STRAZ CENTER 1010 NORTH WC MACINNES PLACE TAMPA, FL 336023720	59-2037085	501(C)(3)	12,000				STRAZ CENTER 2019-2020 ARTS EDUCATION PARTNERSHIPS PROGRAM
VALERIE'S HOUSE PO BOX 1955 FORT MYERS, FL 33902	47-3701240	501(C)(3)	12,000				GRIEVING IN SCHOOL: MENTORS MAKING AN IMPACT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
TAMPA METROPOLITAN AREA YMCA 110 E OAK AVE TAMPA, FL 33602	59-1742909	501(C)(3)	11,000				BUSTER AGLIANO TOURNAMENT; 2019 SUMMER CAMP PROGRAM - SUMMER LEARNING LOSS PREVENTION
GLADES EDUCATION FOUNDATION PO BOX 443 MOORE HAVEN, FL 33471	46-3728223	501(C)(3)	10,500				ANNUAL FUNDING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BEST BUDDIES INTERNATIONAL 200 SOUTH HOOVER BOULEVARD SUITE 191 TAMPA, FL 33609	52-1614576	501(C)(3)	10,000				TAMPA BAY FRIENDSHIP & LEADERSHIP PROGRAM
CHAMPIONS FOR CHILDREN INC 3108 W AZEELE ST TAMPA, FL 33609	59-1807551	501(C)(3)	10,000				KIDS ON THE BLOCK

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
STATE COLLEGE OF FLORIDA FOUNDATION INC 5840 26TH STREET WEST BRADENTON, FL 34207	59-1843274	501(C)(3)	15,000				SCF FOUNDATION SCHOLARSHIP LUNCHEON
RONALD MCDONALD HOUSE CHARITIES TAMPA BAY 35 DAVIS BOULEVARD TAMPA, FL 33606	59-1835985	501(C)(3)	20,000				KITCHEN RENOVATIONS PAYMENT 5 OF 5

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
LEARNING FOR LIFE 1801 BOY SCOUT DRIVE FORT MYERS, FL 339073871	59-1150488	501(C)(3)	22,500				LEARNING FOR LIFE
POLK EDUCATION FOUNDATION AND BUSINESS PARTNERS INC PO BOX 391 BARTOW, FL 33830	59-2956529	501(C)(3)	21,000				2019/2020 GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CHAMPIONS FOR LEARNING 3606 ENTERPRISE AVE SUITE 150 NAPLES, FL 34104	65-0230582	501(C)(3)	185,000				2019-2020 FUNDING
THE FOUNDATION FOR LEE COUNTY PUBLIC SCHOOLS INC 2266 SECOND ST FORT MYERS, FL 33901	59-2637849	501(C)(3)	175,000				2019-2020 FUNDING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
HILLSBOROUGH COMMUNITY COLLEGE FOUNDATION 39 COLUMBIA DRIVE TAMPA, FL 33606	59-1810717	501(C)(3)	135,925				2019-2020 FUNDING; EMPLOYEE SERVICE AWARD GIFT CARD; FIRST LEGO LEAGUE CHAMPIONSHIP SPONSORSHIP; HCC 50TH CAMPAIGN CONTRIBUTION 2 OF 5
PASCO EDUCATION FOUNDATION P O BOX 1248 LAND O LAKES, FL 34639	59-3048717	501(C)(3)	134,000				2019-2020 FUNDING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
HERNANDO COUNTY EDUCATION FOUNDATION 900 EMERSON ROAD BROOKSVILLE, FL 34601	59-3031959	501(C)(3)	128,000				2019-2020 FUNDING; 3RD ANNUAL BACK TO SCHOOL BASH
CONSORTIUM OF FLORIDA EDUCATION FOUNDATIONS INC PO BOX 358719 GAINESVILLE, FL 32635	65-1086820	501(C)(3)	127,600				2019-2020 SCHOLARS PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
JOHN HOPKINS ALL CHILDREN'S FOUNDATION INC 501 SIXTH AVENUE SOUTH ST PETERSBURG, FL 33701	59-2481738	501(C)(3)	125,000				PLEDGE-INSTRUCTOR
CITRUS COUNTY EDUCATION FOUNDATION PO BOX 2004 INVERNESS, FL 34451	59-3138328	501(C)(3)	57,175				2019-2020 FUNDING

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YMCA OF THE SUNCOAST 2469 ENTERPRISE ROAD CLEARWATER, FL 33763	59-0810731	501(C)(3)	56,667				CITRUS MEMORIAL HEALTH CAPITAL CAMPAIGN; BEST SUMMER EVER 2019
EDUCATION FOUNDATION OF SARASOTA 1960 LANDINGS BLVD SUITE 120 SARASOTA, FL 34231	59-2320858	501(C)(3)	50,000				2019-2020 FUNDING

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TAMPA FAMILY HEALTH CENTERS INC 302 W FLETCHER AVENUE TAMPA, FL 33612	59-2420282	501(C)(3)	50,000				TFHC SCHOOL BASED CLINIC
MANATEE EDUCATION FOUNDATION INC 1023 MANATEE AVENUE WEST SUITE 215 BRADENTON, FL 34205	65-0037457	501(C)(3)	46,000				2019-2020 PARTNERSHIP COMMITMENT

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PINELLAS EDUCATION FOUNDATION INC 12090 STARKEY ROAD LARGO, FL 33773	59-2688253	501(C)(3)	46,000				2019-2020 FUNDING
GUADALUPE CENTER 509 HOPE CIRCLE IMMOKALEE, FL 34142	59-2617151	501(C)(3)	45,000				CELEBRATION DINNER; CAMPAIGN 2020

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FLORIDA GULF COAST UNIVERSITY FOUNDATION 10501 FGCU BOULEVARD SOUTH FORT MYERS, FL 339656565	65-0403969	501(C)(3)	45,000				2019-2020 FUNDING
PASCO-HERNANDO STATE COLLEGE FOUNDATION INC 10230 RIDGE ROAD NEW PORT RICHEY, FL 34654	59-1731676	501(C)(3)	45,000				GRANTS AND SCHOLARSHIPS

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HENDRY PUBLIC SCHOOLS FOUNDATION INC PO BOX 1980 LABELLE, FL 33975	65-0487714	501(C)(3)	35,000				2019-2020 FOUNDATION DONATION
CHARLOTTE COUNTY EDUCATION FOUNDATION 18150 MURDOCK CIR PORT CHARLOTTE, FL 33948	59-2592844	501(C)(3)	32,600				2019-2020 FUNDING

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TAKE STOCK IN CHILDREN OF MANATEE COUNTY 2501 63RD AVENUE EAST BRADENTON, FL 34203	46-1337168	501(C)(3)	25,000				CORPORATE PARTNERSHIP AT CHAIR'S LEVEL
FLORIDA'S VISION QUEST 167 N INDUSTRIAL DRIVE ORANGE CITY, FL 32763	59-3269114	501(C)(3)	25,000				CHILDREN'S MOBILE VISION SERVICES - 3 YEAR SPONSORSHIP (\$50,000 PER YEAR)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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UNIVERSITY OF TAMPA 401 W KENNEDY BLVD TAMPA, FL 33606	59-0624459	501(C)(3)	25,000				ANNUAL SCHOLARSHIP
COMMUNITY COOPERATIVE INC 3429 DR MARTIN LUTHER KING JR BLVD FORT MYERS, FL 33916	59-2602772	501(C)(3)	25,000				GROWING HEALTHY KIDS & FAMILIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GOODWILL INDUSTRIES-SUNCOAST INC 10596 GANDY BLVD ST PETERSBURG, FL 33702	59-0718492	501(C)(3)	10,000				BOOKWORKS
UNITED WAY OF LEE HENDRY GLADES AND OKEECHOBEE 7273 CONCOURSE DRIVE FORT MYERS, FL 33908	59-1005169	501(C)(3)	20,000				AFTER SCHOOL AND SUMMER CAMP PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CHILDREN'S NETWORK OF SOUTHWEST FLORIDA 2232 ALTAMONT AVE FORT MYERS, FL 33901	31-1659302	501(C)(3)	10,000				14TH ANNUAL WALK TO PREVENT CHILD ABUSE
HEART GALLERY OF TAMPA 5463 WEST WATERS AVENUE TAMPA, FL 33634	81-4802754	501(C)(3)	10,000				HEART GALLERY OF TAMPA TOURING EXHIBITS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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COMPUTER MENTORS GROUP 2802 E DR MARTIN LUTHER KING JR BLVD TAMPA, FL 33610	59-3447791	501(C)(3)	10,000				KIDSCODE PROGRAM
IMPROVEMENT LEAGUE OF PLANT CITY PO BOX 5894 PLANT CITY, FL 335645894	59-2878029	501(C)(3)	5,600				2020 PLANT CITY MLK DRUMLINE BATTLE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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BUDDY BASEBALL INC 2030 WEST FLETCHER AVENUE TAMPA, FL 336121821	27-2652151	501(C)(3)	5,000				BUDDY RUN 5K
ACADEMY PREP CENTER OF ST PETERSBURG 2301 22ND AVENUE SOUTH ST PETERSBURG, FL 33712	59-3623000	501(C)(3)	5,000				ENRICHMENT PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ACADEMY PREP CENTER OF TAMPA 1407 EAST COLUMBUS DRIVE TAMPA, FL 33605	59-3622978	501(C)(3)	5,000				GRADUATE SUPPORT SERVICES PROGRAM
AVOW HOSPICE INC 1095 WHIPPOORWILL LANE NAPLES, FL 34105	35-2508744	501(C)(3)	5,000				AVOW KIDS CAMP MENDINGHEART--SHY WOLF DAY CAMP SPONSORSHIP

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UNITED WAY OF HERNANDO COUNTY INC 4028 COMMERCIAL WAY SPRING HILL, FL 34606	59-2848474	501(C)(3)	5,000				IMAGINATION LIBRARY PROGRAM
BIG BROTHERS BIG SISTERS OF TAMPA BAY INC 4630 WOODLAND CORPORATE BLVD ST160 TAMPA, FL 33614	59-2173085	501(C)(3)	5,000				BIGS INSPIRING SCHOLASTIC SUCCESS MENTORING PROGRAM

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KIDS WITH A CALL INC 1022 WEST BERRY AVE TAMPA, FL 33603	26-4814434	501(C)(3)	5,000				AMERICA IS.....
GULF COAST SYMPHONY ORCHESTRA INC 6314 CORPORATE COURT FORT MYERS, FL 33919	65-0666748	501(C)(3)	5,000				MUSICWORKS!

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GREAT EXPLORATIONS INC (GREAT EXPLORATIONS CHILDREN'S MUSEUM) 1925 FOURTH STREET NORTH ST PETERSBURG, FL 33704	59-2763359	501(C)(3)	5,000				GREAT EXPLORATIONS CHILDREN'S MUSEUM OUTREACHES: STEAM TEAM TAKES LEARNING ON THE GO!
BOYS & GIRLS CLUBS OF THE SUNCOAST 4625 EAST BAY DRIVE CLEARWATER, FL 33764	59-1566799	501(C)(3)	5,000				SUMMER BRAIN GAIN

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FREDDIE SOLOMON LEGACY FOUNDATION INC 30670 TUMBLEBERRY ST WELSEY CHAPEL, FL 33543	47-4041222	501(C)(3)	5,800				FREDDIE SOLOMON BOYS & GIRLS CLUB CHRISTMAS PARTY
PROVIDENCE HOUSE PO BOX 128 NAPLES, FL 34106	20-3889831	501(C)(3)	5,000				EARLY LEARNING FOR AT-RISK CHILDREN

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THE KIND MOUSE PRODUCTIONS INC 3934 HUNTINGTON ST NE SAINT PETERSBURG, FL 33703	45-2455492	501(C)(3)	5,000				FEEDING KIDS
FLORIDA MUSEUM OF PHOTOGRAPHIC ARTS 400 N ASHLEY DRIVE CUBE 200 TAMPA, FL 33602	59-3737687	501(C)(3)	5,000				FMOPA TEEN COUNCIL

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TAKE STOCK IN CHILDREN 3000 NE 30TH PLACE STE 409 FORT LAUDERDALE, FL 33306	59-3331584	501(C)(3)	5,000				TAKE STOCK 25TH ANNIVERSARY LEADERSHIP SUMMIT
CHILDREN FIRST 1723 NORTH ORANGE AVE SARASOTA, FL 34234	59-0968249	501(C)(3)	5,000				SCHOLARSHIPS FOR AT-RISK CHILDREN

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CHILDREN'S CANCER CENTER 4901 W CYPRESS ST TAMPA, FL 33607	59-1779035	501(C)(3)	5,000				KITE CAMP
OASIS NETWORK 16057 TAMPA PALMS BLVD WEST 315 TAMPA, FL 33647	59-3715732	501(C)(3)	5,000				OASIS CLOTHING DELIVERY PROGRAM

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ST PETERSBURG ARTS ALLIANCE 100 2ND AVE N ST PETERSBURG, FL 33701	46-1335413	501(C)(3)	5,000				FUNDING FUTURES - STUDENT ARTS OPPORTUNITY AWARDS
PACE CENTER FOR GIRLS INC (HILLSBOROUGH CENTER) 1933 E HILLSBOROUGH AVENUE TAMPA, FL 33610	59-2414492	501(C)(3)	5,000				PACEWORKS

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PARENTS AND CHILDREN ADVANCE TOGETHER LITERACY MINISTRIES INC PO BOX 1641 LUTZ, FL 33548	27-2313001	501(C)(3)	5,000				SOUTH COUNTY PCAT FAMILY LITERACY EXPANSION
SAINT LEO UNIVERSITY 33701 SR 52 SAINT LEO, FL 33574	59-1237047	501(C)(3)	5,000				WOMEN IN STEAM CONFERENCE 2020

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REDEFINERS WORLD LANGUAGES 8056 N 56TH ST TAMPA, FL 33617	81-1352382	501(C)(3)	5,000				SPANISH LANGUAGE IMMERSION & TECHNOLOGY PROGRAM (LIT)
POYNTER 801 THIRD STREET SOUTH ST PETERSBURG, FL 33701	59-1630423	501(C)(3)	5,000				WRITE FIELD - A WRITING AND MENTORING PROGRAM FOR AFRICAN AMERICAN MIDDLE SCHOOL BOYS

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HOMOSASSA LIONS FOUNDATION INC PO BOX 1401 HOMOSASSA SPRINGS, FL 34447	51-0427903	501(C)(3)	6,000				PURCHASE A VISION SCREENING MACHINE
COMMUNITY STEPPING STONES INC 1101 EAST RIVER COVE STREET TAMPA, FL 33604	59-3547077	501(C)(3)	6,000				CHILDREN'S ART INITIATIVE

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HIGHLANDS COUNTY EDUCATION FOUNDATION INC 426 SCHOOL STREET SEBRING, FL 33870	59-3497604	501(C)(3)	6,000				READING MINI GRANTS & AWARDS SPONSORSHIPS
CRISIS CENTER OF TAMPA BAY ONE CRISIS CENTER PLAZA TAMPA, FL 33613	59-1785265	501(C)(3)	10,000				SEXUAL ASSAULT FORENSIC EXAMS FOR CHILDREN AGES 13 - 17

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ARTS4ALL FLORIDA 4202 E FOWLER AVE EDU 105 TAMPA, FL 33620	59-2758321	501(C)(3)	10,000				ARTIST IN RESIDENCE PROGRAM: 2019-2020
BOYS & GIRLS CLUBS OF CITRUS COUNTY PO BOX 907 LECANTO, FL 34460	59-3124840	501(C)(3)	10,000				DISNEY'S YOUTH EDUCATION SERIES "ENERGY & WAVES PHYSICS LAB 101"

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A BRIGHTER COMMUNITY INC 1613 N MARION ST TAMPA, FL 33602	59-0624453	501(C)(3)	10,000				POWERING UP THE POTENTIAL OF PRESCHOOL CHILDREN IN TAMPA HEIGHTS
QUALITY LIFE CENTER OF SOUTHWEST FLORIDA INC PO DRAWER 1290 FORT MYERS, FL 33902	65-0321309	501(C)(3)	10,000				ACE (ARTS, CHARACTER & EDUCATION) PROGRAM

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MEALS ON WHEELS OF MANATEE 811 23RD AVENUE EAST BRADENTON, FL 34208	59-1420986	501(C)(3)	10,000				SACK SUMMER HUNGER
HOLOCAUST MUSEUM & EDUCATION CENTER OF SOUTHWEST FLORIDA 975 IMPERIAL GOLF COURSE BLVD NAPLES, FL 34110	59-3740883	501(C)(3)	10,000				5-8 + ("FIVE EIGHT PLUS")

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SERTOMA SPEECH & HEARING FOUNDATION OF FLORIDA INC 6333 RIVER ROAD NEW PORT RICHEY, FL 34652	59-2182519	501(C)(3)	10,000				CHILDREN'S DAY CARE HEARING LOSS SCREENING PROGRAM
ONE COMMUNITY NOW INC PO BOX 476 ELFERS, FL 34680	26-4124070	501(C)(3)	10,000				ONE COMMUNITY NOW PACK A SACK FOOD 4 KIDS

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ST PETERSBURG COLLEGE PO BOX 13489 ST PETERSBURG, FL 33733	59-1954362	501(C)(3)	10,000				2019-2020 FUNDING
THE IMMOKALEE FOUNDATION 2375 TAMIAMI TRAIL N SUITE 308 NAPLES, FL 34103	65-0315664	501(C)(3)	10,000				CAREER PATHWAYS: EMPOWERING STUDENTS TO SUCCEED ("CP PROGRAM")

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NEW HORIZONS OF SW FL PO BOX 111833 NAPLES, FL 34108	11-3678086	501(C)(3)	10,000				SUPER KIDS READING CAMP 2020
PUBLIC EDUCATION FOUNDATION OF MARION COUNTY 1239 NW 4TH STREET OCALA, FL 34475	59-2949915	501(C)(3)	10,000				HANDS-ON AT THE SILVER RIVER MUSEUM

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MIDDLETON MAGNET HIGH SCHOOL STEM BOOSTER CLUB 4801 N 22ND ST TAMPA, FL 33610	30-0281785	501(C)(3)	10,000				MIDDLETON ROBOTICS PROGRAM AND ROBOTICS SUMMER CAMP 2019-2020
MEALS OF HOPE 2221 CORPORATION BOULEVARD NAPLES, FL 34109	27-0268307	501(C)(3)	10,000				FEEDING FAMILIES AT MOBILE FOOD PANTRIES

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THE THOMAS PROMISE FOUNDATION 4542 GALL BLVD ZEPHYRHILLS, FL 33542	46-0808046	501(C)(3)	10,000				BACKPACK PROGRAM
VOICES FOR CHILDREN OF TAMPA BAY 3314 HENDERSON BLVD TAMPA, FL 33609	59-2737702	501(C)(3)	10,000				CHILDREN'S NEEDS FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SALESIAN SISTERS OF TAMPA INC DBA SALESIAN YOUTH CENTER 315 W COLUMBUS DRIVE TAMPA, FL 33602	59-1172504	501(C)(3)	9,350				SUMMER CAMP
HARDEE COUNTY EDUCATION FOUNDATION PO BOX 1678 WAUCHULA, FL 33873	59-2969193	501(C)(3)	9,000				TEACHER/ESP OF THE YEAR BANQUET; 4TH ANNUAL DINNER/AUCTION FUNDRAISER

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BOYS & GIRLS CLUBS OF MANATEE COUNTY PO BOX 280 BRADENTON, FL 34206	59-0675141	501(C)(3)	8,000				PALMETTO CLUB - REVITALIZE COMPUTER LAB
BOYS & GIRLS CLUBS OF TAMPA BAY 1307 NORTH MACDILL AVENUE TAMPA, FL 33607	59-0624368	501(C)(3)	7,750				POWER UP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
UNITED FOOD BANK OF PLANT CITY 702 E ALSOBROOK ST H PLANT CITY, FL 33563	59-3069728	501(C)(3)	7,500				KIDS WEEKEND BACKPACK PROGRAM
NEW TAMPA PLAYERS PO BOX 48502 TAMPA, FL 33646	36-4499192	501(C)(3)	7,000				PENGUIN PROJECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
EDUCATIONAL FOUNDATION OF LAKE COUNTY 2045 PRUITT STREET LEESBURG, FL 34748	59-2764174	501(C)(3)	6,500				PREPARING STUDENTS FOR SUCCESS AFTER HIGH SCHOOL - TAKE STOCK IN CHILDREN; SUMTER COUNTY TALENT SHOWCASE; TAKE STOCK IN CHILDREN 18TH ANNUAL SPELLING BEE
ECHO OF BRANDON 507 N PARSONS AVE BRANDON, FL 33510	59-3051533	501(C)(3)	6,145				ECHO'S BACK TO SCHOOL PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
HILLSBOROUGH EDUCATION FOUNDATION 2306 N HOWARD AVE TAMPA, FL 33607	59-2883361	501(C)(3)	267,000				PARTNERSHIP PROPOSAL 2019-2020
LEE MEMORIAL HEALTH SYSTEMS FOUNDATION PO BOX 2218 FORT MYERS, FL 33902	65-0645343	501(C)(3)	290,117				2018-2019 TEACHER FOR GOLISANO CHILDREN'S HOSPITAL; EMBEDDED MENTAL HEALTH/PATIENT NAVIGATOR PROGRAM

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019**Open to Public Inspection**

Department of the Treasury

Name of the organization

SUNCOAST CREDIT UNION FOUNDATION

Employer identification number

59-3037324

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS REVIEWED BY CINDY HELTON, EXECUTIVE DIRECTOR, SUNCOAST CREDIT UNION FOUNDATION, FOR SUNCOAST CREDIT UNION, PRIOR TO FILING THE FORM. MS. HELTON IS A MEMBER OF THE ORGANIZATION'S ADVISORY COMMITTEE TO THE BOARD OF DIRECTORS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, FORM 990, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. ALL REQUESTS ARE REFERRED TO CINDY HELTON, EXECUTIVE DIRECTOR, SUNCOAST CREDIT UNION FOUNDATION, FOR SUNCOAST CREDIT UNION.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

Open to Public Inspection

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
SUNCOAST CREDIT UNION FOUNDATION

Employer identification number

59-3037324

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) SUNCOAST CREDIT UNION 6801 E HILLSBOROUGH AVENUE TAMPA, FL 33610 59-0291451	CREDIT UNION	FL	501(C)14		N/A		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SUNCOAST CREDIT UNION	C	208,399	CASH CONTRIBUTIONS
(2) SUNCOAST CREDIT UNION	O	187,706	SALARY AND BENEFITS COST

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	

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation