Form **990**

Return of Organization Exempt From Income Tax

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

2020

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

Α	For th	ne 2020 calendar y	year, or tax year begin	nning	07-01	, 2020, and e	nding	06	5-30 , 20 21
В	Check	if applicable:	C Name of organization T2	KE STOCK IN CHI	DREN OF MAN	ATEE COUNT	Y INC	D Empl	oyer identification number
	Addres	s change		46-1337168					
	Name o	change	Number and street (or P	.O. box if mail is not delivered to	street address)	Rooi	m/suite	E Telep	hone number
$\overline{\Box}$	Initial re	eturn		(941)713-4454					
П	Final re	turn/terminated	PO BOX 325 City or town, state or pro	ovince, country, and ZIP or foreign	n postal code	-		G Gros	s receipts
П	Amend	ed return	PALMETTO, FL		•			\$	1,101,307
П		tion pending		incipal officer: ANNE HELL	ER		H(a) Is this a		for subordinates? Yes X No
_		g	SAME AS C ABO	•					es included? Yes No
_	Tax-exe	empt status: X 501			7(a)(1) or 527	,			st. See instructions
<u>:</u>	Websit		TOCKMANATEE.OR	, , , ,	. (4)(1) 6.		H(c) Group		
<u>-</u>		f organization: X Cor		sociation Other ►	1.	Year of formation:	, , , ,		gal domicile: FL
	art I	Summary	portation	occidatori Carior s		rear or formation.		olate of log	gar doffilolic.
•	1		the organization's miss	sion or most significant ac	tivities. THE O	RGANTZATTC	N FOCUSES	ON P	ROVIDING UNIQUE
	Ι.	•	<u>-</u>	OLARSHIP OPPORT					
e				ERTY THROUGH EDI					GE SCHOLARSHIPS
Governance			MENTORS FROM		CATION. 51	ODENIS ARE	OFFERED	СОППЕ	GE SCHOHARSHIFS
Je.	2			n discontinued its operation	one or disposed of	more than 25%	of its not asso	te	
6	3		_	erning body (Part VI, line	•			1 1	15
				rs of the governing body (15
ies	5		=	n calendar year 2020 (Pa					8
Activities &	6			necessary)	,				200
Ä	7		•	Part VIII, column (C), line					
				e from Form 990-T, Part I,					0
		b Net unrelated bt	usiness taxable income	: 110111 F01111 990-1, Fait 1,	IIIIe 11		Prior Year	. 70	Current Year
•	8	Contributions on	nd grants (Part \/III line	1h)		-		1 700	1,098,619
			= :				834	1,790	1,098,619
Ž	9	-		e 2g)				500	0 600
Revenue	10		,	A), lines 3, 4, and 7d) .				509	2,688
œ				nes 5, 6d, 8c, 9c, 10c, and		_		5,008)	1 101 200
	12		add lines 8 through 11		,291	1,101,307			
	13			IX, column (A), lines 1-3)			142	2,165	296,254
	14			X, column (A), line 4) .		_	21	. 106	
S	15			e benefits (Part IX, colum			310	,186	338,980
Expenses	16		,	column (A), line 11e) .					0
x	.	-	g expenses (Part IX, co						40.630
Ш		•		nes 11a-11d, 11f-24e)		<u> </u>		751	49,638
	18	•	•	t equal Part IX, column (A				7,102	684,872
	19	Revenue less ex	xpenses. Subtract line	18 from line 12				L,189	416,435
ō	S 20	Total assets (Da	ort V line 46)			 	Beginning of Curr		End of Year
ssets	20 Balances	,					3,308		3,663,444
et A		,	•	line 21 from line 20		_		5,943	11,366
D ₄	문 22 art II	Signature		iline 21 Hom line 20			3,232	4,858	3,652,078
				urn, including accompanying sche	edules and statements a	nd to the best of my	knowledge and be	lief it is	
				ficer) is based on all information of			omougo ana so		
		220015 111	er r ed						
Sig	nr	ANNE HE Signature of a						Da	te .
He				TE DIDECTOR				24	
пе	i C		ELLER, EXECUTING name and title	E DIRECTOR					
		Print/Type prepare		Preparer's signature	T r	Date		Π	PTIN
D۵	id			, ,			Check	if if	
Pa		Robert M		Robert M Eddy		8-30-2021	self-em	ployed	P00359035
	epare			XXX AND ACCOUNTIN			Firm's EIN ►		
US	e On	Firm's address		d Street W Suite	н		Phone no.	0.45	T4T 0100
N/a-	ı tha II	PS discuss this ret		on FL 34209 nown above? (see instruc	tions)			941-	747-8100 X Yes No
IVICI	v 1.115 11	A CHISCUSS THIS TELL	and with the Diebatel S	WASHINGTON DECEMBINED	IIVIIOI				

Part IV

46-1337168

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," 1 х 2 Is the organization required to complete Schedule B, Schedule of Contributors See instructions? 2 Х 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Х 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 Х Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 5 assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Х Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 Х 7 Did the organization receive or hold a conservation easement, including easements to preserve open space. 7 Х 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 X Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 9 custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or 9 Х 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 Х 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," 11a Х b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more 11b X c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more Х d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets 11d Х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Х 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 11f Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete 12a Х **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 12b Х 13 13 X Х 14a 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 14b Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 Х 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 Х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Х Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 19 х 20a Х 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 x

Part IV

TAKE STOCK IN CHILDREN OF MANATEE COUNTY INC 46-1337168 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	-00		
24-	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	270		
Ŭ	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	00-		
20	"Yes," complete Schedule L, Part IV	28c		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		v
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes,"	31		
J 2	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	ایہا		
_	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
4	Enter the number reported in Poy 2 of Form 1006. Fater 0, if not enalisable		Yes	No
1a h	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and			
·	reportable gaming (gambling) winnings to prize winners?	1c	x	
		. •	42	

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note : If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
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		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	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		Х
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).			
а	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		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х
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	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	-		
b	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note: See the instructions for additional information the organization must report on Schedule O.	100		
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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			

46-1337168

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Rody and Management

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	_		
_	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_		
	one or more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	- 1.		
_	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	0-		
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	_		
500	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		х
360	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V	NI-
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	IVa		
D	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ı ıa		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
а b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	x	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b	х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Florida			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	ANNE HELLER (941)713-4454, PO BOX 325, PALMETTO, FL 34220			

(14)ROBERT HENDRICKSON

CHAIR AND DIRECTOR

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- · List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

See instructions for the order in which to list the persons above.

		(C)								
(A)	(B)	Position				(D)	(E)	(F)		
Name and title	Average	(do not check more than one box, unless person is both an			ı	Reportable	Reportable	Estimated amount		
	hours					/trustee)		compensation	compensation	of other
	per week							from the organization	from related organizations	compensation from the
	(list any hours for	or d	Insti	Office	Key	High	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	or director	tio	ĕr	emp	loye	ner			related organizations
	organizations	ndividual trustee or director	nstitutional trustee		Key employee	Highest compensated employee				
	below	stee	uste		Ф	bens				
	dotted line)		ō			ated				
(1) ANNE HELLER	1.00		$\parallel \parallel$							
EXECUTIVE DIRECTOR				x				74,670	0	0
(2) REGGIE BELLAMY	1.00			^				74,070		
DIRECTOR		x						0	0	0
(3) DANIEL DOYLE	1.00							, ,		
DIRECTOR		х						0	0	0_
(4) CHUCK JOHNSON	1.00									
DIRECTOR		х						0	0	0
(5) TEENA JOHNSON	1.00									
DIRECTOR		х						0	0	0
(6) 1DR. ROBERT ENBERG	1.00									
DIRECTOR		х						0	0	0
(7) REBECA FORERO	1.00									
DIRECTOR		х						0	0	0
(8) KELLY HILLMAN	1.00									
DIRECTOR		х						0	0	0
(9) JAY KRAMES	1.00									
DIRECTOR		х						0	0	0
(10)MARK_BARNEBEY	1.00									
DIRECTOR		х						0	0	0
(11)LAUREY STRYKER	1.00									
DIRECTOR		х						0	0	0
(12)MARY SCOTT ROSS	1.00									
DIRECTOR		х						0	0	0
(13)DR. LOUIS CHAYKIN	1.00									
DIRECTOR		х						0	0	0

EEA Form 990 (2020)

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TAKE STOCK IN CHILDREN OF MANATEE COUNTY INC 46-1337168

Part	VII Section A. Officers, Directors, Trustee	es, Key Emp	loyee	s, an	nd H	ligh	est Co	mpe	ensated Employe	es (continued)			
					((C)							
	(A)	(B)				sition			(D)	(E)		(F)	
	Name and title	Average	(do not check more than						Reportable	Reportable	Estin	nated ar	mount
	Number and the	hours	1				/trustee)		compensation	compensation	Louis	of othe	
		per week					,		from the	from related		mpensa	
		(list any	9.5	=	q	Ž	eн	Ę	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		rom the nization	
		hours for	dire	stitu	Office	Key employee	ghe nplo	Former	(W-2/1099-WIGC)	(VV-2/1099-IVIISC)	_		izations
		related	ector	t o	٦	mplo	st co	¥					
		organizations below	Individual trustee or director	a tr		уее	ompo						
		dotted line)	lee	Institutional trustee			Highest compensatemployee						
		,					ted						
(15)KR	ISTEN PEPPER	2.00	1										
	CTOR AND SECRETARY		Х		Х				0	0			0
(16)RA	YMOND VICKS JR.	5.00	1										
TREAS	SURER AND DIRECTOR		Х		Х				0	0			0
(17)													
(18)													
(19)													
<i>→ ''</i>													
(20)													
<u>_</u>													
(24)													
(21)													
(22)													
(23)													
(24)													
(25)													
<u> </u>													
1b	Subtotal												
С	Total from continuation sheets to Part VII, Sect							-					
d	Total (add lines 1b and 1c)							-	74,670	0			0
<u>u</u>	Total number of individuals (including but not limit								-	-			
2			isieu a	DOVE	;) VVI	10 16	ceive	ı IIIC	ore triair \$100,000	OI .			,
	reportable compensation from the organization											V	C
_	5											Yes	No
3	Did the organization list any former officer, direc		-				-						
	employee on line 1a? If "Yes," complete Schedul										3		X
4	For any individual listed on line 1a, is the sum of re												
	organization and related organizations greater th	an \$150,000)? If "Y	'es,"	con	nplei	te Sch	edul	le J for such				
	individual										4		x
5	Did any person listed on line 1a receive or accrue	compensation	n from	any	unr	elate	ed orga	aniza	ation or individual				
	for services rendered to the organization? If "Yes	s," complete	Sched	lule J	J for	suc	h pers	on			5		x
Secti	on B. Independent Contractors										'		
1	Complete this table for your five highest compensa	ted independ	lent co	ntrac	ctors	tha	t recei	ved i	more than \$100.00	00 of			
-	compensation from the organization. Report comp												
		CHOCHOTTO	ino oai	oriac	i ye	<i>a c</i>	inding	vvicii	(B)	"Zation's tax year.	(C)		
	(A)										(C)		
	Name and business addres	00							Description of service	E0	Compens	อสแบท	-
													-
2	Total number of independent contractors (includin	g but not limi	ited to	thos	e lis	ted a	above)	who	0				
	received more than \$100,000 of compensation fro	m the organi	zation	•									

		Check if Schedule O co	ontains a respons	e or n	ote to any line in thi	s Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
	1a	Federated campaigns .		1a					sections 512–514
	b	Membership dues		1b					
nts nts	C	Fundraising events		1c					
Gra To CI	d	Related organizations .		1d					
fts,	e	Government grants (contr		1e	209,391				
ָה <u>יַּ</u>	f	All other contributions, gif			203,331				
Contributions, Gifts, Grants and Other Similar Amounts	'	and similar amounts not in	-	1f	889,228				
buti ther	g	Noncash contributions inc			0037220				
d ä	9	lines 1a-1f		1g	\$				
နှဲ ငိ	h					1,098,619			
					Business Code				
	2a								
<u>e</u>	b								
er Tre	С								
m S ven	d								
gra	е								
Program Service Revenue	f	All other program service i	revenue	 -					
_	g	Total. Add lines 2a-2f .							
		Investment income (includi							
	•	other similar amounts) .				2,688	2,688		
	4	Income from investment of	tax-exempt bond	proce	eeds▶				
	5	Royalties			▶				
			(i) Real		(ii) Personal				
	6a	Gross rents	6a						
	b	Less: rental expenses	6b						
	С	Rental income or (loss)	6c						
	d	d Net rental income or (loss)		▶					
	7a	Gross amount from	(i) Securition	es	(ii) Other				
		sales of assets							
		other than inventory	7a						
	b	Less: cost or other basis							
e		and sales expenses	7b						
venue		Gain or (loss)	7c						
æ		Net gain or (loss)			▶				
Other Re	8a	Gross income from fundrai	ising						
ŏ		events (not including \$.					
		of contributions reported o							
	١.	1c). See Part IV, line 18		8a					
		Less: direct expenses .		8b					
		Net income or (loss) from f	_	s .	•				
	9a	Gross income from gaming	-	0-					
		activities, See Part IV, line		9a 9b					
		Less: direct expenses . Net income or (loss) from 9							
		` ,	•	<u> </u>					
	10a	Gross sales of inventory, le returns and allowances .		10a					
	h			10a					
	1	Less: cost of goods sold Net income or (loss) from s							
	٦	140. IIIOOIIIO OI (1033) IIOIII S	saiss of inventory	• •	Business Code				
10	11a				Duomicos Code				
Jour Je	b								
llar Ænt	C								
Miscellanous Revenue	_	All other revenue							
Σ		Total. Add lines 11a-11d							
		Total revenue. See instru				1,101,307	2,688	0	0

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4)	organizations must complete	all columns All other	organizations must con	mploto column (A)
3600001 30 1(0)(3) and 30 1(0)(4)	Organizations must complete	all columns. All other	Organizations must con	ripiete coluitii (A).

Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) (D) Do not include amounts reported on lines 6b. 7b. Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 296,254 296,254 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, 90,673 2,720 68,005 19,948 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 223,854 169,108 5,457 49,289 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 10 24,453 18,434 636 5,383 11 Fees for services (nonemployees): Legal...... b 7,063 7,063 d Professional fundraising services. See Part IV, line 17 . f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 12,766 12,766 13 947 853 94 14 5,048 514 4,534 15 16 4,118 3,088 412 618 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 757 757 20 21 22 Depreciation, depletion, and amortization 392 392 23 Insurance 2,391 2,391 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a STUDENT EXPENSES 4,790 4,790 MENTORING EXPENSES 2,988 2,988 705 705 c POSTAGE AND MAILING SERVICES d REGISTRATION AND MEMBERSHIPS 2,131 2,131 All other expenses е 5,542 1,728 3,814 Total functional expenses. Add lines 1 through 24e. . 25 684,872 581,607 23,493 79,772 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

if following SOP 98-2 (ASC 958-720)

Part X **Balance Sheet**

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	469,333	1	528,815
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	33,934	4	42,440
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ass	9	Prepaid expenses and deferred charges	628	9	628
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 8,556			
	b	Less: accumulated depreciation 10b 5,030		10c	3,526
	11	Investments - publicly traded securities	15,796	11	20,172
	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	2,789,110	15	3,067,863
	16	Total assets. Add lines 1 through 15 (must equal line 33)	3,308,801	16	3,663,444
	17	Accounts payable and accrued expenses	16,643	17	11,366
	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	
s	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		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	59,300	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	75,943	26	11,366
		Organizations that follow FASB ASC 958, check here			
w		and complete lines 27, 28, 32, and 33.			
Ç	27	Net assets without donor restrictions	443,748	27	584,215
alar	28	Net assets with donor restrictions	2,789,110	28	3,067,863
Ö		Organizations that do not follow FASB ASC 958, check here			
Ë		and complete lines 29 through 33.			
or F	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
et/	32	Total net assets or fund balances	3,232,858	32	3,652,078
	33	Total liabilities and net assets/fund balances	3,308,801	33	3,663,444

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ı	Paq	ıe	1	

Pa	rt 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,	101,	307
2	Total expenses (must equal Part IX, column (A), line 25)	2		684,	872
3	Revenue less expenses. Subtract line 2 from line 1	3		416,	435
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	ı	3,	232,	858
5	Net unrealized gains (losses) on investments	5		2,	785
6	Donated services and use of facilities	;			
7	Investment expenses	,			
8	Prior period adjustments	3			
9	Other changes in net assets or fund balances (explain on Schedule O))			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	0	3,	652,	078
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🗆
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	х	
	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	, i		2b		х
	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				
С	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?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	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?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	990 (2	2020)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

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.

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

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

TAK	E S	TOCK IN CHILDREN	OF MANA	ree county i	NC			46-1337168	3
Pa	rt I	Reason for Pub	lic Charity	/ Status. (All o	rganizations must o	complete	this part	.) See instructions	S.
The	orga	nization is not a private fo	undation beca	ause it is: (For lines	s 1 through 12, check on	ly one box.)		
1		A church, convention of	churches, or	association of chu	urches described in sect	tion 170(b)	(1)(A)(i).		
2		A school described in se	ection 170(b))(1)(A)(ii). (Attach	Schedule E (Form 990	or 990-EZ)	.)		
3		A hospital or a cooperat	tive hospital s	ervice organization	n described in section 1	170(b)(1)(A	A)(iii).		
4		A medical research orga	anization ope	rated in conjunctio	n with a hospital describ	oed in sect	ion 170(b)((1)(A)(iii). Enter the	
		hospital's name, city, and	d state:						
5		An organization operated	d for the bene	efit of a college or ι	university owned or oper	ated by a g	government	al unit described in	
		section 170(b)(1)(A)(iv). (Complete	Part II.)					
6		A federal, state, or local	government	or governmental u	ınit described in section	170(b)(1)	(A)(v).		
7		An organization that non	mally receive:	s a substantial part	of its support from a go	vernmental	unit or from	n the general public	
		described in section 17	0(b)(1)(A)(vi). (Complete Part I	I.)				
8		A community trust descri	ribed in secti	on 170(b)(1)(A)(vi	i). (Complete Part II.)				
9		An agricultural research	organization	described in sect	ion 170(b)(1)(A)(ix) ope	erated in co	onjunction v	vith a land-grant colleg	je
		or university or a non-lar	nd-grant colle	ge of agriculture (s	see instructions). Enter th	ne name, ci	ty, and state	e of the college or	
		university:							
10	X	An organization that non	mally receives	s: (1) more than 33	3 1/3% of its support from	n contributi	ons, membe	ership fees, and gross	
		receipts from activities re	elated to its e	xempt functions - s	subject to certain except	ions; and (2	2) no more	than 33 1/3% of its	
		support from gross inves	stment income	e and unrelated bu	siness taxable income (I	ess sectior	n 511 tax) fr	om businesses	
	_	acquired by the organization	ation after Ju	ne 30, 1975.See s	section 509(a)(2). (Com	plete Part	III.)		
11	Ц	An organization organiz	ed and opera	ted exclusively to	test for public safety. Se	e section	509(a)(4).		
12	Ш	An organization organize	•	•	• •		•	, , ,	
		of one or more publicly			` ` ` `			` ^	•
		Check the box in lines 1:	•						•
	а		g organizatior	n operated, superv	rised, or controlled by its	supported	l organization	on(s), typically by givin	ng
					appoint or elect a majo	rity of the o	lirectors or	trustees of the	
				•	IV, Sections A and B.				
	b		-	•	ontrolled in connection w		•	. ,	
		•			on vested in the same pe	ersons that	control or m	anage the supported	
		organization(s). You	-						
	С		-		anization operated in co				th,
			. , ,	•	u must complete Part I				
	d				g organization operated				n(s)
			, ,	o c	generally must satisfy a c		•	and an attentiveness	
			•	•	e Part IV, Sections A a				
	е	_	•		determination from the I		sa Type I, I	ype II, Type III	
					ntegrated supporting org	anization.			
	f	Enter the number of sup							• • • •
	g	Provide the following info			Ĭ ,			/	424
	(I	i) Name of supported organization	1	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the o	rganization ir governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
					above (see instructions))	docum	nent?	instructions)	instructions)
						Yes	No		
						163	140		
(A)									
(B)									
(C)									
						+			
(D)									
(E)									
Tota	1								

TAKE STOCK IN CHILDREN OF MANATEE COUNTY INC

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (d) 2019 Calendar year (or fiscal year beginning in) ▶ (a) 2016 **(b)** 2017 (c) 2018 (e) 2020 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 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 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) Public support. Subtract line 5 from line 4 Section B. Total Support (d) 2019 Calendar year (or fiscal year beginning in) ▶ (a) 2016 (b) 2017 (c) 2018 (e) 2020 (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) 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) Section C. Computation of Public Support Percentage % **14** Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 14 % 16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check 17a 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization gualifies as a publicly supported b 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

instructions

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

46-1337168

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.)

Sec	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	738,514	506,285	811,394	834,790	1,098,619	3,989,602
2	Gross receipts from admissions, merchandise sold or services performed, or facilities fumished 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.	249,731	247,262	140,184	14,710		651,887
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		25,580	25,580	42,980		94,140
	Total. Add lines 1 through 5	988,245	779,127	977,158	892,480	1,098,619	4,735,629
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
_	or 1% of the amount on line 13 for the year				+		
	Add lines 7a and 7b						
0	line 6.)						4 725 620
Sec	ction B. Total Support						4,735,629
	endar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	988,245	779,127	977,158	892,480	1,098,619	4,735,629
	Gross income from interest, dividends,		,	,	332,333	_,,	
	payments received on securities loans, rents,						
	royalties, and income from similar sources	1,546	1,032	788	509	2,688	6,563
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	1,546	1,032	788	509	2,688	6,563
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						
40	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
11	and 12.)	989,791	780,159	977,946		1,101,307	4,742,192
14	organization, check this box and stop here						
Sec	ction C. Computation of Public Suppor					• • • • • • • •	
	Public support percentage for 2020 (line 8, c			olumn (f))		15	99.86 %
	Public support percentage from 2019 Sched					16	99.91 %
	ction D. Computation of Investment In						
	Investment income percentage for 2020 (line			ne 13, column ((f))	17	0.00 %
18	Investment income percentage from 2019 So	chedule A, Part	III, line 17			18	0.00 %
19a	33 1/3% support tests - 2020. If the organiz	ation did not ch	eck the box or	line 14, and li	ne 15 is more	than 33 1/3%, a	and line
	17 is not more than 33 1/3%, check this box	-	_	-			
b	33 1/3% support tests - 2019. If the organiz						
	line 18 is not more than 33 1/3%, check this	-	-	-			
20	Private foundation. If the organization did n	ot check a box	on line 14, 19a	a, or 19b, checl	k this box and	see instructions	s ▶ 🗍

Part IV Supporti

Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
_		
6		
7		
8		
0-		
9a		
9b		
•		
9с		
10a		
10b		

-	ule A (Form 990 or 990-EZ) 2020 TAKE STOCK IN CHILDREN OF MANATEE COUNTY INC 46-1337168	3	F	age
Par	t IV Supporting Organizations (continued)		Yes	Na
11	Has the organization accepted a gift or contribution from any of the following persons?		res	No
	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
а	11c below, the governing body of a supported organization?	11a		
h	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	110		
C	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations	110		
	2. Type i cappe inig organizatione		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion 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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
3	a significant voice in the organization's investment policies and in directing the use of the organization's			
3	·			
3	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Sec	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations		41	
Sec	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in		tions)).
Sector 1	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in The organization satisfied the Activities Test. Complete line 2 below.		tions)).
Sec 1 a b	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.	nstruct		
Sec 1 a b	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity	nstruct	struci	tions
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Sector 1 a b c c 2	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	nstruct	struci	tions
Sector 1 a b c c 2	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	nstruct	struci	tions
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Sector 1 a b c c 2	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined	nstruct	struci	tions
Sec 1 a b c 2 a	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	nstruct	struci	tions
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Sec 1 a b c 2 a	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in	nstruct	struci	tions
Sec 1 a b c 2 a	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,	nstruct	struci	tions

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.

3a

Schedule A (Fo	orm 990 or 990-EZ) 2020	TAKE ST	OCK IN	CHILDREN	OF	MANATEE	COUNTY	INC	46-13371	68 Page
Part V	Type III Non-F	unctionall	ly Integ	rated 509(a)(3)	Supporti	ng Orga	nizations	3	
1 🗌 (1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See									
i	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.									
Section A - Adjusted Net Income						\ Prior Vear	(B) Current Year			

	mstructions. All other Type in non-tunctionally integrated supporting organi	124110113	mast complete occitor	
Sec	ction 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		
Sec	ction 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	ction C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

(see instructions).

EEA

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organiz	zations (continued	1)				
Sec	Section D - Distributions							
1	Amounts paid to supported organizations to accomplish exen	npt purposes		1				
2	Amounts paid to perform activity that directly furthers exempt							
	organizations, in excess of income from activity		2					
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizati	ons	3				
4	Amounts paid to acquire exempt-use assets			4				
5	Qualified set-aside amounts (prior IRS approval required) - pa	rovide details in Part VI)		5				
6	Other distributions (describe in Part VI). See instructions.			6				
7	Total annual distributions. Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which the	organization is respons	ive					
	(provide details in Part VI). See instructions.			8				
9	Distributable amount for 2020 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount			10				
Sec	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	s	(iii) Distributable Amount for 2020			
1	Distributable amount for 2020 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2020							
	(reasonable cause required - explain in Part VI). See							
	instructions.							
3	Excess distributions carryover, if any, to 2020							
а	From 2015							
b	From 2016							
С	From 2017							
d	From 2018							
е	From 2019							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2020 distributable amount							
i	Carryover from 2015 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2020 from							
	Section D, line 7: \$							
а	Applied to underdistributions of prior years							
b	Applied to 2020 distributable amount							
С	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2020, if							
	any. Subtract lines 3g and 4a from line 2. For result							
	greater than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2020. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2021. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
	Excess from 2016							
	Excess from 2017							
	Excess from 2018							

d Excess from 2019e Excess from 2020

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.)
-	
_	

Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury

Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2020

Employer identification number

TAKE STOCK IN CHILDREN OF MANATEE COUNTY INC 46-1337168 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule 🗵 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Name of organization

Employer identification number

TAKE STOCK IN CHILDREN OF MANATEE COUNTY INC

46-1337168

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1	RAYS BASEBALL FOUNDATION INC ONE TROPICANA DRIVE SAINT PETERSBURG FL 33705	\$15,000	Person 🛣 Payroll 📗 Noncash 🗍 (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2	FLORIDA PREPAID COLLEGE FOUNDATION PO BOX 6567 TALLAHASSEE FL 32314	\$287,637	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3	DR LORRAINE AND MR. CHARLES STRYKER 6618 VIRGINIA BRADENTON FL 34201	\$10,000	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
4	STEVE BAYARD 3840 MARINERS WAY CORTEZ FL 34215	\$10,000	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
5_	DR. ROBERT ENBERG 808 3RD AVE W BRADENTON FL 34205	\$10,000	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
6	BRUCE AND KATE LANGSEN 12711 DEACONS PLACE LAKEWOOD RANCH FL 34202	\$45,000	Person x Payroll Complete Part II for noncash contributions.)			

Name of organization

TAKE STOCK IN CHILDREN OF MANATEE COUNTY INC

Employer identification number

46-1337168

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
	SUNCOAST CREDIT UNION FOUNDATION 6801 E HILLSBOROUGH AVENUE TAMPA FL 33610	\$	Person 🗷 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
8_	THE MARY E PARKER FOUNDATION 1401 MANATEE AVENUE W SUITE 2000 BRADENTON FL 34205	\$50,000	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
9	MANATEE COMMUNITY FOUNDATION 2820 MANATEE AVENUE W BRADENTON FL 34205	\$85,85 <u>4</u>	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
10	ROBERT & SUE W LAMASTRO 11111 BELLE MEADE COURT BRADENTON FL 34209	\$10,000	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
11	STEPHEN & ELAINE GRAHAM 2216 39TH ST W BRADENTON FL 34205	\$10,000	Person 🐹 Payroll 🔲 Noncash 🗍 (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
12	MICHAEL SAUNDERS COMMUNITY FUND 1801 MAIN STREET SARASOTA FL 34236	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Name of organization

Employer identification number

TAKE STOCK IN CHILDREN OF MANATEE COUNTY INC

46-1337168

Part I	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	STANLEY TATE FL PREPAID FOUNDATION PO BOX 6567 TALLAHASSEE FL 32314	\$15,457	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	JOHN J GORR FOUNDATION 2820 MANATEE AVE W BRADENTON FL 34205	\$12,000	Person x Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person

Name of organization

TAKE STOCK IN CHILDREN OF MANATEE COUNTY INC

Employer identification number 46-1337168

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	SCHOLARSHIPS		
		\$\$	05-01-2021
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

Open to

2020

2020

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

Name	of the organization		Employer identification number
TAK	E STOCK IN CHILDREN OF MANATEE COUNTY IN	С	46-1337168
Pa	rt I Organizations Maintaining Donor Advised Fu	unds or Other Similar Funds or Acco	ounts.
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 6.	
	<u> </u>	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advised	
	funds are the organization's property, subject to the organizati		
6	Did the organization inform all grantees, donors, and donor ad	_	
	only for charitable purposes and not for the benefit of the dono		
	conferring impermissible private benefit?		
Pa	rt II Conservation Easements.		
	Complete if the organization answered "Yes" o	n Form 990. Part IV. line 7.	
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or edu		of a historically important land area
	Protection of natural habitat		of a certified historic structure
	Preservation of open space	_ Treservation o	n a certifica filotofio di datale
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form of a co	onservation
-	easement on the last day of the tax year.	donservation continuation in the form of a co	
а			Held at the End of the Tax Year 2a
b	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic structure.		
G C	Number of conservation easements included in (c) acquired a	` '	20
d	· · · · ·		2d
2	Number of conservation easements modified, transferred, rele	and extinguished or terminated by the err	
3		ased, extinguished, or terminated by the org	ganization during the
4	tax year ► Number of states where property subject to conservation ease	ement is located.	
5	Does the organization have a written policy regarding the period		
J	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, ha		
U	Starr and volunteer flours devoted to monitoring, inspecting, na	inding of violations, and emorcing conservat	tion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handlin	ag of violations, and enforcing conservation	passments during the year
′	S	ig or violations, and emorning conservation	easements during the year
	Does each conservation easement reported on line 2(d) above	a satisfy the requirements of section 170/b)/	4)/P)/;)
8		· · · · · · · · · · · · · · · · · · ·	
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnot	e to the organization's illiancial statements to	rial describes trie
Da	organization's accounting for conservation easements. "t III Organizations Maintaining Collections	of Art Historical Transuras or (Othor Similar Assots
Га	Complete if the organization answered "Yes" of		Julei Silillai Assets.
10	If the organization elected, as permitted under FASB ASC 958		palanas aboet warks
ıa	of art, historical treasures, or other similar assets held for publi		
			Tarice of public
_	service, provide, in Part XIII the text of the footnote to its finan		non about warles of
b	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in furtherar	ice of public service,
	provide the following amounts relating to these items:		. •
	(i) Revenue included on Form 990, Part VIII, line 1		
_	(ii) Assets included in Form 990, Part X		-
2	If the organization received or held works of art, historical trea	_	iin, provide the
	following amounts required to be reported under FASB ASC 9	•	. •
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		▶ \$

Pa	rt III Organizations Maintaining Coll	lections of A	Art, Histor	ical T	reasures,	or Ot	her Similar As	sets (co	ontin	ued)
3	Using the organization's acquisition, accession, and	other records, o	check any of	the follo	wing that ma	ke signi	ficant use of its			
	collection items (check all that apply):									
а	Public exhibition		d 🗌	Loan	or exchange p	orogram	s			
b	Scholarly research		е	Other						
С	Preservation for future generations									_
4	Provide a description of the organization's collection	ns and explain h	ow they furth	er the c	organization's	exempt	purpose in Part			
	XIII.				J					
5	During the year, did the organization solicit or receiv	e donations of a	art. historical	treasure	es. or other si	imilar				
-	assets to be sold to raise funds rather than to be m							Yes	, r	No
Pai	rt IV Escrow and Custodial Arranger				0 0000					,
	Complete if the organization answ		n Form 9	90. Pa	rt IV. line 9	9. or re	eported an amo	unt on F	orm	1
	990, Part X, line 21.			, , , ,		o, o	, , , , , , , , , , , , , , , , , , , ,		•	•
1a	Is the organization an agent, trustee, custodian or ot	ther intermediary	for contribut	ions or	other assets	not				
·u		-					 .	□ V ₀		No
b	If "Yes," explain the arrangement in Part XIII and co						• • • • • • • • •	🖂 160	, _] 110
b	ii res, explain the arrangement iii i art XIII and co	implete the follow	wing table.				Λm	ount		
•	Beginning balance					. 1c		Ount		
۲ C	Additions during the year									
d	Distributions during the year									
e										
f 20	Ending balance							Yes		l Na
2a	Did the organization include an amount on Form 990					-			_	∫ No
b Date	If "Yes," explain the arrangement in Part XIII. Checkert V Endowment Funds.	r nere ii the exp	anation has i	been pr	ovided on Pa	IL XIII .			·	
Га		ored "Vec" o	n Form O)/ Da	rt IV/ line 1	10				
	Complete if the organization answ						(D T)	1,,,,,		
4.0		Current year	(b) Prior ye	ar	(c) Two years	back	(d) Three years back	(e) Four	years i	раск
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the current year		ine 1g, colun	ın (a)) h	neld as:					
а	Board designated or quasi-endowment	%								
b	Permanent endowment ▶ %									
С	Term endowment ► %									
	The percentages on lines 2a, 2b, and 2c should equ									
3a	Are there endowment funds not in the possession of	of the organization	on that are he	eld and	administered	for the				1
	organization by:								Yes	No
	(i) Unrelated organizations			• • •				. 3a(i)		
	(ii) Related organizations							. 3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizations I			e R?.				. 3b		
4	Describe in Part XIII the intended uses of the organ		ment funds.							
Pa	t VI Land, Buildings, and Equipmen						-			_
	Complete if the organization answ	/ered "Yes" c	on Form 99	90, Pa	irt IV, line	11a. S	ee Form 990, F	art X, III	ne 1	0.
	Description of property	(a) Cost or other	'	•	r other basis		Accumulated	(d) Bool	(value	
		(investmer	nt)	(0	other)	de	epreciation			
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment				8,556		5,030		3,	526
e	Other									
Tota	I. Add lines 1a through 1e. (Column (d) must equal	Form 990, Part	X, column (3), line	10c.)		▶		3,	526

rait vii	Complete if the organization answered	"Yes" on For	m 990, Part	t IV, line	11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book va	alue	,	c) Method of valuation: r end-of-year market value
(1) Financial of	derivatives					
(2) Closely-he	eld equity interests					
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 12.,) >				
Part VIII	Investments - Program Related. Complete if the organization answered	"Yes" on For	m 990, Pari	t IV, line	11c. See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book va	alue	•	c) Method of valuation: r end-of-year market value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9) Table (Oathana	(I) mark a mark Farm 2000 Bank V and (D) line 40	١				
Part IX	n (b) must equal Form 990, Part X, col. (B) line 13., Other Assets.) -				
raitix	Complete if the organization answered	"Ves" on For	m 000 Part	t IV/ line '	11d See Form	000 Part Y line 15
			iii 990, Faii	i iv, iiiie	i iu. See i oili	
(1bpepare	(a) Des TUITION ACCOUNTS HELD BY OT	cription				(b) Book value
(2)	O TOTTION ACCOUNTS HELD BY OT					3,067,863
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col. (B) line 15.,)				3,067,863
Part X	Other Liabilities.	<i>,</i>	<u> </u>	<u></u>		3,007,803
Turk	Complete if the organization answered	"Yes" on For	m 990, Part	t IV, line	11e or 11f. Se	e Form 990, Part X,
	line 25.					
1.	(a) Description of liability	(b) Book v	/alue	_		
(1) Federal i	ncome taxes			-		
(2)				_		
(3)				-		
(4)				-		
(5)				-		
(6)				-		
(7)				-		
(8)						
(9)				-		
	(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	o the organizat	ion's financ	ıaı statements that	reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r 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:	
а	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities	
С	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	
е	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:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
С	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Pa	rt 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:	
а	Donated services and use of facilities	
b	Prior year adjustments	
C	Other losses	
d	Other (Describe in Part XIII.)	
е	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:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
С	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
	rt XIII Supplemental Information.	
	ide 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; F	Part X, line
2; Pa	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	

EEA Schedule D (Form 990) 2020

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection
Employer identification number

TAKE STOCK IN CHILDREN OF M					46-13	
Part I Fundraising Activities	•	-		wered "Yes" on	Form 990, Part IV,	line 17.
Form 990-EZ filers are no		-	•			
1 Indicate whether the organization rai	sed funds through	-	_			
a Mail solicitations				f non-government gr	ants	
b Internet and email solicitations				f government grants		
c Phone solicitations		g ∐	Special fund	raising events		
d In-person solicitations						
2a Did the organization have a written of	or oral agreement v	vith any indivi	idual (includir	ng officers, directors,	trustees,	_
or key employees listed in Form 990				_		es 🗌 No
b If "Yes," list the 10 highest paid indivi	duals or entities (f	undraisers) p	ursuant to ag	reements under whi	ch the fundraiser is to be	е
compensated at least \$5,000 by the	organization.					
						T
(i) Name and address of individual		(iii) Did fur	ndraiser have	(iv) Gross receipts	(v) Amount paid to	(vi) Amount paid to
or entity (fundraiser)	(ii) Activity		or control of	from activity	(or retained by) fundraiser listed in	(or retained by)
		CONTIN	butions?		col. (i)	organization
		Yes	No			
1						
2						
3						
4						
5						
6						
6						
7						
,						
8						
•						
9						
10						
Total			•			
3 List all states in which the organizatio	n is registered or li	censed to so	licit contributi	ons or has been not	ified it is exempt from	
registration or licensing.						

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue Gross receipts 1 Less: Contributions Gross income (line 1 minus Cash prizes 5 Noncash prizes Rent/facility costs Direct Expenses Food and beverages 8 Entertainment Other direct expenses Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Net gaming income summary. Subtract line 7 from line 1, column (d) ▶ **9** Enter the state(s) in which the organization conducts gaming activities: ${f a}$ Is the organization licensed to conduct gaming activities in each of these states? igsquare**b** If "No," explain: **10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

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

► Attach to Form 990.

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

OMB No. 1545-0047

2020

Employer identification number

Open to Public Inspection

	STOCK IN CHILDREN OF MANA	TEE COUNTY					46-1337168	
Part I								
1 D	oes the organization maintain records to	o substantiate the amoun	t of the grants or assis	stance, the grantees' el	igibility for the grants or	assistance, and		
								. X Yes No
	Describe in Part IV the organization anisation could be presented to award the grants or assistance to Describe in Part IV the organizations are procedured for monitoring the use of grant funds in the United States. INT 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 (b) EIN (c) IRC section (ff applicable) (ff applic							
Part I		_			•	-	"Yes" on Form 990),
	Part IV, line 21, for any recip	ient that received mor	re than \$5,000. Par	t II can be duplicate	d if additional space	is needed.		ı
1 (· -	(b) EIN	* *	1 ' '		(book, FMV, appraisal,		
(1)								
(2)								
(3)								
(4)								
,								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
	nter total number of section 501(c)(3) an	-	ions listed in the line 1	table			· · · · · · • –	

Part III can be duplicated if add			organization ansv	wered res on Form 99	U, Part IV, line 22.
(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 TUITION ASSISTANCE		296,254		VALUE OF TUITION HOURS USED	PROVIDED TUITION PAID TO THIRD PARTY
2					
1					
ı					
3					
,					
art IV Supplemental Information. Pr	ovide the information re	equired in Part I, line	e 2; Part III, colum	n (b); and any other add	ditional information.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization TAKE STOCK IN CHILDREN OF MANATEE COUNTY INC 46-1337168 01. Form 990 governing body review (Part VI, line 11) ORGANIZATION'S BOARD REVIEWS AND APPROVES FORM 990 PRIOR TO ITS FILING. 02. Conflict of interest policy compliance (Part VI, line 12c) ALL DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO AFFIRM AGREEMENT TO ORGANIZATION'S CONFLICT OF INTEREST POLICIES ANNUALLY. 03. CEO, executive director, top management comp (Part VI, line 15a) COMPENSATION OF EXECUTIVE DIRECTOR IS REVIEWED AND APPROVED BY THE ORGANIZATION'S BOARD OF DIRECTORS. 04. Other officer or key employee compensation (Part VI, line 15b COMPENSATION OF OFFICERS AND KEY EMPLOYEES IS APPROVED BY BOARD OF DIRECTORS. 05. Governing documents, etc, available to public (Part VI, line 19) THE ORGANIZATION'S GOVERNING DOCUMENTS ARE AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST.

Form 4562

Department of the Treasury

Internal Revenue Service (99)

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2020 Attachment Sequence No. 179

Name(s) shown on return Business or activity to which this form relates Identifying number TAKE STOCK IN CHILDREN OF MANATE FORM 990 - 1 46-1337168 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 1 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions)......... 3 3 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 6 (a) Description of property (b) Cost (business use only) 7 8 8 9 9 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions . . 11 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 15 16 MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (business/investment use (a) Classification of property placed in (e) Convention (f) Method (g) Depreciation deduction service only-see instructions) 19a 3-year property b 5-year property Statement #567 392 С 7-year property d 10-year property e 15-year property 20-year property 25-year property 25 yrs. h Residential rental S/I 27.5 yrs. MM property 27.5 yrs. MM S/I 39 yrs. MM S/L Nonresidential real MM property Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12-year 12 yrs. S/L 30-year 30 yrs. MM S/L С d 40-year MM Part IV **Summary** (See instructions.) Listed property. Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions 392 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

		F	Federal Supporting S	Statements	2020 PG01
Name(s) as sho	own on return				Tax ID Number
TAKE	STOCK	IN CHILDREN	OF MANATEE COUN	NTY INC	46-1337168
	FORM 4562 - LINE 19B		Statement #56		
BASIS 2,848 1,069		RP 5 5	CV HY HY	METHOD SL SL	DEDUCTION 285107
TOTAL					<u>392</u>

Eorm 8879-EO

Department of the Treasury

Internal Revenue Service

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning 07-01-2020 , and ending 06-30-2021

, and ending 07-01-2020 , and ending 06-30-202

Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879EO for the latest information.

2020

OMB No. 1545-0047

Name of exempt organization or person subject to tax Taxpayer identification number TAKE STOCK IN CHILDREN OF MANATEE COUNTY INC 46-1337168 Name and title of officer or person subject to tax ANNE HELLER, EXECUTIVE DIRECTOR Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here ► 🗵 b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 3a Form 1120-POL check here 4a Form 990-PF check here ► b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 5a Form 8868 check here ► 6a Form 990-T check here► 7a Form 4720 check here ► Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that \quad \text{I am an officer of the above organization or \quad \text{I am a person subject to tax with respect to} (name of organization) , (EIN) . and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only to enter my PIN 12345 lauthorize uniqueTAXx AND ACCOUNTING as my signature ERO firm name Enter five numbers, but do not enter all zeros on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 501590 50756 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ▶ Robert M Eddy **ERO Must Retain This Form - See Instructions**

Do Not Submit This Form to the IRS Unless Requested To Do So

990	Overflow Statement		2020 Page 1
lame(s) as shown on return			FEIN
TAKE STOCK IN CHILI	DREN OF MANATEE COUNTY INC		46-1337168
	GOVERNMENT GRANTS		
Description			Amount
STATE LEGISLATIVE E	FUNDING		\$ 144,031
SCHOOL DISTRICT OF	MANATEE FUNDING		00,300
		Total:	\$ 209,391
ALL (OTHER SIMILAR AMOUNTS NOT	INCLUDED AB	OVE
Description			Amount
JNRESTRICTED CONTRI	IBUTIONS		\$ 504,652
RESTRICTED CONTRIBU	JTIONS		<u>384,576</u>
		Total:	\$ 889,228
OTF	HER ASSISTANCE TO DOMESTIC	INDIVIDUAL	S
Description			Amount
SCHOLARSHIP EXPENSE	<u> </u>		\$ 296,254 \$ 296,25 4
		Total:	\$\$
	OTHER PROGRAM EXPENS	SES	
<u> </u>			Amount
OTHER		Total:	\$ 1,728 \$ 1,728
Ol Description BANK SERVICE FEES	THER EXPENSES MANAGEMENT AI	ND GENERAL	<u>Amount</u> \$ 779
OTHER			3,035
<i>y</i> 1111111		Total:	\$ 3,814

990EF	EF Transmission Status (Keep for your records)						2020			
Name(s) as shown on return							EIN number			
TAKE STOCK IN CHILDREN OF MANATEE COUNTY INC 46-1337										
The following will be transi	mitted to the IRS.	X 990	990-T	8868	Amended	Amen	ded 990-T	FinCEN 114		
The following state returns	will be transmitted:									
				_						
The following returns have	been suppressed or a	are not eligib	ole and will NOT	be transm	itted.					
				_						
				_						
				_			<u> </u>			
EF Notes										