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PUBLIC DISCLOSURE COPY

COMMUNITY FOUNDATION OF
COLLIER COUNTY, INC.
1110 PINE RIDGE ROAD, NO. 200
NAPLES, FL 34108

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0027



COMMUNITY FOUNDATION OF
COLLIER COUNTY, INC.
1110 PINE RIDGE ROAD, NO. 200
NAPLES, FL 34108

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0027



FORM 990-T

Form **990**

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

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning **JUL 1, 2016** and ending **JUN 30, 2017**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.		D Employer identification number 59-2396243	
	Doing business as		E Telephone number 239-649-5000	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1110 PINE RIDGE ROAD 200		G Gross receipts \$ 72,372,745.	
	City or town, state or province, country, and ZIP or foreign postal code NAPLES, FL 34108		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
F Name and address of principal officer: EILEEN CONNOLLY-KEESLER SAME AS C ABOVE				
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ WWW.CFCOLLIER.ORG				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				
L Year of formation: 1985			M State of legal domicile: FL	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: CONNECTING DONORS TO COMMUNITY NEEDS AND PROVIDING LEADERSHIP ON CRITICAL COMMUNITY ISSUES.
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 22
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 22
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 13
	6 Total number of volunteers (estimate if necessary) 6 75
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 3,561.
7b Net unrelated business taxable income from Form 990-T, line 34 7b 2,305.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 15,364,524. 15,328,216.
	9 Program service revenue (Part VIII, line 2g) 72,703. 117,733.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,352,932. 5,434,698.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -3,831. 63,632.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 16,786,328. 20,944,279.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 9,993,302. 7,523,135.
	14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 958,977. 1,025,762.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 226,368.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 802,860. 771,425.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 11,755,139. 9,320,322.	
19 Revenue less expenses. Subtract line 18 from line 12 5,031,189. 11,623,957.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 122,503,829. 152,408,257.
	21 Total liabilities (Part X, line 26) 41,562,421. 52,249,927.
	22 Net assets or fund balances. Subtract line 21 from line 20 80,941,408. 100,158,330.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	EILEEN CONNOLLY-KEESLER, CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	MARTIN REDOVAN, CPA	MARTIN REDOVAN, CPA	02/05/18		P01281045
	Firm's name ▶ CLIFTONLARSONALLEN LLP	Firm's EIN ▶ 41-0746749		Phone no. 239-262-8686	
	Firm's address ▶ 4099 TAMiami TRAIL N., STE. 300 NAPLES, FL 34103				

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

COMMUNITY FOUNDATION OF
COLLIER COUNTY, INC.

Form 990 (2016)

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 7,331,750. including grants of \$ 7,025,396.) (Revenue \$ 117,733.)
DONOR SERVICES
SEE SCHEDULE O.

4b (Code: _____) (Expenses \$ 818,958. including grants of \$ 463,533.) (Revenue \$ _____)
COMMUNITY GRANTMAKING
SEE SCHEDULE O.

4c (Code: _____) (Expenses \$ 122,246. including grants of \$ 34,206.) (Revenue \$ _____)
WOMEN'S FOUNDATION OF COLLIER COUNTY
SEE SCHEDULE O.

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

4e Total program service expenses **8,272,954.**

**COMMUNITY FOUNDATION OF
COLLIER COUNTY, INC.**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i>	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

COMMUNITY FOUNDATION OF
COLLIER COUNTY, INC.

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

COMMUNITY FOUNDATION OF
COLLIER COUNTY, INC.

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Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		X
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		X
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Form 990 (2016)

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.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 22		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 22		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **FL**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **LISETTE HOLMES - 239-649-5000**
1110 PINE RIDGE ROAD, NO. 200, NAPLES, FL 34108

COMMUNITY FOUNDATION OF
COLLIER COUNTY, INC.

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MS. JENNIFER B. WALKER CHAIR	4.00	X		X				0.	0.	0.
(2) MS. MARY LYNN MYERS CHAIR-ELECT	2.00	X		X				0.	0.	0.
(3) MS. MARSHA MURPHY SECRETARY	2.00	X		X				0.	0.	0.
(4) MS. KIM CICCARELLI KANTOR TREASURER	2.00	X		X				0.	0.	0.
(5) MR. GEORGE ABOUNADER DIRECTOR	1.00	X						0.	0.	0.
(6) MS. PATRICIA AIKEN-O'NEILL DIRECTOR	1.00	X						0.	0.	0.
(7) MR. DENNIS BROWN DIRECTOR	1.00	X						0.	0.	0.
(8) MR. ROBERT BULLOCH DIRECTOR	1.00	X						0.	0.	0.
(9) MR. BLAKE GABLE DIRECTOR	1.00	X						0.	0.	0.
(10) MS. LAIRD GRANT GROODY DIRECTOR	1.00	X						0.	0.	0.
(11) MS. PATRICIA JILK DIRECTOR	1.00	X						0.	0.	0.
(12) MS. MARY BETH JOHNS DIRECTOR	1.00	X						0.	0.	0.
(13) MS. KATHLEEN KAPNICK DIRECTOR	1.00	X						0.	0.	0.
(14) REV. DR. KATHLEEN L. KIRCHER DIRECTOR	1.00	X						0.	0.	0.
(15) MR. JAMES F. MOREY DIRECTOR	1.00	X						0.	0.	0.
(16) MS. SUZANNE LOUNT DIRECTOR	1.00	X						0.	0.	0.
(17) MR. BRIAN MCAVOY DIRECTOR	1.00	X						0.	0.	0.

**COMMUNITY FOUNDATION OF
COLLIER COUNTY, INC.**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MR. JOHN K. PAUL DIRECTOR	1.00	X					0.	0.	0.	
(19) MS. DEBORAH L. RUSSELL DIRECTOR	1.00	X					0.	0.	0.	
(20) MR. JERRY TOSTRUD DIRECTOR	1.00	X					0.	0.	0.	
(21) MR. MARIO VALLE DIRECTOR	1.00	X					0.	0.	0.	
(22) DR. DAVID WATSON DIRECTOR	1.00	X					0.	0.	0.	
(23) MS. EILEEN CONNOLLY-KEESLER PRESIDENT & CEO	40.00			X			186,750.	0.	27,944.	
(24) MS. LISETTE HOLMES CFO	40.00			X			102,650.	0.	19,421.	
1b Sub-total							289,400.	0.	47,365.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							289,400.	0.	47,365.	

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

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Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	199,944.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	15,128,272.				
	g Noncash contributions included in lines 1a-1f: \$		7,396,763.				
	h Total. Add lines 1a-1f		15,328,216.				
Program Service Revenue	2 a ADMINISTRATIVE FEES	Business Code	812900	117,733.	117,733.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			117,733.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,406,867.		3,561.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	111,247.				
		(ii) Personal					
		b Less: rental expenses	50,680.				
		c Rental income or (loss)	60,567.				
	d Net rental income or (loss)			60,567.		60,567.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	54,284,761.				
		(ii) Other					
		b Less: cost or other basis and sales expenses	51,255,645.	1,285.			
		c Gain or (loss)	3,029,116.	-1,285.			
	d Net gain or (loss)			3,027,831.		3,027,831.	
	8 a Gross income from fundraising events (not including \$ 199,944. of contributions reported on line 1c). See Part IV, line 18	a	100,986.				
		b Less: direct expenses	120,856.				
c Net income or (loss) from fundraising events				-19,870.		-19,870.	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a OTHER REVENUE		812900		22,935.		22,935.	
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			22,935.			
12 Total revenue. See instructions.			20,944,279.	117,733.	3,561.	5,494,769.	

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Part IX Statement of Functional Expenses

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	6,695,547.	6,695,547.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	422,232.	422,232.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	405,356.	405,356.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	289,400.	167,574.	81,217.	40,609.
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	551,001.	316,980.	156,014.	78,007.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	36,064.	20,767.	10,198.	5,099.
9 Other employee benefits	85,444.	49,964.	23,653.	11,827.
10 Payroll taxes	63,853.	36,722.	18,087.	9,044.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	24,627.		24,627.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	332,500.		332,500.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	900.		630.	270.
12 Advertising and promotion	64,688.	27,880.		36,808.
13 Office expenses	61,131.	33,838.	18,455.	8,838.
14 Information technology	89,276.	49,476.	26,533.	13,267.
15 Royalties				
16 Occupancy	34,158.	18,787.	10,247.	5,124.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	32,932.	19,629.	8,869.	4,434.
20 Interest	6,391.		6,391.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	88,507.		88,507.	
23 Insurance	12,747.	7,011.	3,824.	1,912.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DUES & SUBSCRIPTIONS	22,775.	755.	11,010.	11,010.
b LICENSE/TAXES/FEES	793.	436.	238.	119.
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	9,320,322.	8,272,954.	821,000.	226,368.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	13,690,109.	2	28,347,476.
	3 Pledges and grants receivable, net	805,885.	3	228,661.
	4 Accounts receivable, net	119,276.	4	167,544.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	61,872.	9	109,269.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,073,022.		
	b Less: accumulated depreciation	10b 161,206.		
	11 Investments - publicly traded securities	2,260,997.	10c	3,911,816.
	12 Investments - other securities. See Part IV, line 11	80,435,155.	11	98,389,698.
	13 Investments - program-related. See Part IV, line 11	23,343,721.	12	19,053,680.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	1,786,814.	14	
16 Total assets. Add lines 1 through 15 (must equal line 34)	122,503,829.	15	2,200,113.	
		16	152,408,257.	
Liabilities	17 Accounts payable and accrued expenses	55,479.	17	159,344.
	18 Grants payable	231,691.	18	57,507.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	406,950.	23	90,543.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	40,868,301.	25	51,942,533.
	26 Total liabilities. Add lines 17 through 25	41,562,421.	26	52,249,927.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	78,214,767.	27	97,528,859.
	28 Temporarily restricted net assets	2,726,641.	28	2,629,471.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	80,941,408.	33	100,158,330.
	34 Total liabilities and net assets/fund balances	122,503,829.	34	152,408,257.

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**COMMUNITY FOUNDATION OF
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Part XI Reconciliation of Net Assets

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

1 Total revenue (must equal Part VIII, column (A), line 12)	1	20,944,279.
2 Total expenses (must equal Part IX, column (A), line 25)	2	9,320,322.
3 Revenue less expenses. Subtract line 2 from line 1	3	11,623,957.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	80,941,408.
5 Net unrealized gains (losses) on investments	5	7,115,753.
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain in Schedule O)	9	477,212.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	100,158,330.

Part XII Financial Statements and Reporting

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

		Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b Were the organization's financial statements audited by an independent accountant?	2b	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

COMMUNITY FOUNDATION OF

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,963,448.	12,939,189.	16,067,539.	15,364,524.	15,328,216.	66,662,916.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	6,963,448.	12,939,189.	16,067,539.	15,364,524.	15,328,216.	66,662,916.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						15,896,376.
6 Public support. Subtract line 5 from line 4.						50,766,540.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	6,963,448.	12,939,189.	16,067,539.	15,364,524.	15,328,216.	66,662,916.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,215,201.	1,521,074.	2,208,586.	1,766,282.	2,514,553.	9,225,696.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	13,421.	879.			2,305.	16,605.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	20,995.	1,577.	16,994.	16,690.	22,935.	79,191.
11 Total support. Add lines 7 through 10						75,984,408.
12 Gross receipts from related activities, etc. (see instructions)					12	269,524.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	66.81 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	61.94 %
16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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.		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
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.			
2a			
2b			
3a			
3b			

COMMUNITY FOUNDATION OF

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

COMMUNITY FOUNDATION OF

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

COMMUNITY FOUNDATION OF

Schedule A (Form 990 or 990-EZ) 2016 COLLIER COUNTY, INC.

59-2396243 Page 8

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 A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

2012 AMOUNT: \$ 20,995.

2013 AMOUNT: \$ 1,577.

2014 AMOUNT: \$ 16,994.

2015 AMOUNT: \$ 16,690.

2016 AMOUNT: \$ 22,935.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Name of the organization

COMMUNITY FOUNDATION OF
COLLIER COUNTY, INC.

Employer identification number

59-2396243

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For 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, 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, 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 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).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.	Employer identification number 59-2396243
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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	_____ _____ _____	\$ 1,750,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 1,590,035.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 1,500,345.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 1,250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 797,789.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ 773,992.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.	Employer identification number 59-2396243
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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
7	_____ _____ _____	\$ <u>620,708.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ <u>573,012.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ <u>525,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____ _____ _____	\$ <u>514,817.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11	_____ _____ _____	\$ <u>390,358.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.	Employer identification number 59-2396243
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Part II 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
1	REAL PROPERTY <hr/> <hr/> <hr/>	\$ 1,750,000.	09/29/16
2	PUBLICALLY TRADED SECURITIES <hr/> <hr/> <hr/>	\$ 889,785.	12/21/16
3	PUBLICALLY TRADED SECURITIES <hr/> <hr/> <hr/>	\$ 700,345.	12/14/16
5	PUBLICALLY TRADED SECURITIES <hr/> <hr/> <hr/>	\$ 797,789.	12/20/16
6	PUBLICALLY TRADED SECURITIES <hr/> <hr/> <hr/>	\$ 773,992.	07/15/16
10	PUBLICALLY TRADED SECURITIES <hr/> <hr/> <hr/>	\$ 514,817.	08/29/16

Name of organization COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.	Employer identification number 59-2396243
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization **COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.** **Employer identification number** **59-2396243**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	181	
2 Aggregate value of contributions to (during year)	10,708,575.	
3 Aggregate value of grants from (during year)	4,643,556.	
4 Aggregate value at end of year	50,317,845.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

Schedule D (Form 990) 2016

COMMUNITY FOUNDATION OF
COLLIER COUNTY, INC.

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	38,013,814.	39,450,027.	40,515,552.	34,372,996.	33,332,949.
b Contributions	3,731,249.	4,117,870.	1,441,161.	3,864,824.	1,654,618.
c Net investment earnings, gains, and losses	4,548,831.	-1,119,554.	555,742.	4,760,056.	2,859,940.
d Grants or scholarships	2,998,181.	3,411,564.	2,052,256.	1,706,916.	2,872,963.
e Other expenditures for facilities and programs	315,710.	419,865.	407,380.	243,592.	129,095.
f Administrative expenses	597,064.	603,100.	602,792.	531,816.	472,453.
g End of year balance	42,382,939.	38,013,814.	39,450,027.	40,515,552.	34,372,996.

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

- a Board designated or quasi-endowment 100.00 %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

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

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

	Yes	No
(i) unrelated organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,267,310.		1,267,310.
b Buildings		2,587,300.	116,056.	2,471,244.
c Leasehold improvements				
d Equipment		218,412.	45,150.	173,262.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,911,816.

**COMMUNITY FOUNDATION OF
COLLIER COUNTY, INC.**

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) PRIVATE EQUITY	6,214,094.	END-OF-YEAR MARKET VALUE
(B) HEDGE FUNDS	5,675,390.	END-OF-YEAR MARKET VALUE
(C) FIXED INCOME	5,255,553.	END-OF-YEAR MARKET VALUE
(D) REAL ESTATE INVESTMENT		
(E) FUNDS	1,908,643.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	19,053,680.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FUNDS HELD FOR AGENCIES	51,495,876.
(3) ANNUITY OBLIGATIONS	446,657.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	51,942,533.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

COMMUNITY FOUNDATION OF
COLLIER COUNTY, INC.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	27,727,532.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	7,115,753.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	7,115,753.
3	Subtract line 2e from line 1	3	20,611,779.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	332,500.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	332,500.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	20,944,279.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	8,987,822.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	8,987,822.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	332,500.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	332,500.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	9,320,322.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

ENDOWMENT FUNDS ARE USED TO PROVIDE GRANTS TO NON-PROFIT ORGANIZATIONS.

PART X, LINE 2:

THE FOUNDATION FOLLOWS THE INCOME TAX STANDARD REGARDING THE RECOGNITION AND MEASUREMENT OF UNCERTAIN TAX POSITIONS. THIS GUIDANCE CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ORGANIZATION'S CONSOLIDATED FINANCIAL STATEMENTS. THIS STANDARD HAS HAD NO IMPACT ON THE CONSOLIDATED FINANCIAL STATEMENTS.

Part XIII Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization
**COMMUNITY FOUNDATION OF
COLLIER COUNTY, INC.**

Employer identification number
59-2396243

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA & CARIBBEAN	0	0	GRANTS		223,800.
EAST ASIA & THE PACIFIC	0	0	GRANTS		3,050.
EUROPE	0	0	GRANTS		1,000.
MIDDLE EAST & NORTH AFRICA	0	0	GRANTS		127,000.
SOUTH AMERICA	0	0	GRANTS		4,075.
SOUTH ASIA	0	0	GRANTS		5,000.
SUB-SAHARAN AFRICA	0	0	GRANTS		41,431.
3 a Sub-total	0	0			405,356.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			405,356.

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

Schedule F (Form 990) 2016

COMMUNITY FOUNDATION OF
COLLIER COUNTY, INC.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & CARIBBEAN	VARIOUS PROGRAMS	82,000	CHECK	0.		
		MIDDLE EAST & NORTH AFRICA	GENERAL SUPPORT	50,950	CHECK	0.		
		CENTRAL AMERICA & CARIBBEAN	GENERAL SUPPORT & WATER PROGRAM	45,000	CHECK	0.		
		CENTRAL AMERICA & CARIBBEAN	GENERAL SUPPORT	40,000	CHECK	0.		
		MIDDLE EAST & NORTH AFRICA	REFUGE CAMPS IN CHAD	30,000	CHECK	0.		
		MIDDLE EAST & NORTH AFRICA	GRANTMAKING IN THE MIDDLE EAST	15,000	CHECK	0.		
		CENTRAL AMERICA & CARIBBEAN	DISASTER RELIEF	15,000	CHECK	0.		
		MIDDLE EAST & NORTH AFRICA	WORK IN IRAQ & AFGHANISTAN	15,000	CHECK	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **0**

3 Enter total number of other organizations or entities **13**

COMMUNITY FOUNDATION OF
COLLIER COUNTY, INC.

Schedule F (Form 990)

59-2396243

Page 2

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST & NORTH AFRICA	AFGHAN WOMEN & GIRLS	15,000.	CHECK	0.		
		CENTRAL AMERICA & CARIBBEAN	UNRESTRICTED USE	10,000.	CHECK	0.		
		CENTRAL AMERICA & CARIBBEAN	SUPPORT YWAM GUATEMALA CITY	10,000.	CHECK	0.		
		CENTRAL AMERICA & CARIBBEAN	UNRESTRICTED USE	7,500.	CHECK	0.		
		CENTRAL AMERICA & CARIBBEAN	HURRICANE RELIEF IN HAITI	7,000.	CHECK	0.		

COMMUNITY FOUNDATION OF
COLLIER COUNTY, INC.

Part IV Foreign Forms

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

Part V Supplemental Information

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

PART I, LINE 2:

THE COMMUNITY FOUNDATION'S FOREIGN ACTIVITIES CONSIST OF GRANTS TO DOMESTIC 501(C)(3) ORGANIZATIONS (GRANTEES), WHERE THE FUNDS ARE DESIGNATED FOR USE IN A FOREIGN COUNTRY. GRANT LETTERS ARE SENT WITH THE GRANT CHECKS TO THE GRANTEE WITH AMOUNTS AND PURPOSES CLEARLY LISTED. WE VERIFY THAT EACH GRANTEE IS A QUALIFIED CHARITY AS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AND WHETHER OR NOT THE GRANT REQUIRES ADDITIONAL EXPENDITURE RESPONSIBILITY PROCEDURES DEPENDING ON THEIR PUBLIC CHARITY STATUS UNDER SECTION 509(A) OF THE IRS CODE. THE BOARD OF DIRECTORS APPROVES ALL GRANTS AFTER ALL DUE DILIGENCE IS PERFORMED AND VERIFIED. WE NOTIFY GRANTEES THAT IF THE FUNDS CANNOT BE USED FOR THE INTENDED PURPOSE THAT THE GRANT MUST BE RETURNED. IF IT IS DETERMINED THAT A GRANTEE IS NOT USING THE FUNDS AS INTENDED, THE GRANTEE IS CONTACTED AND ASKED TO RETURN THE FUNDS.

COMMUNITY FOUNDATION OF

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))	
		WOMEN OF INITIATIVE	POWER OF THE PURSE	1		
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	138,856.	132,578.	29,496.	300,930.
	2	Less: Contributions	92,865.	90,108.	16,971.	199,944.
	3	Gross income (line 1 minus line 2)	45,991.	42,470.	12,525.	100,986.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	13,125.	13,125.	7,404.	33,654.
	7	Food and beverages	24,243.	12,787.	13,172.	50,202.
	8	Entertainment	10,480.	21,737.		32,217.
	9	Other direct expenses	2,639.	1,244.	900.	4,783.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				120,856.
11	Net income summary. Subtract line 10 from line 3, column (d)				-19,870.	

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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization **COMMUNITY FOUNDATION OF
COLLIER COUNTY, INC.**

Employer identification number
59-2396243

Part I General Information on Grants and Assistance

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ABBOTT NORTHWESTERN HOSPITAL FOUNDATION - 800 EAST 28TH STREET UT - MINNEAPOLIS, MN 55407-3799	04-3643816	501(C)(3)	60,000.	0.			JOHN M. AND SUSAN MORRISON FAMILY FUND
ABLE ACADEMY, INC. 5860 GOLDEN GATE PKWY IL NAPLES, FL 34116	20-3571795	501(C)(3)	7,500.	0.			TO HELP COMPLETE THE PLAYGROUND
ADOPT-A-NATIVE-ELDER P.O. BOX 3401 IL PARK CITY, UT 84060	87-0490211	501(C)(3)	20,000.	0.			\$15,000 FOR GENERAL SUPPORT AND \$5,000 FOR SOLAR COOKING
ALL GOD'S CHILDREN, LTD. P. O. BOX 5909 IL VILLA PARK, IL 60181	38-2992649	501(C)(3)	5,000.	0.			TO COVER THE COST OVERRUNS FOR THE FOOTBALL LIDO CONSTRUCTION PROJECT
ALL GOD'S CHILDREN, LTD. P. O. BOX 5909 IL VILLA PARK, IL 60181	38-2992649	501(C)(3)	10,000.	0.			TO SUPPORT THE SUMMER MISSION TRIP TO HONDURAN ORPHANAGE
ALL GOD'S CHILDREN, LTD. P. O. BOX 5909 IL VILLA PARK, IL 60181	38-2992649	501(C)(3)	20,000.	0.			TO SUPPORT THE U.S. BASED EDUCATIONAL INITIATIVES FOR THE HONDURAN ORPHANS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **225.**

3 Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2016)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

COMMUNITY FOUNDATION OF
COLLIER COUNTY, INC.

Schedule I (Form 990)

59-2396243

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALL GOD'S CHILDREN, LTD. P. O. BOX 5909 IL VILLA PARK, IL 60181	38-2992649	501(C)(3)	47,000.	0.			VARIOUS PROGRAMS
ALZHEIMER'S ASSOCIATION - NATIONAL OFFICE - 225 N. MICHIGAN AVENUE VA - CHICAGO, IL 60601-7633	13-3039601	501(C)(3)	12,843.	0.			UNRESTRICTED USE
AMERICAN BIRD CONSERVANCY 4249 LOUDOUN AVENUE FL THE PLAINS, VA 20198	52-1501259	501(C)(3)	5,000.	0.			GENERAL SUPPORT
AMERICAN CANCER SOCIETY 5020 TAMIAMI TRAIL N., #108 FL NAPLES, FL 34103	13-1788491	501(C)(3)	10,000.	0.			MULTIPLE MYELOMA RESEARCH
AMERICAN CANCER SOCIETY 5020 TAMIAMI TRAIL N., #108 FL NAPLES, FL 34103	13-1788491	501(C)(3)	21,420.	0.			UNRESTRICTED USE
AMERICAN DIABETES ASSOCIATION 1511 N. WEST SHORE BLVD., #980 NY TAMPA, FL 33607	13-1623888	501(C)(3)	10,670.	0.			UNRESTRICTED USE
AMERICAN HEART ASSOCIATION 28441 BONITA CROSSINGS BLVD. FL BONITA SPRINGS, FL 34135	13-5613797	501(C)(3)	8,750.	0.			UNRESTRICTED USE
AMERICAN HEART ASSOCIATION NATIONAL BEQUEST CENTER - P.O. BOX 22035 CO - ST. PETERSBURG, FL 33742	13-5613797	501(C)(3)	10,843.	0.			HEART RESEARCH ONLY
AMERICAN HEART ASSOCIATION NATIONAL BEQUEST CENTER - P.O. BOX 22035 CO - ST. PETERSBURG, FL 33742	13-5613797	501(C)(3)	10,670.	0.			UNRESTRICTED USE

Schedule I (Form 990)

COMMUNITY FOUNDATION OF
COLLIER COUNTY, INC.

Schedule I (Form 990)

59-2396243

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN INDIAN COLLEGE FUND 8333 GREENWOOD BLVD. IA DENVER, CO 80221	52-1573446	501(C)(3)	10,000.	0.			SCHOLARSHIPS FOR UTE TRIBAL MEMBERS
AMERICAN RED CROSS 4655 SHERWOOD COMMON BLVD. IA BATON ROUGE, LA 70816	53-0196605	501(C)(3)	10,000.	0.			TO HELP THE PEOPLE AFFECTED BY THE FLOOD IN LOUISIANA
AMERICAN RED CROSS 4655 SHERWOOD COMMON BLVD. IA BATON ROUGE, LA 70816	53-0196605	501(C)(3)	2,870.	0.			UNRESTRICTED USE
AMIGOS EN CRISTO, INC. D.B.A. AMIGOS CENTER - 25999 OLD 41 ROAD CA - BONITA SPRINGS, FL 34135	59-3646095	501(C)(3)	10,281.	0.			PURCHASE OF FOOD FOR FOOD PANTRY
ANTHONY ROBBINS FOUNDATION 9672 VIA EXCELENCIA, SUITE 102 FL SAN DIEGO, CA 92126	33-0492446	501(C)(3)	5,000.	0.			TO SUPPORT THE GLOBAL YOUTH LEADERSHIP SUMMIT & UPW YOUTH LEADERSHIP
ANTHONY ROBBINS FOUNDATION 9672 VIA EXCELENCIA, SUITE 102 FL SAN DIEGO, CA 92126	33-0492446	501(C)(3)	250.	0.			UNRESTRICTED USE
ARTHRITIS FOUNDATION, FLORIDA CHAPTER - 14499 N. DALE MABRY HWY, #139 FL - TAMPA, FL 33618	59-0816892	501(C)(3)	5,250.	0.			UNRESTRICTED USE
ARTHRITIS RESEARCH INSTITUTE OF AMERICA - 300 S. DUNCAN AVENUE, #188 FL - CLEARWATER, FL 34615	59-2438325	501(C)(3)	10,843.	0.			UNRESTRICTED USE
ARTIS-NAPLES, INC. 5833 PELICAN BAY BLVD. FL NAPLES, FL 34108-2740	59-2322926	501(C)(3)	5,000.	0.			\$4,000 FOR THE CAPITAL CAMPAIGN, \$1,000 FOR THE BAKER MUSEUM

Schedule I (Form 990)

COMMUNITY FOUNDATION OF
COLLIER COUNTY, INC.

Schedule I (Form 990)

59-2396243

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARTIS-NAPLES, INC. 5833 PELICAN BAY BLVD. FL NAPLES, FL 34108-2740	59-2322926	501(C)(3)	10,000.	0.			FOR THE BAKER MUSEUM
ARTIS-NAPLES, INC. 5833 PELICAN BAY BLVD. FL NAPLES, FL 34108-2740	59-2322926	501(C)(3)	20,000.	0.			TO SUPPORT PRINCIPAL CELLIST POSITION - TOM MAY
ARTIS-NAPLES, INC. 5833 PELICAN BAY BLVD. FL NAPLES, FL 34108-2740	59-2322926	501(C)(3)	20,000.	0.			TO SUPPORT THE PRINCIPAL CELLIST POSITION
ARTIS-NAPLES, INC. 5833 PELICAN BAY BLVD. FL NAPLES, FL 34108-2740	59-2322926	501(C)(3)	5,000.	0.			TUTION/FEEES FOR LOW INCOME AND AT-RISK CHILDREN
ARTIS-NAPLES, INC. 5833 PELICAN BAY BLVD. FL NAPLES, FL 34108-2740	59-2322926	501(C)(3)	20,000.	0.			UNDERWRITE GLENN LOONTJENS FOR THE 2017-18 SYMPHONIC SEASON
ARTIS-NAPLES, INC. 5833 PELICAN BAY BLVD. FL NAPLES, FL 34108-2740	59-2322926	501(C)(3)	17,432.	0.			UNRESTRICTED USE
AUBURN COMMUNITY HOSPITAL 17 LANSING STREET FL AUBURN, NY 13021	15-0532054	501(C)(3)	5,000.	0.			ANNUAL FUND
AVOW HOSPICE INC. 1095 WHIPPOORWILL LANE FL NAPLES, FL 34105	59-2201250	501(C)(3)	31,002.	0.			UNRESTRICTED USE
BABY BASICS OF COLLIER COUNTY, INC. - PMB 132- P.O. BOX 413005 FL - NAPLES, FL 34101	20-1498596	501(C)(3)	10,000.	0.			PROVIDE DIAPERS TO MOTHERS IN NEED

Schedule I (Form 990)

COMMUNITY FOUNDATION OF
COLLIER COUNTY, INC.

Schedule I (Form 990)

59-2396243

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BABY BASICS OF COLLIER COUNTY, INC. - PMB 132- P.O. BOX 413005 FL - NAPLES, FL 34101	20-1498596	501(C)(3)	2,000.	0.			UNRESTRICTED USE
BASCOM PALMER EYE INSTITUTE 3880 TAMiami TRAIL N. NJ NAPLES, FL 34103	59-0624458	501(C)(3)	5,000.	0.			EYE RESEARCH
BATON ROUGE AREA FOUNDATION 100 NORTH STREET, #900 FL BATON ROUGE, LA 70802	72-6030391	501(C)(3)	10,000.	0.			LOUISIANA FLOOD RELIEF FUND
BESSEMER NATIONAL GIFT FUND 100 WOODBRIDGE CENTER DRIVE FL WOODBRIDGE, NJ 07095	13-7111099	501(C)(3)	400,000.	0.			UNRESTRICTED USE
BIG BROTHERS BIG SISTERS OF THE SUN COAST, INC. - 809 WALKERBILT ROAD, #3 IN - NAPLES, FL 34110	59-1361826	501(C)(3)	7,269.	0.			UNRESTRICTED USE
BLOOMINGTON HOSPITAL FOUNDATION, INC. - P.O. BOX 1149 FL - BLOOMINGTON, IN 47402-1149	35-1720795	501(C)(3)	5,000.	0.			UNRESTRICTED USE
BONITA BAY VETERANS COUNCIL, INC. 26660 COUNTRY CLUB DRIVE FL BONITA SPRINGS, FL 34134	47-3563908	501(C)(3)	5,000.	0.			FINANCIAL ASSISTANCE
BOYS & GIRLS CLUB OF BLOOMINGTON P.O. BOX 1716 FL BLOOMINGTON, IN 47402	35-0997525	501(C)(3)	25,000.	0.			CAPITAL FUND
BOYS & GIRLS CLUB OF COLLIER COUNTY - P.O. BOX 8896 FL - NAPLES, FL 34101	65-0279110	501(C)(3)	5,000.	0.			KP CAMBERSHIP

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BOYS & GIRLS CLUB OF COLLIER COUNTY - P.O. BOX 8896 FL - NAPLES, FL 34101	65-0279110	501(C)(3)	49,650.	0.			UNRESTRICTED USE
BRIGHTFOCUS FOUNDATION 22512 GATEWAY CENTER DRIVE MD CLARKSBURG, MD 30982	23-7337229	501(C)(3)	11,843.	0.			UNRESTRICTED USE
BROOKE'S LEGACY ANIMAL RESCUE, INC. - P.O. BOX 990255 PA - NAPLES, FL 34116	20-4518210	501(C)(3)	6,250.	0.			UNRESTRICTED USE
BUCKNELL UNIVERSITY 301 MARKET STREET, #2 PA LEWISBURG, PA 17837	24-0772407	501(C)(3)	26,550.	0.			UNRESTRICTED USE
CALDWELL COUNTY HABITAT FOR HUMANITY - PO BOX 1341 FL - LENOIR, NC 28645	56-1760354	501(C)(3)	5,000.	0.			NEW CONSTRUCTION
CANCER ALLIANCE OF NAPLES, INC. 3384 WOODS EDGE CIRCLE, #102 FL BONITA SPRINGS, FL 34134	22-3879709	501(C)(3)	5,000.	0.			OFFICE EQUIPMENT
CANCER ALLIANCE OF NAPLES, INC. 3384 WOODS EDGE CIRCLE, #102 FL BONITA SPRINGS, FL 34134	22-3879709	501(C)(3)	1,511.	0.			UNRESTRICTED USE
CAROL M. BALDWIN BREAST CANCER RESEARCH FUND OF CENTRAL NY - P.O. BOX 187 FL - WARNERS, NY 13164	41-2026012	501(C)(3)	10,000.	0.			FOR CANCER RESEARCH
CATHOLIC CHARITIES OF COLLIER COUNTY - 2210 SANTA BARBARA BLVD. FL - NAPLES, FL 34116	53-0196617	501(C)(3)	13,016.	0.			UNRESTRICTED USE

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CATHOLIC INNER CITY SCHOOLS EDUCATION FUND - 100 E. 8TH STREET NC - CINCINNATI, OH 45202	31-0538501	501(C)(3)	5,000.	0.			GENERAL USE
CHAMELEON THEATRE CIRCLE 5664 142ND STREET W. FL APPLE VALLEY, MN 55124	41-1899943	501(C)(3)	6,000.	0.			GENERAL FUND
CHARLOTTE HABITAT FOR HUMANITY PO BOX 220287 FL CHARLOTTE, NC 28222	56-1366233	501(C)(3)	5,000.	0.			CRITICAL HOME REPAIR
CHILDREN'S ADVOCACY CENTER OF COLLIER COUNTY - 1036 6TH AVENUE N. MN - NAPLES, FL 34102	65-0049492	501(C)(3)	7,500.	0.			FAMILY SAFETY PROGRAM
CHILDREN'S ADVOCACY CENTER OF COLLIER COUNTY - 1036 6TH AVENUE N. MN - NAPLES, FL 34102	65-0049492	501(C)(3)	500.	0.			UNRESTRICTED USE
CHILDREN'S MINNESOTA FOUNDATION 5901 LINCOLN DRIVE DC EDINA, MN 55436	41-1814223	501(C)(3)	10,000.	0.			GENERAL SUPPORT FOR STAR GALA
CITY OF NAPLES 735 8TH STREET S. FL NAPLES, FL 34102	59-6000382	501(C)(3)	98,266.	0.			REEF PROJECT #15V77
CIVIL WAR PRESERVATION TRUST 1156 15TH STREET NW, #900 FL WASHINGTON, DC 20005	54-1426643	501(C)(3)	5,000.	0.			GENERAL SUPPORT
COLLIER CHILD CARE RESOURCES, INC. 2335 TAMiami TRAIL N., #504 FL NAPLES, FL 34103	26-2646032	501(C)(3)	10,000.	0.			BUILDING REPAIRS AND TUITION ASSISTANCE FOR CHILD'S PATH PRESCHOOL

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COLLIER CHILD CARE RESOURCES, INC. 2335 TAMiami TRAIL N., #504 FL NAPLES, FL 34103	26-2646032	501(C)(3)	11,000.	0.			PARTIAL TUITION ASSISTANCE FOR CHILDREN ATTENDING CCCR'S CHILD'S PATH AND LITTLE WONDERS
COLLIER CHILD CARE RESOURCES, INC. 2335 TAMiami TRAIL N., #504 FL NAPLES, FL 34103	26-2646032	501(C)(3)	3,760.	0.			UNRESTRICTED USE
COLLIER COUNTY HUNGER AND HOMELESS COALITION - 9015 STRADE STELL COURT, #205 FL - NAPLES, FL 34109	04-3610154	501(C)(3)	6,140.	0.			UNRESTRICTED USE
COLLIER COUNTY PUBLIC SCHOOLS 5775 OSCEOLA TRAIL FL NAPLES, FL 34109	59-2663954	501(C)(3)	5,000.	0.			TO PURCHASE A V-GO ROBOT
COLLIER COUNTY PUBLIC SCHOOLS 5775 OSCEOLA TRAIL FL NAPLES, FL 34109	59-2663954	501(C)(3)	1,276.	0.			UNRESTRICTED USE
COLLIER COUNTY PUBLIC SCHOOLS 5775 OSCEOLA TRAIL FL NAPLES, FL 34109	59-2663954	501(C)(3)	16,700.	0.			VEX ROBOTICS AT IMMOKALEE HIGH SCHOOL
COLLIER COUNTY PUBLIC SCHOOLS-LAWS OF LIFE CONTEST - 5775 OSCEOLA TRAIL, FL - NAPLES, FL 34109	59-2663954	501(C)(3)	9,200.	0.			LAWS OF LIFE
COLLIER HARVEST FOUNDATION P. O. BOX 11143 FL NAPLES, FL 34101	65-0307084	501(C)(3)	10,281.	0.			PURCHASE OF FOOD FOR FOOD PANTRY
COLLIER HARVEST FOUNDATION P. O. BOX 11143 FL NAPLES, FL 34101	65-0307084	501(C)(3)	10,000.	0.			SPREAD THE LOVE FOOD DISTRIBUTION

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COLLIER HARVEST FOUNDATION P. O. BOX 11143 FL NAPLES, FL 34101	65-0307084	501(C)(3)	59,926.	0.			UNRESTRICTED USE
COLLIER RESOURCE CENTER, INC. P.O. BOX 110905 FL NAPLES, FL 34108	47-3120388	501(C)(3)	10,000.	0.			CLIENT PROGRAM SERVICES COORDINATOR
COLLIER RESOURCE CENTER, INC. P.O. BOX 110905 FL NAPLES, FL 34108	47-3120388	501(C)(3)	500.	0.			UNRESTRICTED USE
COLLIER SENIOR RESOURCES 4755 TAMIAMI TRAIL N., #140 FL NAPLES, FL 34103	27-0946278	501(C)(3)	10,281.	0.			PURCHASE OF FOOD FOR FOOD PANTRY
COLLIER SENIOR RESOURCES 4755 TAMIAMI TRAIL N., #140 FL NAPLES, FL 34103	27-0946278	501(C)(3)	3,438.	0.			UNRESTRICTED USE
COMMUNITY SCHOOL OF NAPLES 13275 LIVINGSTON ROAD FL NAPLES, FL 34109	59-1920297	501(C)(3)	5,000.	0.			ADVANCEMENT FUND
COMMUNITY SCHOOL OF NAPLES 13275 LIVINGSTON ROAD FL NAPLES, FL 34109	59-1920297	501(C)(3)	10,000.	0.			COMMUNITY SCHOOL SCHOLARSHIP PROGRAM
COMMUNITY SCHOOL OF NAPLES 13275 LIVINGSTON ROAD FL NAPLES, FL 34109	59-1920297	501(C)(3)	4,279.	0.			UNRESTRICTED USE
CONSERVANCY OF SOUTHWEST FLORIDA, INC. - 1495 SMITH PRESERVE WAY FL - NAPLES, FL 34102	59-1157084	501(C)(3)	11,452.	0.			UNRESTRICTED USE

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CORTLAND COLLEGE FOUNDATION, INC. P. O. BOX 2000 FL CORTLAND, NY 13045	16-0979814	501(C)(3)	33,000.	0.			CORTLAND'S URBAN TEACHER EDUCATION SCHOLARSHIP
COUNCIL FOR NATIVE HAWAIIAN ADVANCEMENT - 2149 LAUWILIWILI, #200 FL - KAPOLEI, HI 96707	91-0313383	501(C)(3)	10,000.	0.			GENERAL SUPPORT
COVENANT HOUSE FLORIDA, INC. 733 BREAKERS AVENUE MN FORT LAUDERDALE, FL 33304	59-2323607	501(C)(3)	7,000.	0.			TO SUPPORT THE PROGRAM OF SHELTER TEENS IN DISTRESS.
COVENANT HOUSE FLORIDA, INC. 733 BREAKERS AVENUE MN FORT LAUDERDALE, FL 33304	59-2323607	501(C)(3)	1,000.	0.			UNRESTRICTED USE
CRETIN-DERHAM HALL HIGH SCHOOL 550 S. ALBERT STREET FL ST. PAUL, MN 55116	41-1570394	501(C)(3)	20,000.	0.			THEATRE PROJECT
CRETIN-DERHAM HALL HIGH SCHOOL 550 S. ALBERT STREET FL ST. PAUL, MN 55116	41-1570394	501(C)(3)	500.	0.			UNRESTRICTED USE
DAVID LAWRENCE FOUNDATION MENTAL HEALTH, INC. - 6075 BATHEY LANE FL - NAPLES, FL 34116	59-1756753	501(C)(3)	10,500.	0.			UNRESTRICTED USE
DAVID LAWRENCE MENTAL HEALTH CENTER, INC. - 6075 BATHEY LANE FL - NAPLES, FL 34116	59-2206025	501(C)(3)	6,000.	0.			CHILDREN'S CRISIS STABILIZATION UNIT OUTDOOR FITNESS AND RECREATION AREA
DAVID LAWRENCE MENTAL HEALTH CENTER, INC. - 6075 BATHEY LANE FL - NAPLES, FL 34116	59-2206025	501(C)(3)	10,000.	0.			CROSSROADS WELLNESS SERVICES

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DAVID LAWRENCE MENTAL HEALTH CENTER, INC. - 6075 BATHEY LANE FL - NAPLES, FL 34116	59-2206025	501(C)(3)	4,750.	0.			UNRESTRICTED USE
DIOCESE OF VENICE IN FLORIDA 1000 PINEBROOK ROAD FL VENICE, FL 34285	59-2434603	501(C)(3)	5,000.	0.			2017 CATHOLIC FAITH APPEAL - ST. ANN'S PARISH, NAPLES
DIOCESE OF VENICE IN FLORIDA 1000 PINEBROOK ROAD FL VENICE, FL 34285	59-2434603	501(C)(3)	750.	0.			UNRESTRICTED USE
DOCTORS WITHOUT BORDERS USA, INC. 333 7TH AVENUE, 2ND FLOOR NY NEW YORK, NY 10001	13-3433452	501(C)(3)	50,000.	0.			GENERAL SUPPORT
DOCTORS WITHOUT BORDERS USA, INC. 333 7TH AVENUE, 2ND FLOOR NY NEW YORK, NY 10001	13-3433452	501(C)(3)	950.	0.			UNRESTRICTED USE
DR. PIPER CENTER FOR SOCIAL SERVICES, INC. - 2607 DR. ELLA PIPER WAY CA - FT. MYERS, FL 33916	65-0788551	501(C)(3)	17,500.	0.			FOSTER GRANDPARENTS AND SENIOR COMPANION PROGRAM
DRESS FOR SUCCESS SW FLORIDA INC 2995 SOUTH CLEVELAND AVENUE CA FORT MYERS, FL 33907	27-2177347	501(C)(3)	15,000.	0.			WOMEN EMPOWERED THROUGH EMPLOYMENT
EARTHJUSTICE 50 CALIFORNIA STREET, #500 FL SAN FRANCISCO, CA 94111	94-1730465	501(C)(3)	10,000.	0.			GENERAL SUPPORT FOR THE FLORIDA OFFICE
EARTHJUSTICE 50 CALIFORNIA STREET, #500 FL SAN FRANCISCO, CA 94111	94-1730465	501(C)(3)	1,993.	0.			UNRESTRICTED USE

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ECHO, INC. 17391 DURRANCE ROAD FL N. FT. MYERS, FL 33917-3246	23-7275283	501(C)(3)	5,000.	0.			GENERAL OPERATING FUND - UNRESTRICTED USE
EDCHOICE KENTUCKY, INC. 1042 BURLINGTON LANE FL FRANKFORT, KY 40601	47-3944426	501(C)(3)	10,000.	0.			SCHOOL CHOICE
EDUCATION FOUNDATION - CHAMPIONS FOR LEARNING - 3606 ENTERPRISE AVENUE, #150 FL - NAPLES, FL 34104	65-0230582	501(C)(3)	20,000.	0.			NIGHT OF CHAMPIONS SCHOLARSHIP CALL
EDUCATION FOUNDATION - CHAMPIONS FOR LEARNING - 3606 ENTERPRISE AVENUE, #150 FL - NAPLES, FL 34104	65-0230582	501(C)(3)	50,000.	0.			TO HIRE CONSULTANT TO LEAD NEXT PHASE OF FUTURE READY COLLIER
EDUCATION FOUNDATION - CHAMPIONS FOR LEARNING - 3606 ENTERPRISE AVENUE, #150 FL - NAPLES, FL 34104	65-0230582	501(C)(3)	23,447.	0.			TO SUPPORT & ENHANCE MUSIC EDUCATION IN COLLIER CO. PUBLIC SCHOOL SYSTEM
EDUCATION FOUNDATION - CHAMPIONS FOR LEARNING - 3606 ENTERPRISE AVENUE, #150 FL - NAPLES, FL 34104	65-0230582	501(C)(3)	9,152.	0.			UNRESTRICTED USE
EPISCOPAL RELIEF AND DEVELOPMENT 815 SECOND AVE 2ND FLOOR NY NEW YORK, NY 10017	73-1635264	501(C)(3)	5,000.	0.			UNRESTRICTED USE
ESF COLLEGE FOUNDATION, INC. 214 BRAY HALL FL SYRACUSE, NY 13210	15-6023443	501(C)(3)	134,000.	0.			CENTER FOR NATIVE PEOPLES AND THE ENVIRONMENT
ETERNAL PERSPECTIVE MINISTRIES 39085 PIONEER BLVD., #206 MA SANDY, OR 97055	94-3125475	501(C)(3)	10,000.	0.			UNRESTRICTED USE

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EVERGLADES COMMUNITY CHURCH - FOOD PANTRY - 1010 COPELAND AVENUE S. CA - EVERGLADES CITY, FL 34139		501(C)(3)	10,281.	0.			PURCHASE OF FOOD FOR FOOD PANTRY
FARM AID 501 CAMBRIDGE STREET OH CAMBRIDGE, MA 02141	36-3383233	501(C)(3)	15,000.	0.			FAMILY FARM DISASTER FUND DIRECT ASSISTANCE
FEMINIST MAJORITY FOUNDATION 433 SOUTH BEVERLY DRIVE NY BEVERLY HILLS, CA 90212	54-1426440	501(C)(3)	15,000.	0.			CAMPAIGN FOR AFGHAN WOMEN AND GIRLS
FIDELITY CHARITABLE GIFT FUND P.O. BOX 770001 FL CINCINNATI, OH 45277-0053	11-0303001	501(C)(3)	100,000.	0.			CORNELIUS (PAT) CACHO FIDELITY CHARITABLE FUND
FINGER LAKES LAND TRUST 202 E. COURT STREET DC ITHACA, NY 14850	22-2983688	501(C)(3)	5,000.	0.			UNRESTRICTED USE
FIRST BAPTIST CHURCH OF MARCO ISLAND - 1450 WINTERBERRY DR. DC - MARCO ISLAND, FL 34145	59-1972918	501(C)(3)	10,281.	0.			PURCHASE OF FOOD FOR FOOD PANTRY
FIRST BOOK 1319 F. STREET NW, #1000 DC WASHINGTON, DC 20004	52-1779606	501(C)(3)	18,047.	0.			BOOK DONATIONS TO COLLIER STUDENTS
FIRST BOOK 1319 F. STREET NW, #1000 DC WASHINGTON, DC 20004	52-1779606	501(C)(3)	15,820.	0.			TO PROVIDE BOOKS FOR COLLIER STUDENTS
FIRST BOOK 1319 F. STREET NW, #1000 DC WASHINGTON, DC 20004	52-1779606	501(C)(3)	9,209.	0.			TO PROVIDE BOOKS FOR COLLIER STUDENTS, INVOICE #701-97498

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FIRST BOOK 1319 F. STREET NW, #1000 DC WASHINGTON, DC 20004	52-1779606	501(C)(3)	25,934.	0.			UNRESTRICTED USE
FIRST PRESBYTERIAN CHURCH OF SKANEATELES - 97 EAST GENESEE STREET FL - SKANEATELES, NY 13152		501(C)(3)	25,000.	0.			UNRESTRICTED USE
FLORIDA GULF COAST UNIVERSITY FOUNDATION, INC. - 10501 FGCU BLVD. S FL - FT. MYERS, FL 33965-6565	65-0403969	501(C)(3)	10,000.	0.			GEMS PROGRAM
FLORIDA GULF COAST UNIVERSITY FOUNDATION, INC. - 10501 FGCU BLVD. S FL - FT. MYERS, FL 33965-6565	65-0403969	501(C)(3)	20,000.	0.			HOLMES DEVELOPMENT FUNDS
FLORIDA GULF COAST UNIVERSITY FOUNDATION, INC. - 10501 FGCU BLVD. S FL - FT. MYERS, FL 33965-6565	65-0403969	501(C)(3)	22,500.	0.			NAACP SUMMER STEM CAMP
FLORIDA GULF COAST UNIVERSITY FOUNDATION, INC. - 10501 FGCU BLVD. S FL - FT. MYERS, FL 33965-6565	65-0403969	501(C)(3)	5,000.	0.			UNRESTRICTED USE
FLORIDA GULF COAST UNIVERSITY FOUNDATION, INC. - 10501 FGCU BLVD. S FL - FT. MYERS, FL 33965-6565	65-0403969	501(C)(3)	5,000.	0.			WHITAKER COLLEGE OF ENGINEERING
FLORIDA PHILANTHROPIC NETWORK, INC. - 1211 N. WESTSHORE BLVD., #314 FL - TAMPA, FL 33607	20-1328734	501(C)(3)	5,000.	0.			TO PUBLISH STATUS OF WOMEN IN FLORIDA REPORT
FLORIDA SOUTHWESTERN STATE COLLEGE FOUNDATION, INC. - 8099 COLLEGE PARKWAY FL - FT. MYERS, FL 33919	59-6173638	501(C)(3)	10,000.	0.			FUNDING FOR EARLY CHILDHOOD EDUCATION COST STUDY

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FLORIDA SOUTHWESTERN STATE COLLEGE FOUNDATION, INC. - 8099 COLLEGE PARKWAY FL - FT. MYERS, FL 33919	59-6173638	501(C)(3)	607.	0.			UNRESTRICTED USE
FOUNDATION FOR LEE COUNTY PUBLIC SCHOOLS - P.O. BOX 1608 FL - FT. MYERS, FL 33902	59-2637849	501(C)(3)	10,000.	0.			SUPPLIES FOR SUSTAINABILITY AND ENTREPRENEURSHIP ACADEMY AT BONITA SPRINGS HIGH
FOUNDATION FOR THE DEVELOPMENTALLY DISABLED - 868 99TH AVENUE N. FL - NAPLES, FL 34108	59-2516162	501(C)(3)	7,500.	0.			TRAILBLAZER ACADEMY
FOUNDATION FOR THE DEVELOPMENTALLY DISABLED - 868 99TH AVENUE N. FL - NAPLES, FL 34108	59-2516162	501(C)(3)	850.	0.			UNRESTRICTED USE
FREE WHEELCHAIR MISSION 15259 ALTON PARKWAY, #300 CA IRVINE, CA 92618	31-1781635	501(C)(3)	50,000.	0.			TEST LAB
FREE WHEELCHAIR MISSION 15259 ALTON PARKWAY, #300 CA IRVINE, CA 92618	31-1781635	501(C)(3)	3,000.	0.			UNRESTRICTED USE
FRIENDS OF ASCENSION CATHOLIC SCHOOL - 1723 BRYANT AVENUE N. FL - MINNEAPOLIS, MN 55411	27-1530388	501(C)(3)	100,000.	0.			MORRISON SCHOLARS
FRIENDS OF FOSTER CHILDREN FOREVER 2675 HORSESHOE DRIVE S., #402 FL NAPLES, FL 34104	59-3598933	501(C)(3)	5,000.	0.			ANNUAL CIRCLE OF FRIENDS CAMPAIGN
FRIENDS OF FOSTER CHILDREN FOREVER 2675 HORSESHOE DRIVE S., #402 FL NAPLES, FL 34104	59-3598933	501(C)(3)	8,000.	0.			BACKPACK MOM PROGRAM

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FRIENDS OF FOSTER CHILDREN FOREVER 2675 HORSESHOE DRIVE S., #402 FL NAPLES, FL 34104	59-3598933	501(C)(3)	7,500.	0.			LARGEST NEED
FRIENDS OF FOSTER CHILDREN FOREVER 2675 HORSESHOE DRIVE S., #402 FL NAPLES, FL 34104	59-3598933	501(C)(3)	14,500.	0.			READY FOR FIVE PROGRAM
FRIENDS OF FOSTER CHILDREN FOREVER 2675 HORSESHOE DRIVE S., #402 FL NAPLES, FL 34104	59-3598933	501(C)(3)	7,500.	0.			READY FOR SCHOOL PROGRAM
FRIENDS OF FOSTER CHILDREN FOREVER 2675 HORSESHOE DRIVE S., #402 FL NAPLES, FL 34104	59-3598933	501(C)(3)	1,350.	0.			UNRESTRICTED USE
FRIENDS OF ROOKERY BAY 300 TOWER ROAD FL NAPLES, FL 34113	65-0094703	501(C)(3)	11,500.	0.			UNRESTRICTED USE
FRIENDS OF TELECOM WITHOUT BORDERS, INC. - C/O WILTSHIRE & GRANNIS FL - WASHINGTON, DC 20036	27-0410877	501(C)(3)	40,000.	0.			GENERAL SUPPORT
FUN TIME EARLY CHILDHOOD ACADEMY, INC. - 102 12TH STREET N. FL - NAPLES, FL 34102	59-1039978	501(C)(3)	11,000.	0.			2016 ANNUAL APPEAL
FUN TIME EARLY CHILDHOOD ACADEMY, INC. - 102 12TH STREET N. FL - NAPLES, FL 34102	59-1039978	501(C)(3)	14,000.	0.			SCHOLARSHIPS FOR DISADVANTAGED AFRICAN AMERICAN STUDENTS ATTENDING FUN TIME EARLY
FUN TIME EARLY CHILDHOOD ACADEMY, INC. - 102 12TH STREET N. FL - NAPLES, FL 34102	59-1039978	501(C)(3)	11,000.	0.			TUITION ASSISTANCE FOR FY17

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FUN TIME EARLY CHILDHOOD ACADEMY, INC. - 102 12TH STREET N. FL - NAPLES, FL 34102	59-1039978	501(C)(3)	7,500.	0.			UNRESTRICTED USE
GLOBAL FUND FOR WOMEN, INC. 800 MARKET STREET, 7TH FLOOR FL SAN FRANCISCO, CA 94102	77-0155782	501(C)(3)	15,000.	0.			GRANTMAKING IN THE MIDDLE EAST
GOLISANO CHILDREN'S MUSEUM OF NAPLES - 15080 LIVINGSTON ROAD FL - NAPLES, FL 34109	01-0687133	501(C)(3)	5,000.	0.			NIGHT AT THE MUSEUM
GOLISANO CHILDREN'S MUSEUM OF NAPLES - 15080 LIVINGSTON ROAD FL - NAPLES, FL 34109	01-0687133	501(C)(3)	1,253.	0.			UNRESTRICTED USE
GRACE PLACE FOR CHILDREN AND FAMILIES, INC. - P.O. BOX 990531 FL - NAPLES, FL 34116	65-1229558	501(C)(3)	5,000.	0.			OUTDOOR PLAY AREA FOR CHILDREN SIX TO TWENTY-THREE MONTHS
GRACE PLACE FOR CHILDREN AND FAMILIES, INC. - P.O. BOX 990531 FL - NAPLES, FL 34116	65-1229558	501(C)(3)	10,281.	0.			PURCHASE OF FOOD FOR FOOD PANTRY
GRACE PLACE FOR CHILDREN AND FAMILIES, INC. - P.O. BOX 990531 FL - NAPLES, FL 34116	65-1229558	501(C)(3)	13,205.	0.			UNRESTRICTED USE
GRANT FOUNDATION DBA HOPITAL ALBERT SCHWEITZER - 2840 LIBERTY AVENUE, #201 MI - PITTSBURGH, PA 15222	25-1017587	501(C)(3)	20,000.	0.			COMMUNITY WATER PROGRAM
GRANT FOUNDATION DBA HOPITAL ALBERT SCHWEITZER - 2840 LIBERTY AVENUE, #201 MI - PITTSBURGH, PA 15222	25-1017587	501(C)(3)	25,000.	0.			GENERAL SUPPORT

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GREAT LAKES CHRISTIAN COLLEGE 6211 W. WILLOW HIGHWAY FL LANSING, MI 48917	38-6080947	501(C)(3)	10,843.	0.			UNRESTRICTED USE
GREATER KANSAS CITY COMMUNITY FOUNDATION - 1055 BROADWAY, SUITE 130 FL - KANSAS CITY, MO 64105	43-1152398	501(C)(3)	27,230.	0.			MELINDA & TOM E. BEAL CHARITABLE FUND - (BEAL00)
GREATER MARCO FAMILY YMCA, INC. P.O. BOX 2529 FL MARCO ISLAND, FL 34146-2529	59-2498619	501(C)(3)	5,000.	0.			CAMP
GREATER MARCO FAMILY YMCA, INC. P.O. BOX 2529 FL MARCO ISLAND, FL 34146-2529	59-2498619	501(C)(3)	5,000.	0.			GENERAL USE
GUADALUPE CENTER, INC. 509 HOPE CIRCLE FL IMMOKALEE, FL 34142	59-2617151	501(C)(3)	13,500.	0.			EARLY CHILDHOOD PROGRAM IN LAKE TRAFFORD
GUADALUPE CENTER, INC. 509 HOPE CIRCLE FL IMMOKALEE, FL 34142	59-2617151	501(C)(3)	14,098.	0.			UNRESTRICTED USE
GUIDING STAR BAPTIST CHURCH 2724 W. MUHAMMAD ALI BLVD. LA LOUISVILLE, KY 40212		501(C)(3)	25,000.	0.			UNRESTRICTED USE
GULF COAST BIG BAND 6953 BURNT SIENNA CIRCLE FL NAPLES, FL 34109	65-0246532	501(C)(3)	11,625.	0.			GULF COAST BIG BAND STUDENT OUTREACH PROGRAM
GULF RESTORATION NETWORK P. O. BOX 2245 FL NEW ORLEANS, LA 70176	72-1447742	501(C)(3)	15,000.	0.			FOR THE CLEAN WATER NETWORK OF FLORIDA

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HABITAT FOR HUMANITY OF COLLIER COUNTY - 11145 TAMIAMI TRAIL E. FL - NAPLES, FL 34113	59-1834379	501(C)(3)	10,000.	0.			FOR BUILDING A HOME
HABITAT FOR HUMANITY OF COLLIER COUNTY - 11145 TAMIAMI TRAIL E. FL - NAPLES, FL 34113	59-1834379	501(C)(3)	69,920.	0.			UNRESTRICTED USE
HAITI FRIENDS PO BOX 81026 FL PITTSBURGH, PA 15217	25-1841564	501(C)(3)	10,000.	0.			TIMBER REINTRODUCTION PROGRAM
HARRY CHAPIN FOOD BANK 3760 FOWLER STREET FL FT. MYERS, FL 33901	59-2332120	501(C)(3)	15,000.	0.			FRESH PRODUCE DISTRIBUTION
HARRY CHAPIN FOOD BANK 3760 FOWLER STREET FL FT. MYERS, FL 33901	59-2332120	501(C)(3)	10,281.	0.			PURCHASE OF FOOD FOR FOOD PANTRY
HARRY CHAPIN FOOD BANK 3760 FOWLER STREET FL FT. MYERS, FL 33901	59-2332120	501(C)(3)	7,250.	0.			UNRESTRICTED USE
HEALTHCARE NETWORK OF SOUTHWEST FLORIDA - 1454 MADISON AVENUE FL - IMMOKALEE, FL 34142	59-1741277	501(C)(3)	5,000.	0.			RONALD MCDONALD CARE MOBILE
HEALTHCARE NETWORK OF SOUTHWEST FLORIDA - 1454 MADISON AVENUE FL - IMMOKALEE, FL 34142	59-1741277	501(C)(3)	2,500.	0.			UNRESTRICTED USE
HEALTHCARE NETWORK OF SOUTHWEST FLORIDA FOUNDATION - 3520 KRAFT ROAD, #100 FL - NAPLES, FL 34105	26-0229508	501(C)(3)	15,000.	0.			COMBINED PHYSICAL AND BEHAVIORAL HEALTHCARE TO LOW-INCOME ADULTS

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HEALTHCARE NETWORK OF SOUTHWEST FLORIDA FOUNDATION - 3520 KRAFT ROAD, #100 FL - NAPLES, FL 34105	26-0229508	501(C)(3)	23,500.	0.			IMMOKALEE DENTAL PROGRAM FOR HOMEBOUND SENIORS
HEALTHCARE NETWORK OF SOUTHWEST FLORIDA FOUNDATION - 3520 KRAFT ROAD, #100 FL - NAPLES, FL 34105	26-0229508	501(C)(3)	1,450.	0.			UNRESTRICTED USE
HEART TO HEART INTERNATIONAL 13250 W 98TH STREET NY LENEXA, KS 66215	48-1108359	501(C)(3)	15,000.	0.			FUNDING FOR DISASTER RELIEF.
HERITAGE FOUNDATION 214 MASSACHUSETTES AVE., NE PA WASHINGTON, DC 20002-4999	23-7327730	501(C)(3)	5,000.	0.			UNRESTRICTED USE
HEROIN EPIDEMIC ACTION LEAGUE OF CAYUGA COUNTY - P.O. BOX 458 FL - AUBURN, NY 13021	81-0763791	501(C)(3)	20,000.	0.			TO BRING AWARENESS TO THE OPIATE EPIDEMIC!
HISTORICAL SOCIETY OF WESTERN PENNSYLVANIA - 1212 SMALLMAN STREET FL - PITTSBURGH, PA 15222	25-0965391	501(C)(3)	63,815.	0.			MEADOWCROFT MUSEUM
HODGES UNIVERSITY FINANCIAL AID OFFICE MD NAPLES, FL 34119	59-6605703	501(C)(3)	5,000.	0.			UNRESTRICTED USE
HOOD COLLEGE OF FREDERICK MARYLAND 401 ROSEMONT AVENUE FL FREDERICK, MD 21701	52-0591608	501(C)(3)	10,000.	0.			SCHOLARSHIPS IN MATH AND SCIENCE
HOPE FOR FAMILIES MINISTRY CORP. 4349 21ST AVENUE SW FL NAPLES, FL 34116	47-1077982	501(C)(3)	10,000.	0.			FREE ADULT LIFE SKILLS EDUCATIONAL PROGRAM

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HOPE FOR FAMILIES MINISTRY CORP. 4349 21ST AVENUE SW FL NAPLES, FL 34116	47-1077982	501(C)(3)	350.	0.			UNRESTRICTED USE
HUMANE SOCIETY OF COLLIER COUNTY 370 AIRPORT ROAD N. FL NAPLES, FL 34104	59-1033966	501(C)(3)	10,000.	0.			OPERATION RESCUE
HUMANE SOCIETY OF COLLIER COUNTY 370 AIRPORT ROAD N. FL NAPLES, FL 34104	59-1033966	501(C)(3)	26,324.	0.			UNRESTRICTED USE
HUNTSVILLE SYMPHONY ORCHESTRA ASSOCIATION - P. O. BOX 2400 FL - HUNTSVILLE, AL 35804	63-0463802	501(C)(3)	5,000.	0.			OPERATING FUND FOR 2017-18
IMMOKALEE CHILD CARE CENTER 3775 AIRPORT PULLING RD. N., #B FL NAPLES, FL 34105-2530	59-1209842	501(C)(3)	5,000.	0.			GENERAL SUPPORT
IMMOKALEE CHILD CARE CENTER 3775 AIRPORT PULLING RD. N., #B FL NAPLES, FL 34105-2530	59-1209842	501(C)(3)	8,884.	0.			UNRESTRICTED USE
INDIANA UNIVERSITY FOUNDATION P.O. BOX 6460 IN INDIANAPOLIS, IN 46206	35-6018940	501(C)(3)	5,500.	0.			UNRESTRICTED USE
INSTITUTE FOR HUMANE STUDIES GEORGE MASON UNIVERSITY FL ARLINGTON, VA 22201	94-1623852	501(C)(3)	39,136.	0.			THE SCHOLARSHIP FUND ADMINISTERED BY IHS
IRAQ & AFGHANISTAN VETERANS OF AMERICA FOUNDATION, INC. - 119 WEST 40TH STREET, 19TH FL FL - NEW YORK, NY 10018	20-1664531	501(C)(3)	10,000.	0.			GENERAL USE

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JEWISH FAMILY & COMMUNITY SERVICES OF SOUTHWEST FLORIDA - 5025 CASTELLO DRIVE, #101 FL - NAPLES, FL 34103	45-3980909	501(C)(3)	15,000.	0.			DEMENTIA RESPITE SUPPORT PROGRAM FOR SENIORS AND CAREGIVERS
JEWISH FAMILY & COMMUNITY SERVICES OF SOUTHWEST FLORIDA - 5025 CASTELLO DRIVE, #101 FL - NAPLES, FL 34103	45-3980909	501(C)(3)	25,000.	0.			PREVENTING HOMELESSNESS AMONG SENIOR WOMEN
JEWISH FAMILY & COMMUNITY SERVICES OF SOUTHWEST FLORIDA - 5025 CASTELLO DRIVE, #101 FL - NAPLES, FL 34103	45-3980909	501(C)(3)	10,281.	0.			PURCHASE OF FOOD FOR FOOD PANTRY
JEWISH FAMILY & COMMUNITY SERVICES OF SOUTHWEST FLORIDA - 5025 CASTELLO DRIVE, #101 FL - NAPLES, FL 34103	45-3980909	501(C)(3)	5,000.	0.			UNRESTRICTED USE
JEWISH WORLD WATCH 5551 BALBOA BLVD. AZ ENCINO, CA 91316	20-3406211	501(C)(3)	30,000.	0.			TO ADDRESS HUNGER IN THE REFUGEE CAMPS IN CHAD
JOE FOSS INSTITUTE, INC. 8925 E. PIMA CENTER PKWY., #100 FL SCOTTSDALE, AZ 85258-4409	86-1026421	501(C)(3)	10,000.	0.			UNRESTRICTED USE
JOHNSON UNIVERSITY FLORIDA 1011 BILL BECK BLVD. DC KISSIMMEE, FL 34744	62-6001104	501(C)(3)	10,843.	0.			UNRESTRICTED USE
JUDICIAL WATCH, INC. 425 THIRD STREET SW, #800 WI WASHINGTON, DC 20024	52-1885088	501(C)(3)	5,500.	0.			UNRESTRICTED USE
LAKE BEULAH SAILING SCHOOL INC. N9367 BEULAH PARK DRIVE FL EAST TROY, WI 53120	39-1172460	501(C)(3)	6,982.	0.			UNRESTRICTED USE

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LAMBI FUND OF HAITI 1050 CONNECTICUT AVENUE NW FL WASHINGTON, DC 20036	52-1843357	501(C)(3)	10,000.	0.			UNRESTRICTED USE
LEADERSHIP COLLIER FOUNDATION, INC. - 2390 TAMiami TRAIL N., #210 FL - NAPLES, FL 34103-4484	20-0446620	501(C)(3)	18,000.	0.			OPPORTUNITY NAPLES: WORKFORCE HOUSING & WORKFORCE EDUCATION SUSTAINABLE FUNDING STUDY
LEGAL AID SERVICE OF COLLIER COUNTY - 4436 TAMiami TRAIL EAST FL - NAPLES, FL 34112	59-1547191	501(C)(3)	9,000.	0.			AV EQUIPMENT FOR COMMUNITY ROOM AND FURNITURE FOR THE LOBBY.
LEGAL AID SERVICE OF COLLIER COUNTY - 4436 TAMiami TRAIL EAST FL - NAPLES, FL 34112	59-1547191	501(C)(3)	100.	0.			UNRESTRICTED USE
LEGAL AID SERVICE OF COLLIER COUNTY - 4436 TAMiami TRAIL EAST FL - NAPLES, FL 34112	59-1547191	501(C)(3)	13,000.	0.			VICTIM'S SEXUAL ASSAULT AND ABUSE PARALEGAL SERVICES
LIBERTY YOUTH RANCH P. O. BOX 366206 FL BONITA SPRINGS, FL 34136	38-3674666	501(C)(3)	10,000.	0.			TO HELP PROVIDE A LOVING HOME FOR ABUSED, NEGLECTED OR ABANDONED CHILDREN.
LIBERTY YOUTH RANCH P. O. BOX 366206 FL BONITA SPRINGS, FL 34136	38-3674666	501(C)(3)	500.	0.			UNRESTRICTED USE
LITERACY VOLUNTEERS OF COLLIER COUNTY - 8833 TAMiami TRAIL E. FL - NAPLES, FL 34113	65-0181251	501(C)(3)	10,000.	0.			CHILD AND PARENT READING PROGRAM
LITERACY VOLUNTEERS OF COLLIER COUNTY - 8833 TAMiami TRAIL E. FL - NAPLES, FL 34113	65-0181251	501(C)(3)	10,400.	0.			CHILDREN AND PARENTS READING TOGETHER

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LORENZO WALKER TECHNICAL COLLEGE FINANCIAL AID OFFICE FL NAPLES, FL 34104-4498	59-6000557	501(C)(3)	4,562.	0.			TRAINING LICENSED PRACTICAL NURSES
LORENZO WALKER TECHNICAL COLLEGE FINANCIAL AID OFFICE FL NAPLES, FL 34104-4498	59-6000557	501(C)(3)	5,000.	0.			VETERINARIAN ASSISTANT PROGRAM
MARCO ISLAND ACADEMY 2255 SAN MARCO ROAD MA MARCO ISLAND, FL 34145	27-4411503	501(C)(3)	10,000.	0.			UNRESTRICTED USE
MASSACHUSETTS INSTITUTE OF TECHNOLOGY - MIT ALUMNI FUND HI - CAMBRIDGE, MA 02139-4822	04-2103594	501(C)(3)	6,000.	0.			CLASS OF 1960 ENDOWMENT FOR INNOVATION IN EDUCATION
MASSACHUSETTS INSTITUTE OF TECHNOLOGY - MIT ALUMNI FUND HI - CAMBRIDGE, MA 02139-4822	04-2103594	501(C)(3)	500.	0.			DAILY35026 - 01/18/18 03:20PM WORKSHEET SCHEDULE I
MAUI ADULT DAY CARE CENTER FOR SENIOR CITIZENS & DISABLED, INC. - 11 MAHAOLO STREET, #B MN - KAHALUI, HI 96732	99-0216306	501(C)(3)	10,750.	0.			GENERAL SUPPORT
MAYO FOUNDATION FOR MEDICAL EDUCATION & RESEARCH - OFFICE OF DEVELOPMENT - 200 FIRST STREET SW FL - ROCHESTER, MN 55905	41-1506440	501(C)(3)	15,843.	0.			UNRESTRICTED USE
MEALS OF HOPE, INC. 2221 CORPORATION BLVD FL NAPLES, FL 34109	27-0268307	501(C)(3)	15,000.	0.			HOPE FOR WOMEN AND GIRLS! PROJECT
MEALS OF HOPE, INC. 2221 CORPORATION BLVD FL NAPLES, FL 34109	27-0268307	501(C)(3)	10,281.	0.			PURCHASE OF FOOD FOR FOOD PANTRY

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MEALS OF HOPE, INC. 2221 CORPORATION BLVD FL NAPLES, FL 34109	27-0268307	501(C)(3)	1,410.	0.			UNRESTRICTED USE
MEMORIAL SLOAN-KETTERING CANCER CENTER - 1275 YORK AVENUE FL - NEW YORK, NY 10065	91-2154267	501(C)(3)	10,843.	0.			UNRESTRICTED USE
MERCY HOME FOR BOYS AND GIRLS 1140 WEST JACKSON BLVD. MN CHICAGO, IL 60607	36-2171726	501(C)(3)	12,000.	0.			TO SUPPORT MERCY'S CARE OF CHICAGO CHILDREN WHO COME TO YOU IN DISTRESS
MIAMI CHILDREN'S HOSPITAL FOUNDATION - 3000 SW 62ND AVENUE FL - MIAMI, FL 33155	59-1720704	501(C)(3)	48,004.	0.			UNRESTRICTED USE
MINNEAPOLIS INSTITUTE OF ART 2400 3RD AVENUE SOUTH FL MINNEAPOLIS, MN 55404	41-0693915	501(C)(3)	5,000.	0.			ART IN BLOOM CELEBRATION
MOORINGS PARK FOUNDATION, INC. 120 MOORINGS PARK DRIVE FL NAPLES, FL 34105-2188	26-3631295	501(C)(3)	6,570.	0.			UNRESTRICTED USE
MOORINGS PARK FOUNDATION, INC. 120 MOORINGS PARK DRIVE FL NAPLES, FL 34105-2188	26-3631295	501(C)(3)	25,000.	0.			UPGRADING AND EQUIPPING THE FOUNDATION'S OFFICE.
MOORINGS PRESBYTERIAN CHURCH 791 HARBOUR DRIVE FL NAPLES, FL 34103	59-1309473	501(C)(3)	5,885.	0.			UNRESTRICTED USE
MUSICAL ARTS ASSOCIATION 11001 EUCLID AVENUE FL CLEVELAND, OH 44106	34-0714468	501(C)(3)	7,000.	0.			UNRESTRICTED USE

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NAMI OF COLLIER COUNTY 6216 TRAIL BLVD FL NAPLES, FL 34108	65-0047747	501(C)(3)	9,000.	0.			TO PURCHASE A VAN FOR THE SARAH ANN DROP-IN CENTER
NAMI OF COLLIER COUNTY 6216 TRAIL BLVD FL NAPLES, FL 34108	65-0047747	501(C)(3)	2,184.	0.			UNRESTRICTED USE
NAPLES ART ASSOCIATION, INC., VON LIEBIG ART CENTER - 585 PARK STREET FL - NAPLES, FL 34102-6611	59-1022882	501(C)(3)	13,000.	0.			SOAR THROUGH THE ARTS
NAPLES BOTANICAL GARDEN, INC. 4820 BAYSHORE DRIVE, #D FL NAPLES, FL 34112	65-0511429	501(C)(3)	9,000.	0.			BRIAN HOLLEY CURATOR OF COLLECTIONS FUND
NAPLES BOTANICAL GARDEN, INC. 4820 BAYSHORE DRIVE, #D FL NAPLES, FL 34112	65-0511429	501(C)(3)	5,000.	0.			CAPITAL CAMPAIGN
NAPLES BOTANICAL GARDEN, INC. 4820 BAYSHORE DRIVE, #D FL NAPLES, FL 34112	65-0511429	501(C)(3)	3,500.	0.			UNRESTRICTED USE
NAPLES CHRISTIAN CHURCH 8000 GOODLETTE ROAD NORTH FL NAPLES, FL 34109	59-6519467	501(C)(3)	10,843.	0.			UNRESTRICTED USE
NAPLES COMMUNITY CHURCH, INC. 849 7TH AVENUE S., #696 FL NAPLES, FL 34102	20-5956100	501(C)(3)	10,000.	0.			HABITAT FOR HUMANITY
NAPLES COMMUNITY CHURCH, INC. 849 7TH AVENUE S., #696 FL NAPLES, FL 34102	20-5956100	501(C)(3)	6,000.	0.			HABITAT FOR HUMANITY MATCH

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NAPLES COMMUNITY CHURCH, INC. 849 7TH AVENUE S., #696 FL NAPLES, FL 34102	20-5956100	501(C)(3)	500.	0.			UNRESTRICTED USE
NAPLES COUNCIL ON WORLD AFFAIRS 2316 PINE RIDGE ROAD, #361 FL NAPLES, FL 34109	59-2139347	501(C)(3)	5,000.	0.			MODEL UN PROGRAM
NAPLES HISTORICAL SOCIETY P.O. BOX 201 FL NAPLES, FL 34106	59-6166907	501(C)(3)	5,000.	0.			UNRESTRICTED USE
NAPLES LIONS CLUB FOUNDATION P.O. BOX 110474 FL NAPLES, FL 34108	65-0564366	501(C)(3)	7,000.	0.			SPOT MACHINE TO CHECK CHILDREN'S EYES
NAPLES LIONS CLUB FOUNDATION P.O. BOX 110474 FL NAPLES, FL 34108	65-0564366	501(C)(3)	7,000.	0.			TO PURCHASE THE "SPOT" MACHINE
NAPLES LIONS CLUB FOUNDATION P.O. BOX 110474 FL NAPLES, FL 34108	65-0564366	501(C)(3)	400.	0.			UNRESTRICTED USE
NAPLES MUSIC CLUB P.O. BOX 112383 GA NAPLES, FL 34108	59-6213932	501(C)(3)	10,000.	0.			VIOLIN PROGRAM FOR HEAD START CHILDREN
NAPLES UNITED CHURCH OF CHRIST 5200 CRAYTON ROAD DC NAPLES, FL 34103	59-1555020	501(C)(3)	10,000.	0.			UNRESTRICTED USE
NATIONAL MUSEUM OF COMMERCIAL AVIATION - P.O. BOX 1571 CO - JONESBORO, GA 30237	20-4328419	501(C)(3)	5,000.	0.			UNRESTRICTED USE

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NATIONAL VETERANS LEGAL SERVICE PROGRAM - P.O. BOX 65762 FL - WASHINGTON, DC 20035	52-1238058	501(C)(3)	10,000.	0.			GENERAL USE
NATIVE AMERICAN RIGHTS FUND 1506 BROADWAY FL BOULDER, CO 80302	84-0611876	501(C)(3)	10,000.	0.			GENERAL SUPPORT
NCH HEALTHCARE FOUNDATION 350 7TH STREET N. FL NAPLES, FL 34106	59-2314655	501(C)(3)	5,000.	0.			MEDICAL DIPLOMAT COUNCIL
NCH HEALTHCARE FOUNDATION 350 7TH STREET N. FL NAPLES, FL 34106	59-2314655	501(C)(3)	5,000.	0.			MEDICAL DIPLOMATS COUNCIL WILLIAM L AND MARGARET F BLACKBURN
NCH HEALTHCARE FOUNDATION 350 7TH STREET N. FL NAPLES, FL 34106	59-2314655	501(C)(3)	5,000.	0.			MEDICAL DIPLOMATS COUNCIL PROGRAM
NCH HEALTHCARE FOUNDATION 350 7TH STREET N. FL NAPLES, FL 34106	59-2314655	501(C)(3)	200,000.	0.			PUBLIC HEALTH IMPROVEMENT
NCH HEALTHCARE FOUNDATION 350 7TH STREET N. FL NAPLES, FL 34106	59-2314655	501(C)(3)	10,000.	0.			SPONSORSHIP OF MAGNOLIA BALL
NCH HEALTHCARE FOUNDATION 350 7TH STREET N. FL NAPLES, FL 34106	59-2314655	501(C)(3)	11,541.	0.			UNRESTRICTED USE
NEIGHBORHOOD HEALTH CLINIC 121 GOODLETTE ROAD N. FL NAPLES, FL 34102	59-3546884	501(C)(3)	48,650.	0.			UNRESTRICTED USE

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NEW ENGLAND COLLEGE OF OPTOMETRY OFFICE OF INSTITUTIONAL ADVANCEMENT BOSTON, MA 02115	04-1591060	501(C)(3)	10,000.	0.			HOLMES FUND
NEW HORIZONS OF SOUTHWEST FLORIDA, INC. - P.O. BOX 111833 FL - NAPLES, FL 34108-3410	11-3678086	501(C)(3)	50,000.	0.			AFTERSCHOOL PROGRAM IN COLLIER COUNTY
NEW HORIZONS OF SOUTHWEST FLORIDA, INC. - P.O. BOX 111833 FL - NAPLES, FL 34108-3410	11-3678086	501(C)(3)	12,415.	0.			SUPER KIDS AND TEENS CLUBS - COLLIER COUNTY
NORTHSIDE NAPLES KIWANIS FOUNDATION - P.O. BOX 770060 NY - NAPLES, FL 34107	65-0697861	501(C)(3)	10,000.	0.			KIWANIS CHRISTMAS IN JULY 2017 PROGRAM
NORTHWESTERN UNIVERSITY ALUMNI RELATIONS & DEVELOPMENT FL EVANSTON, IL 60201-4410	36-2167817	501(C)(3)	5,000.	0.			UNDER GRADUATE SCHOLARSHIP PROGRAM
NORTHWOOD SCHOOL 92 NORTHWOOD ROAD HI LAKE PLACID, NY 12946	14-1401103	501(C)(3)	10,000.	0.			NORTHWOOD FUND RING THE BELL CAMPAIGN
NOVA SOUTHEASTERN UNIVERSITY FINANCIAL AID OFFICER NC FORT LAUDERDALE, FL 33314-7796	59-1083502	501(C)(3)	9,000.	0.			PROJECT SEED: PROVIDING HEALTH SERVICES FOR MIGRANT AND AGRICULTURAL WORKERS IN IMMOKALEE.
OHANA MAKAMAE, INC. P.O. BOX 914 FL HANA, HI 96713	99-0342126	501(C)(3)	10,750.	0.			GENERAL SUPPORT
OMNI MONTESSORI SCHOOL 9536 BLAKENEY-HEATH ROAD FL CHARLOTTE, NC 28277	56-1466119	501(C)(3)	5,000.	0.			GENERAL FUND

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OPERA NAPLES, INC. 2408 LINWOOD AVENUE FL NAPLES, FL 34112	42-1671038	501(C)(3)	5,000.	0.			EDUCATIONAL PURPOSES
OPERA NAPLES, INC. 2408 LINWOOD AVENUE FL NAPLES, FL 34112	42-1671038	501(C)(3)	5,500.	0.			UNRESTRICTED USE
ORDER OF MALTA PILGRIMAGE FOUNDATION - 1011 FIRST AVENUE, #1350L FL - NEW YORK, NY 10022	47-2881395	501(C)(3)	6,000.	0.			UNRESTRICTED USE
OUR MOTHER'S HOME OF SOUTHWEST FLORIDA - 18011 SOUTH TAMIAMI TRAIL, #16-106 FL - FT. MYERS, FL 33908	65-0510103	501(C)(3)	5,000.	0.			FRONT LAWN
OUR MOTHER'S HOME OF SOUTHWEST FLORIDA - 18011 SOUTH TAMIAMI TRAIL, #16-106 FL - FT. MYERS, FL 33908	65-0510103	501(C)(3)	2,250.	0.			UNRESTRICTED USE
PANIRA HEALTHCARE SERVICES, INC. 5045 TAMIAMI TRAIL E. NJ NAPLES, FL 34113	47-5263276	501(C)(3)	15,000.	0.			ACCESS TO HEALTHCARE FOR UNINSURED - MONTHLY FREE CLINIC PILOT PROGRAM
PANIRA HEALTHCARE SERVICES, INC. 5045 TAMIAMI TRAIL E. NJ NAPLES, FL 34113	47-5263276	501(C)(3)	2,500.	0.			UNRESTRICTED USE
PAPER MILL PLAYHOUSE 22 BROOKSIDE DRIVE NY MILLBURN, NJ 07041	22-1550515	501(C)(3)	5,000.	0.			CONTRIBUTION FOR FUND A NEED
PAPER MILL PLAYHOUSE 22 BROOKSIDE DRIVE NY MILLBURN, NJ 07041	22-1550515	501(C)(3)	500.	0.			UNRESTRICTED USE

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PLANNED PARENTHOOD OF CENTRAL AND WESTERN NEW YORK, INC - 114 UNIVERSITY AVE FL - ROCHESTER, NY 14605	16-0746860	501(C)(3)	45,000.	0.			FACILITY MODERNIZATION
PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA - 736 CENTRAL AVENUE FL - SARASOTA, FL 34236	59-1274328	501(C)(3)	6,055.	0.			FAMILY PLANNING SERVICES
PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA - 736 CENTRAL AVENUE FL - SARASOTA, FL 34236	59-1274328	501(C)(3)	20,329.	0.			UNRESTRICTED USE
PROVIDENCE HOUSE, INC. P.O. BOX 128 DC NAPLES, FL 34106	20-3889831	501(C)(3)	10,000.	0.			CHILDCARE COSTS FOR SINGLE MOTHER RESIDENTS OF PROVIDENCE HOUSE
PROVIDENCE HOUSE, INC. P.O. BOX 128 DC NAPLES, FL 34106	20-3889831	501(C)(3)	250.	0.			UNRESTRICTED USE
REBUILDING TOGETHER, INC. 1899 L STREET NW, #1000 TX WASHINGTON, DC 20036	52-1585880	501(C)(3)	10,000.	0.			FOR VETERANS' HOUSING
REMNANT TRUST, INC. TEXAS TECH UNIVERSITY TX LUBBOCK, TX 79409	35-2072847	501(C)(3)	75,000.	0.			OPERATING EXPENSES
REMNANT TRUST, INC. TEXAS TECH UNIVERSITY TX LUBBOCK, TX 79409	35-2072847	501(C)(3)	25,000.	0.			RPR 2008 CLAT ENDOWMENT
RESCUE MISSION OF SYRACUSE, N.Y. 155 GIFFORD STREET FL SYRACUSE, NY 13202	15-0532146	501(C)(3)	150,000.	0.			FOOD SERVICE BUILDING

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RESIDENTIAL OPTIONS OF FLORIDA, INC. (ROOF) - 2640 GOLDEN GATE PARKWAY FL - NAPLES, FL 34105	47-1232139	501(C)(3)	10,000.	0.			COLLIER COUNTY HOUSING NETWORK PILOT PROJECT
RESIDENTIAL OPTIONS OF FLORIDA, INC. (ROOF) - 2640 GOLDEN GATE PARKWAY FL - NAPLES, FL 34105	47-1232139	501(C)(3)	2,500.	0.			UNRESTRICTED USE
RESTORATION CHURCH, INC. 2320 VANDERBILT BEACH ROAD FL NAPLES, FL 34109	65-0797003	501(C)(3)	5,000.	0.			\$3,000 OPERATING \$1,000 YOUTH ACTIVITIES \$1,000 YOUTH GROUP HOSPITALITY
RESTORATION CHURCH, INC. 2320 VANDERBILT BEACH ROAD FL NAPLES, FL 34109	65-0797003	501(C)(3)	6,500.	0.			UNRESTRICTED USE
SACRED HEARTS MODEL SCHOOLS INC. 3177 LEXINGTON ROAD LOUISVILLE, KY 40206	61-1181710	501(C)(3)	51,000.	0.			UNRESTRICTED USE
SALVATION ARMY NAPLES P.O. BOX 8209 FL NAPLES, FL 34101	58-0660607	501(C)(3)	10,281.	0.			PURCHASE OF FOOD FOR FOOD PANTRY
SALVATION ARMY NAPLES P.O. BOX 8209 FL NAPLES, FL 34101	58-0660607	501(C)(3)	19,000.	0.			RENTAL/MORTGAGE ASSISTANCE PROGRAM
SALVATION ARMY NAPLES P.O. BOX 8209 FL NAPLES, FL 34101	58-0660607	501(C)(3)	36,405.	0.			UNRESTRICTED USE
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 FL - NAPLES, FL 34101	59-2752895	501(C)(3)	5,000.	0.			BENEFACTOR SPONSORSHIP FOR 2017 MENDING BROKEN HEARTS WITH HOPE LUNCHEON

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SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 FL - NAPLES, FL 34101	59-2752895	501(C)(3)	10,000.	0.			SUPPORT THE MENDING BROKEN HEARTS LUNCHEON
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 FL - NAPLES, FL 34101	59-2752895	501(C)(3)	5,000.	0.			TRANSPORTATION COSTS
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 FL - NAPLES, FL 34101	59-2752895	501(C)(3)	100,877.	0.			UNRESTRICTED USE
SHRINERS HOSPITALS FOR CHILDREN OFFICE OF DEVELOPMENT FL TAMPA, FL 33607	36-2193608	501(C)(3)	5,000.	0.			TO PROVIDE CARE FOR CHILDREN IN GREAT NEED DUE TO AN EMERGENCY
SHY WOLF SANCTUARY, EDUCATION AND EXPERIENCE CENTER, INC. - 1161 27TH STREET SW FL - NAPLES, FL 34117	59-3691867	501(C)(3)	6,500.	0.			UNRESTRICTED USE
SHY WOLF SANCTUARY, EDUCATION AND EXPERIENCE CENTER, INC. - 1161 27TH STREET SW FL - NAPLES, FL 34117	59-3691867	501(C)(3)	5,000.	0.			VETERINARIAN PROGRAM
SIGHTLINE INSTITUTE 1402 THIRD AVENUE, #500 NY SEATTLE, WA 98101	52-1833599	501(C)(3)	10,000.	0.			GENERAL FUND
SISTERS OF THE HUMILITY OF MARY CHARITABLE TRUST - P. O. BOX 534 CA - VILLA MARIA, PA 16155	25-6307483	501(C)(3)	7,000.	0.			HURRICANE RELIEF IN HAITI
SKANEATELES RECREATIONAL CHARITABLE TRUST - P. O. BOX 460 FL - AUBURN, NY 13021	16-1556744	501(C)(3)	100,000.	0.			FINAL PAYMENT OF MULTI-YEAR GRANT

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SOLDIERS PROJECT 4605 LANKERSHIM BLVD., #202 MN NORTH HOLLYWOOD, CA 91602	27-2815356	501(C)(3)	7,500.	0.			GENERAL USE
SOUTH FLORIDA NATIONAL PARKS TRUST 1390 S. DIXIE HIGHWAY, #2203 FL CORAL GABLES, FL 33146	13-4341209	501(C)(3)	20,000.	0.			SWAMP WATER AND ME PROGRAM (SWAMP)
ST. AMBROSE OF WOODBURY CATHOLIC CHURCH - 4125 WOODBURY DRIVE FL - WOODBURY, MN 55129	41-1905541	501(C)(3)	5,000.	0.			SCHOLARSHIPS
ST. ANN CATHOLIC CHURCH 475 9TH AVENUE S. FL NAPLES, FL 34102	59-0823952	501(C)(3)	30,267.	0.			UNRESTRICTED USE
ST. ANN SCHOOL FOUNDATION, INC. 475 9TH AVENUE S. KY NAPLES, FL 34102	59-2201867	501(C)(3)	20,000.	0.			FOUNDATION SCHOLARSHIPS
ST. ANN SCHOOL FOUNDATION, INC. 475 9TH AVENUE S. KY NAPLES, FL 34102	59-2201867	501(C)(3)	10,000.	0.			HAPPY ANNIVERSARY
ST. GEORGE CATHOLIC CHURCH BOX 787 TN JENKINS, KY 41537-0787		501(C)(3)	7,500.	0.			UNRESTRICTED USE
ST. JOHN NEUMANN HIGH SCHOOL 3000 53RD STREET SW TN NAPLES, FL 34116	59-2017451	501(C)(3)	18,267.	0.			UNRESTRICTED USE
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - P.O. BOX 1893 TN - MEMPHIS, TN 38101-9950	62-0646012	501(C)(3)	56,754.	0.			UNRESTRICTED USE

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ST. MATTHEW'S HOUSE 2001 AIRPORT ROAD S. FL NAPLES, FL 34112-4814	65-1110501	501(C)(3)	10,281.	0.			PURCHASE OF FOOD FOR FOOD PANTRY
ST. MATTHEW'S HOUSE 2001 AIRPORT ROAD S. FL NAPLES, FL 34112-4814	65-1110501	501(C)(3)	19,000.	0.			RECLAIMING HOPE: HOMELESS SHELTER REHABILITATION
ST. MATTHEW'S HOUSE 2001 AIRPORT ROAD S. FL NAPLES, FL 34112-4814	65-1110501	501(C)(3)	21,500.	0.			UNRESTRICTED USE
STEP SMART COLLIER INC. 8950 FONTANA DEL SOL WAY FL NAPLES, FL 34109	81-3465371	501(C)(3)	19,980.	0.			UNRESTRICTED USE
SUNLIGHT OF COLLIER COUNTY, INC. P.O. BOX 9194 FL NAPLES, FL 34101	59-2417151	501(C)(3)	6,700.	0.			UNRESTRICTED USE
SUNSHINE GOSPEL MINISTRIES 500 EAST 61ST STREET CA CHICAGO, IL 60637-2407	36-2317631	501(C)(3)	8,000.	0.			\$5,000 OPERATING \$3,000 LEADERSHIP DEV.
TEN THOUSAND VILLAGES P.O. BOX 307 FL AKRON, PA 17501-0307	31-1690588	501(C)(3)	10,000.	0.			GENERAL SUPPORT
THE AYN RAND INSTITUTE 2121 ALTON PARKWAY, #250 FL IRVINE, CA 92606	22-2570926	501(C)(3)	10,000.	0.			UNRESTRICTED USE
THE EVERGLADES FOUNDATION, INC. 18001 OLD CUTLER ROAD, #625 NY PALMETTO BAY, FL 33157	59-3228899	501(C)(3)	16,000.	0.			UNRESTRICTED USE

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THE FIRST PRESBYTERIAN CHURCH OF SKANEATELES, NY - 97 EAST GENESEE STREET FL - SKANEATELES, NY 13152	15-0549304	501(C)(3)	100,000.	0.			ENDOWMENT
THE IMMOKALEE FOUNDATION 3960 RADIO ROAD, #207 FL NAPLES, FL 34104-0847	65-0315664	501(C)(3)	11,000.	0.			IMMOKALEE READERS
THE IMMOKALEE FOUNDATION 3960 RADIO ROAD, #207 FL NAPLES, FL 34104-0847	65-0315664	501(C)(3)	5,850.	0.			KP CAMBERSHIP
THE IMMOKALEE FOUNDATION 3960 RADIO ROAD, #207 FL NAPLES, FL 34104-0847	65-0315664	501(C)(3)	1,140.	0.			UNRESTRICTED USE
THE IMMOKALEE FOUNDATION 3960 RADIO ROAD, #207 FL NAPLES, FL 34104-0847	65-0315664	501(C)(3)	46,500.	0.			VARIOUS PROGRAMS
THE NATURE CONSERVANCY FLORIDA CHAPTER - 2500 MAITLAND CENTER PARKWAY, #311 FL - MAITLAND, FL 32751-7293	53-0242652	501(C)(3)	7,000.	0.			UNRESTRICTED USE
THE PRENTICE SCHOOL 18341 LASSEN DRIVE FL SANTA ANA, CA 92705	33-0120257	501(C)(3)	5,000.	0.			UNRESTRICTED USE
THE WOMEN'S FOUNDATION OF SOUTHWEST FLORIDA - 9015 STRADA STELL COURT, #205 KY - NAPLES, FL 34109	45-2514055	501(C)(3)	5,000.	0.			TO HELP ABUSED WOMEN
THE WOMEN'S FOUNDATION OF SOUTHWEST FLORIDA - 9015 STRADA STELL COURT, #205 KY - NAPLES, FL 34109	45-2514055	501(C)(3)	2,500.	0.			UNRESTRICTED USE

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TRINITY HIGH SCHOOL FOUNDATION 4011 SHELBYVILLE ROAD FL LOUISVILLE, KY 40207	31-1105966	501(C)(3)	20,000.	0.			ARCHBISHOP KELLY MERIT FUND ONLY
TRINITY-BY-THE-COVE EPISCOPAL CHURCH - 553 GALLEON DRIVE FL - NAPLES, FL 34102	59-0774204	501(C)(3)	35,726.	0.			UNRESTRICTED USE
U.S. ENDOWMENT FOR FORESTRY COMMUNITIES - 908 EAST NORTH STREET FL - GREENVILLE, SC 29601	20-5583324	501(C)(3)	50,000.	0.			E 15-21 PROTECTING WATER THROUGH CONSERVATION & RESTORATION
UNITED CEREBRAL PALSY OF SW FLORIDA - 9040 SUNSET DRIVE FL - MIAMI, FL 33173	59-1796622	501(C)(3)	11,000.	0.			MEANINGFUL DAY PROGRAM FEES
UNITED CEREBRAL PALSY OF SW FLORIDA - 9040 SUNSET DRIVE FL - MIAMI, FL 33173	59-1796622	501(C)(3)	2,263.	0.			UNRESTRICTED USE
UNITED CHURCH OF MARCO ISLAND 320 N. BARFIELD DRIVE FL MARCO ISLAND, FL 34145	59-1861678	501(C)(3)	30,000.	0.			\$5,000 GENERAL FUND \$25,000 HABITAT FOR HUMANITY
UNITED HOSPITAL FOUNDATION 333 SMITH AVE. N. FL SAINT PAUL, MN 55102	23-7420998	501(C)(3)	10,000.	0.			CURRENT FUNDRAISING EFFORT AT UNITED HOSPITAL IN ST. PAUL, MN
UNITED WAY OF COLLIER COUNTY 9015 STRADA STELL COURT, #204 FL NAPLES, FL 34109	59-1026096	501(C)(3)	22,149.	0.			UNRESTRICTED USE
UNIVERSITY OF MIAMI BOWMAN FOSTER ASHE BUILDING, #158 C CORAL GABLES, FL 33124	59-0624458	501(C)(3)	50,000.	0.			HEAT STUDY: RANDOMIZED PHASE III STUDY OF RADIATION

Schedule I (Form 990)

COMMUNITY FOUNDATION OF
COLLIER COUNTY, INC.

Schedule I (Form 990)

59-2396243

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF TEXAS FOUNDATION, INC. - P.O. BOX 250 MN - AUSTIN, TX 78767-0250	74-1587488	501(C)(3)	5,000.	0.			MD ANDERSON CANCER CENTER
UNSTOPPABLE FOUNDATION P.O. BOX 877 NC AGOURA HILLS, CA 91376	26-2835842	501(C)(3)	5,000.	0.			UNRESTRICTED USE FOR SPONSOR A VILLAGE
VISITATION SCHOOL 2455 VISITATION DRIVE NC MENDOTA HEIGHTS, MN 55120	41-0693957	501(C)(3)	5,000.	0.			UNRESTRICTED USE
WATAUGA COUNTY HABITAT FOR HUMANITY - PO BOX 33DTS NC - BOONE, NC 28607	56-1659213	501(C)(3)	5,000.	0.			NEW CONSTRUCTION
WATAUGA COUNTY HABITAT FOR HUMANITY - PO BOX 33DTS NC - BOONE, NC 28607	56-1659213	501(C)(3)	1,208.	0.			UNRESTRICTED USE
WELLESLEY COLLEGE 106 CENTRAL STREET FL WELLESLEY, MA 02481	04-2103637	501(C)(3)	5,000.	0.			UNRESTRICTED USE - CREDIT TO CLASS OF 1961
WHITAKER CENTER FOR SCIENCE AND THE ARTS - 225 MARKET STREET FL - HARRISBURG, PA 17101-2205	25-1724566	501(C)(3)	5,000.	0.			UNRESTRICTED USE
WINGS OF SHELTER INTL, INC. 21301 S. TAMiami TRAIL, #320 PMB 33 ESTERO, FL 33928	26-3441610	501(C)(3)	13,500.	0.			RESIDENTIAL SAFE HOUSE STARTUP
WINGS OF SHELTER INTL, INC. 21301 S. TAMiami TRAIL, #320 PMB 33 ESTERO, FL 33928	26-3441610	501(C)(3)	2,000.	0.			UNRESTRICTED USE

Schedule I (Form 990)

COMMUNITY FOUNDATION OF
COLLIER COUNTY, INC.

Schedule I (Form 990)

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Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMEN 4 WOMEN KNITTING 4 PEACE 864 S. MEDEA WAY NY DENVER, CO 80209	74-3227542	501(C)(3)	5,000.	0.			UNRESTRICTED USE
WOMEN FOR WOMEN INTERNATIONAL GLOBAL SUPPORT CENTER FL CENTRAL ISLIP, NY 11722-9224	52-1838756	501(C)(3)	15,000.	0.			FOR WORK IN IRAQ AND AFGHANISTAN
YMCA OF THE PALMS/GREATER NAPLES YMCA - 5450 YMCA ROAD FL - NAPLES, FL 34109	23-7039993	501(C)(3)	25,000.	0.			COMPLETION OF RENOVATIONS ON THE LONGHOUSE
YMCA OF THE PALMS/GREATER NAPLES YMCA - 5450 YMCA ROAD FL - NAPLES, FL 34109	23-7039993	501(C)(3)	4,500.	0.			UNRESTRICTED USE
YOUNG AUDIENCES OF SWFL 705 PINESIDE LANE FL NAPLES, FL 34108	47-4669409	501(C)(3)	2,500.	0.			UNRESTRICTED USE
YOUNG AUDIENCES OF SWFL 705 PINESIDE LANE FL NAPLES, FL 34108	47-4669409	501(C)(3)	15,000.	0.			YOUNG AUDIENCES ORCHESTRA PROGRAM AT GOLDEN GATE MIDDLE SCHOOL
YOUNG LIFE P. O. BOX 112481 FL NAPLES, FL 34108	84-0385934	501(C)(3)	5,000.	0.			TO SUPPORT THE YOUNG LIFE NAPLES CHAPTER (YL AREA #: FL 209)
YOUNG LIFE P. O. BOX 112481 FL NAPLES, FL 34108	84-0385934	501(C)(3)	7,500.	0.			TO SUPPORT THE YOUNGLIFE CHAPTER IN COMAYAGUA, HONDURAS (AREA #: X 3116)
YOUNG LIFE P. O. BOX 112481 FL NAPLES, FL 34108	84-0385934	501(C)(3)	10,000.	0.			TO SUPPORT YOUNG LIFE SOUTHWEST FL AREA (AG 367)

Schedule I (Form 990)

COMMUNITY FOUNDATION OF
COLLIER COUNTY, INC.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	40	422,232.	0.		

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

PART I, LINE 2:

GRANTS FROM DONOR ADVISED FUNDS MUST BE DOCUMENTED WITH AN APPROPRIATE
DONOR SUGGESTION FORM WITH AMOUNTS AND PURPOSES OF GRANTS LISTED. GRANTS
FROM DONOR DESIGNATED FUNDS, FIELD OF INTEREST FUNDS, SCHOLARSHIP FUNDS AND
UNRESTRICTED FUNDS MUST ALSO HAVE THE APPROPRIATE DOCUMENTATION SUPPORTED
BY THEIR FUND AGREEMENTS OR GRANT REQUESTS. SCHOLARSHIP FUNDS AND
UNRESTRICTED FUND GRANTS ARE REVIEWED BY THE APPROPRIATE COMMITTEES AND
RECOMMENDED FOR APPROVAL BY THE BOARD. GRANT LETTERS ARE SENT WITH THE
GRANT CHECKS TO THE GRANTEE WITH AMOUNTS AND PURPOSES CLEARLY LISTED. WE

Part IV Supplemental Information

VERIFY THAT EACH GRANTEE IS A QUALIFIED CHARITY AS RECOGNIZED BY THE
INTERNAL REVENUE SERVICE AND WHETHER OR NOT THE GRANT REQUIRES ADDITIONAL
EXPENDITURE RESPONSIBILITY PROCEDURES DEPENDING ON THEIR PUBLIC CHARITY
STATUS UNDER SECTION 509(A) OF THE IRS CODE. THE BOARD OF DIRECTORS
APPROVES ALL GRANTS AFTER ALL DUE DILIGENCE IS PERFORMED AND VERIFIED. WE
NOTIFY GRANTEES THAT IF THE FUNDS CANNOT BE USED FOR THE INTENDED PURPOSE
THAT THE GRANT MUST BE RETURNED. IF IT IS DETERMINED THAT A GRANTEE IS NOT
USING THE FUNDS AS INTENDED, THE GRANTEE IS CONTACTED AND ASKED TO RETURN
THE FUNDS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: COLLIER CHILD CARE RESOURCES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: PARTIAL TUITION ASSISTANCE FOR
CHILDREN ATTENDING CCCR'S CHILD'S PATH AND LITTLE WONDERS PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT:

FOUNDATION FOR LEE COUNTY PUBLIC SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLIES FOR SUSTAINABILITY AND
ENTREPRENEURSHIP ACADEMY AT BONITA SPRINGS HIGH SCHOOL

NAME OF ORGANIZATION OR GOVERNMENT:

FUN TIME EARLY CHILDHOOD ACADEMY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: SCHOLARSHIPS FOR DISADVANTAGED
AFRICAN AMERICAN STUDENTS ATTENDING FUN TIME EARLY CHILDHOOD ACADEMY

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2016

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization **COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.** Employer identification number **59-2396243**

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2016

COMMUNITY FOUNDATION OF
COLLIER COUNTY, INC.

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MS. EILEEN CONNOLLY-KEESLER PRESIDENT & CEO	(i)	166,600.	20,150.	0.	8,330.	19,614.	214,694.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 7:

THE CEO AND CFO RECEIVED DISCRETIONARY BONUSES DURING THE CALENDAR YEAR OF
\$20,150 AND \$5,150, RESPECTIVELY.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.** Employer identification number **59-2396243**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	36	5,401,927.	FAIR MARKET VALUE
10 Securities - Closely held stock	X	1	244,836.	FAIR MARKET VALUE
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial	X	1	1,750,000.	FAIR MARKET VALUE
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **0**

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

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

Schedule M (Form 990) (2016)

COMMUNITY FOUNDATION OF

Part II

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

Multiple horizontal lines for supplemental 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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.	Employer identification number 59-2396243
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FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE COMMUNITY FOUNDATION OF COLLIER COUNTY'S MISSION IS TO IMPROVE THE QUALITY OF LIFE IN COLLIER COUNTY BY CONNECTING DONORS TO COMMUNITY NEEDS AND PROVIDING LEADERSHIP ON CRITICAL COMMUNITY ISSUES. THE COMMUNITY FOUNDATION OF COLLIER COUNTY IS A PUBLIC CHARITY ESTABLISHED TO INCREASE AND FOCUS PRIVATE PHILANTHROPY IN THE COLLIER COUNTY AREA. GIFTS TO THE FOUNDATION ARE MANAGED AND OVERSEEN BY THE BOARD OF TRUSTEES AND THE PROFESSIONAL STAFF OF THE FOUNDATION. ORGANIZATIONS, INDIVIDUALS AND FAMILIES CAN INVEST WITH THE FOUNDATION IN A WAY THAT BEST FITS THEIR FINANCIAL AND CHARITABLE GOALS. ACCOUNTABILITY, FLEXIBILITY AND EXPERTISE ARE THE VALUES AND BEHAVIORS THAT GOVERN ALL FOUNDATION TRANSACTIONS. THE TAX BENEFITS OF INVESTING WITH THE FOUNDATION ARE REALIZED IMMEDIATELY AND CHARITABLE DECISIONS CAN BE DEFERRED.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

DONOR SERVICES

THE FOUNDATION CURRENTLY MANAGES HUNDREDS OF FUNDS ESTABLISHED BY CHARITABLE INDIVIDUALS, CORPORATIONS AND ORGANIZATIONS. THESE FUNDS PROVIDE GRANTS THAT ADDRESS THE COMMUNITY'S NEEDS AND ISSUES. THESE FUNDS INCLUDE, AMONG OTHERS, DONOR ADVISED FUNDS, FIELD OF INTEREST FUNDS, SCHOLARSHIP FUNDS, DESIGNATED FUNDS AND NONPROFIT AGENCY FUNDS. THE FUND'S ASSETS ARE MANAGED PROFESSIONALLY AND IN A MANNER IN WHICH THE FOUNDATION BELIEVES WILL EARN RETURNS WITH AS LITTLE RISK AS POSSIBLE THAT WILL SUSTAIN GRANTMAKING INTO THE FUTURE. PART OF DONOR

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

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.	Employer identification number 59-2396243
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SERVICES INCLUDES PROVIDING INFORMATION ABOUT NONPROFITS LOCATED IN COLLIER COUNTY. WE MAINTAIN A DIRECTORY OF MORE THAN 150 NONPROFITS IN OUR SYSTEM THAT PROVIDE SERVICES TO THE CITIZENS OF COLLIER COUNTY. THIS DIRECTORY ASSISTS DONORS IN IDENTIFYING THE ORGANIZATIONS THEY WANT TO SUPPORT. THE FOUNDATION ALSO PROVIDES CUSTOMIZED COMMUNITY NEEDS REPORTING TO OUR FUND HOLDERS AND RESEARCH TO ASSURE THAT ALL BENEFICIARIES ARE QUALIFIED CHARITIES AS RECOGNIZED BY THE INTERNAL REVENUE SERVICE. WE PROVIDE INFORMATION ON COMMUNITY PRIORITIES THROUGH SPONSOR DONOR BRIEFINGS. WE COORDINATE ALL ACKNOWLEDGMENTS FOR THE FUNDS AND DOCUMENT ALL GRANTS. SERVICES ALSO INCLUDE PROVIDING DETAILED QUARTERLY FUND STATEMENTS OF ALL ACTIVITIES OF THE FUND, INCLUDING GRANTMAKING, CONTRIBUTIONS AND INVESTMENT RETURN. IF THE DONOR DESIRES, THE FOUNDATION PROVIDES ON-LINE FUND MANAGEMENT THROUGH OUR DONORCENTRAL PROGRAM. THE FOUNDATION IS COMMITTED TO PROVIDING EXCELLENT SERVICES TO ALL OF OUR DONORS. THE FOUNDATION HAS CREATED A GRANT EVALUATION COMMITTEE THAT PROVIDES ONSITE EVALUATIONS OF GRANTS OVER \$25,000.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

COMMUNITY GRANTMAKING

FUNDING "COMMUNITY IMPACT" IS A MAJOR GOAL OF THE COMMUNITY FOUNDATION OF COLLIER COUNTY. THE BOARD OF TRUSTEES OF THE FOUNDATION HAS DIRECTED THE COMMUNITY GRANTMAKING PROGRAM TO FOCUS ON GRANTS THAT STRENGTHEN THE INTERNAL CAPACITY OF NONPROFITS, SUPPORT NEW AND EXISTING PROGRAMS THAT ADDRESS CRITICAL NEEDS AND COLLECT VITAL SIGNS OR INDICATORS OF COMMUNITY NEEDS. A SECOND, BUT EQUALLY IMPORTANT GOAL OF THE COMMUNITY GRANTMAKING PROGRAM IS TO MOBILIZE COMMUNITY RESOURCES BY ENGAGING OUR

Name of the organization COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.	Employer identification number 59-2396243
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DONORS IN THE GRANT AND/OR SCHOLARSHIP PROCESS. GRANTS ARE FOCUSED ON HEALTHCARE, EDUCATION, HUMAN SERVICES, ARTS, THE ENVIRONMENT, WOMEN AND GIRLS, CAPACITY BUILDING AND ECONOMIC DEVELOPMENT. GRANT COMMITTEES AND STAFF ARE COMMITTED TO WORKING WITH THE NONPROFIT COMMUNITY TO ENSURE BEST PRACTICES, AN EFFICIENT SERVICE DELIVERY MECHANISM AND SUSTAINABILITY THROUGH ENDOWMENT BUILDING.

ALSO UNDER THE COMMUNITY GRANTMAKING PROGRAM ARE THE DYNAMIC SCHOLARSHIP OPPORTUNITIES PROVIDED TO SUPPORT EDUCATION FOR STUDENTS OF ALL AGES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

WOMEN'S FOUNDATION OF COLLIER COUNTY FUND

THE WOMEN'S FOUNDATION OF COLLIER COUNTY (WFCC) FUND WAS CREATED AS A FIELD OF INTEREST ENDOWMENT FUND, WHICH HAS GROWN TO OVER \$1 MILLION.

THE MISSION OF THE WOMEN'S FOUNDATION OF COLLIER COUNTY IS TO INCREASE THE ENDOWMENT FUNDS AVAILABLE TO HELP WOMEN AND GIRLS IN COLLIER COUNTY, AND TO BUILD IN ALL WOMEN A SENSE OF EMPOWERMENT THROUGH PHILANTHROPY. STARTED IN 1996, THE WOMEN'S FOUNDATION GRANTS ARE PRIMARILY FOCUSED ON DISADVANTAGED GIRLS, WOMEN AS CAREGIVERS AND AT-RISK SENIOR WOMEN. CURRENT PROGRAMS ARE: THE WOMEN OF INITIATIVE AWARDS, JUNIOR WOMEN OF INITIATIVE MENTORING PROGRAM, AND WFCC GRANTMAKING PROGRAM.

FORM 990, PART VI, SECTION A, LINE 1:

PER THE COMMUNITY FOUNDATION'S BY-LAWS, IN THE INTERVAL BETWEEN BOARD

Name of the organization	COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.	Employer identification number	59-2396243
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MEETINGS, THE EXECUTIVE COMMITTEE HAS AND MAY EXERCISE ALL THE POWERS OF THE BOARD EXCEPT THAT IT CANNOT ADOPT, AMEND OR REPEAL THE BY-LAWS OR FILL VACANCIES ON THE BOARD OR ANY COMMITTEE. ALL ACTIONS BY THE EXECUTIVE COMMITTEE ARE REPORTED TO THE BOARD AT THE MEETING FOLLOWING SUCH ACTION. DURING THE 2017 FISCAL YEAR, THIS COMMITTEE HAD 5 MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE AUDIT COMMITTEE REVIEWS THE FORM 990 WITH STAFF FROM BOTH THE FOUNDATION AND THE AUDITING FIRM BEFORE IT IS PRESENTED TO THE BOARD. THE FOUNDATION'S CFO THEN REVIEWS THE FORM 990 AND RELATED DOCUMENTS WITH THE BOARD BEFORE THE FORM 990 IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE COMMUNITY FOUNDATION HAS GOVERNANCE AND ETHICS POLICIES THAT INCLUDE CONFIDENTIALITY, CONFLICT OF INTEREST, ETHICS AND WHISTLEBLOWER POLICIES. ANNUALLY, EACH BOARD MEMBER IS REQUIRED TO DISCLOSE POTENTIAL AND ACTUAL CONFLICTS OF INTEREST AS WELL AS SIGN OFF THAT THEY UNDERSTAND AND WILL ADHERE TO THESE POLICES. THE FOUNDATION'S GOVERNANCE COMMITTEE HANDLES ALL ETHICS, CONFIDENTIALITY, WHISTLEBLOWERS AND CONFLICT OF INTEREST COMPLAINTS AND SHARES THESE INVESTIGATIONS WITH THE FULL BOARD. BOARD MEMBERS WITH ANY CONFLICT MUST RECUSE THEMSELVES FROM VOTING ON GRANTS TO ANY RELATED PARTY IDENTIFIED TO BE A CONFLICT. ANY BOARD MEMBER WITH A CONFLICT WITH ANY INVESTMENT FIRM THAT THE FOUNDATION RETAINS CANNOT VOTE ON ANY MATTERS RELATED TO THAT FIRM OR BE A MEMBER OF THE INVESTMENT COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 15A:

THE COMMUNITY FOUNDATION OF COLLIER COUNTY'S COMPENSATION COMMITTEE IS RESPONSIBLE FOR THE ANNUAL EVALUATION AND COMPENSATION OF THE PRESIDENT &

Name of the organization COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.	Employer identification number 59-2396243
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CEO. THE COMMITTEE USES THE EVALUATION PROCESS ALONG WITH THIRD PARTY SALARY SURVEYS SUCH AS THE COUNCIL ON FOUNDATION'S GRANTMAKER'S SALARY SURVEY TO DETERMINE APPROPRIATE COMPENSATION LEVELS. IN ADDITION, THE COMMITTEE REVIEWS EXECUTIVE COMPENSATION REPORTED ON IRS FORM 990 OF OTHER AREA NONPROFITS. THE COMPENSATION COMMITTEE USES THE PERFORMANCE EVALUATIONS TO DETERMINE THE ACHIEVEMENT LEVEL OF BONUS PAYMENTS. THE COMPENSATION COMMITTEE DETERMINES THE SALARY OF THE CEO BASED ON THIRD PARTY SALARY SURVEYS. GOALS WERE SET FOR THE PRESIDENT AND CEO AND A FORMAL EVALUATION WAS COMPLETED IN JUNE 2017. COMPENSATION OF KEY EMPLOYEES IS DETERMINED BY THE PRESIDENT & CEO AFTER A REVIEW OF THEIR PERFORMACE AND ACCOMPLISHMENTS, A REVIEW OF COMPARABLE COMPENSATION DATA OBTAINED FROM INDEPENDENT RESOURCES AND AN ANALYSIS OF BUDGET LIMITATIONS.

FORM 990, PART VI, SECTION C, LINE 19:

THE FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE AND THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE BY REQUEST DURING BUSINESS HOURS.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT	476,837.
CHANGE IN VALUE OF BENEFICIAL INTEREST AGREEMENT	375.
TOTAL TO FORM 990, PART XI, LINE 9	477,212.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization **COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.** Employer identification number **59-2396243**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CFCC REAL ESTATE, LLC - 26-0144559 1110 PINE RIDGE ROAD, #200 NAPLES, FL 34108	REAL ESTATE HOLDING COMPANY WITH ZERO ASSETS, NO FINANCIAL ACTIVITY IN 2017	FLORIDA	0.	0.	COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.
JFN 4444, LLC - 59-2396243 1110 PINE RIDGE ROAD, #200 NAPLES, FL 34108	RENTAL REVENUE W/ NET INCOME SENT TO DONOR ADVISED FUND AT CFCC	FLORIDA	111,247.	1,760,566.	COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
KAPNICK FUND INC - 82-1038131 1110 PINE RIDGE RD #200 NAPLES, FL 34108	TO SUPPORT CHARITABLE ORGANIZATION	FLORIDA	501(C)(3)	509(A)(3) TYPE 1	COMMUNITY FOUNDATION OF COLLIER COUNTY	X	

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

Schedule R (Form 990) 2016

COMMUNITY FOUNDATION OF
COLLIER COUNTY, INC.

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CHARITABLE REMAINDER TRUST (4)	TO SUPPORT CHARITABLE ORGANIZATION	FL	COMMUNITY FOUNDATION OF COLLIER	TRUST					X
CHARITABLE LEAD TRUST (1)	TO SUPPORT CHARITABLE ORGANIZATION	MI	COMMUNITY FOUNDATION OF COLLIER	TRUST					X

COMMUNITY FOUNDATION OF
COLLIER COUNTY, INC.

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)	X	

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

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

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME OF RELATED ORGANIZATION:

CHARITABLE REMAINDER TRUST (4)

DIRECT CONTROLLING ENTITY: COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.

NAME OF RELATED ORGANIZATION:

CHARITABLE LEAD TRUST (1)

DIRECT CONTROLLING ENTITY: COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2016 or other tax year beginning JUL 1, 2016, and ending JUN 30, 2017

2016

Department of the Treasury
Internal Revenue Service

▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p>	Print or Type	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 1110 PINE RIDGE ROAD, NO. 200</p> <p>City or town, state or province, country, and ZIP or foreign postal code NAPLES, FL 34108</p>	<p>D Employer identification number (Employees' trust, see instructions.) 59-2396243</p> <p>E Unrelated business activity codes (See instructions.) 525990</p>
---	---------------------	---	--

C Book value of all assets at end of year: **152,408,257.**

F Group exemption number (See instructions.)

G Check organization type: 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity. ▶ **SEE STATEMENT 1**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **LISETTE HOLMES** Telephone number ▶ **239-649-5000**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales			
b Less returns and allowances			
c Balance	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	3,561.		3,561.
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule)	12		
13 Total. Combine lines 3 through 12	3,561.		3,561.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14		
15 Salaries and wages	15		
16 Repairs and maintenance	16		
17 Bad debts	17		
18 Interest (attach schedule)	18		
19 Taxes and licenses	19		
20 Charitable contributions (See instructions for limitation rules) STATEMENT 3 SEE STATEMENT 2	20		256.
21 Depreciation (attach Form 4562)	21		
22 Less depreciation claimed on Schedule A and elsewhere on return	22a		
23 Depletion	23		
24 Contributions to deferred compensation plans	24		
25 Employee benefit programs	25		
26 Excess exempt expenses (Schedule I)	26		
27 Excess readership costs (Schedule J)	27		
28 Other deductions (attach schedule)	28		
29 Total deductions. Add lines 14 through 28	29		256.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30		3,305.
31 Net operating loss deduction (limited to the amount on line 30)	31		
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32		3,305.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33		1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34		2,305.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:		
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____		
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____		
c Income tax on the amount on line 34	35c	346.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	36	
37 Proxy tax. See instructions	37	
38 Alternative minimum tax	38	
39 Tax on Non-Compliant Facility Income. See instructions	39	
40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40	346.

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a	
b Other credits (see instructions)	41b	
c General business credit. Attach Form 3800	41c	
d Credit for prior year minimum tax (attach Form 8801 or 8827)	41d	
e Total credits. Add lines 41a through 41d	41e	
42 Subtract line 41e from line 40	42	346.
43 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	43	
44 Total tax. Add lines 42 and 43	44	346.
45a Payments: A 2015 overpayment credited to 2016	45a	
b 2016 estimated tax payments	45b	
c Tax deposited with Form 8868	45c	100.
d Foreign organizations: Tax paid or withheld at source (see instructions)	45d	
e Backup withholding (see instructions)	45e	
f Credit for small employer health insurance premiums (Attach Form 8941)	45f	
g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	45g	
46 Total payments. Add lines 45a through 45g	46	100.
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	47	
48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	48	246.
49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49	
50 Enter the amount of line 49 you want: Credited to 2017 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	50	

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51 At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
		X
52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
53 Enter the amount of tax-exempt interest received or accrued during the tax year \$		

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

Signature of officer _____ Date _____ CEO _____ Title _____

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

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	MARTIN REDOVAN, CPA	MARTIN REDOVAN, CPA	02/05/18		P01281045
	Firm's name CLIFTONLARSONALLEN LLP	Firm's EIN 41-0746749			
	Firm's address 4099 TAMiami TRAIL N., STE. 300 NAPLES, FL 34103		Phone no. 239-262-8686		

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► **N/A**

1	Inventory at beginning of year	1		6	Inventory at end of year	6			
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7			
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?			Yes	No
4a	Additional section 263A costs (attach schedule)	4a							
b	Other costs (attach schedule)	4b							
5	Total. Add lines 1 through 4b	5							

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ... 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
Total dividends-received deductions included in column 8				0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

COMMUNITY FOUNDATION OF

Form 990-T (2016) COLLIER COUNTY, INC.

59-2396243

Page 5

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Form 990-T (2016)

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT	1
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INVESTMENT IN A PRIVATE EQUITY FUND WHICH GENERATES UNRELATED BUSINESS INCOME TO FORM 990-T, PAGE 1

FORM 990-T	CONTRIBUTIONS	STATEMENT	2
------------	---------------	-----------	---

DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CASH ONLY	N/A	6,695,546.
TOTAL TO FORM 990-T, PAGE 1, LINE 20		6,695,546.

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 3

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2011	
FOR TAX YEAR 2012	
FOR TAX YEAR 2013	
FOR TAX YEAR 2014	
FOR TAX YEAR 2015	9,406,889

TOTAL CARRYOVER	9,406,889
-----------------	-----------

TOTAL CURRENT YEAR 10% CONTRIBUTIONS	6,695,546
--------------------------------------	-----------

TOTAL CONTRIBUTIONS AVAILABLE	16,102,435
-------------------------------	------------

TAXABLE INCOME LIMITATION AS ADJUSTED	256
---------------------------------------	-----

EXCESS 10% CONTRIBUTIONS	16,102,179
--------------------------	------------

EXCESS 100% CONTRIBUTIONS	0
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TOTAL EXCESS CONTRIBUTIONS	16,102,179
----------------------------	------------

ALLOWABLE CONTRIBUTIONS DEDUCTION	256
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TOTAL CONTRIBUTION DEDUCTION	256
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FORM 8621

ADDITIONAL INFORMATION

STATEMENT 5

NAME OF PASSIVE FOREIGN INVESTMENT COMPANY OR QUALIFIED ELECTING FUND

AG OWL SELECT OFFSHORE, LTD.

CLASS OF STOCK	NUMBER OF SHARES AT BEGINING OF YEAR	CHANGE IN NUMBER OF SHARES	DATE OF CHANGE	NUMBER OF SHARES AT END OF YEAR	VALUE OF SHARES HELD AT END OF YEAR
ORDINARY					394,858.00

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STATE COPY

**Florida Tentative Income / Franchise Tax Return
and Application for Extension of Time to File Return**

1019
F-7004
R. 01/17
Rule 12C-1.051
Florida Administrative Code
Effective 01/15

Information for Filing Florida Form F-7004

F-7004
R. 01/17

When to file - File this application on or before the original due date of the taxpayer's corporate income tax or partnership return. Do not file before the end of the tax year.

To file online go to www.myflorida.com/dor

Penalties for failure to pay tax - If you are required to pay tax with this application, failure to pay will void any extension of time and subject the taxpayer to penalties and interest for failure to file a timely return(s) and pay all taxes due. There is also a penalty for a late-filed return when no tax is due.

Signature - A person authorized by the taxpayer must sign Florida Form F-7004. They must be (a) an officer or partner of the taxpayer, (b) a person currently enrolled to practice before the Internal Revenue Service (IRS), or (c) an attorney or Certified Public Accountant qualified to practice before the IRS under Public Law 89-332.

The Florida Form F-7004 must be filed - To receive an extension of time to file your Florida return, Florida Form F-7004 must be timely filed, even if you have already filed a federal extension request. A federal extension by itself does not extend the time to file a Florida return.

An extension for Florida tax purposes may be granted, even though no federal extension was granted. See Rule 12C-1.0222, F.A.C., for information on the requirements that must be met for your request for an extension of time to be valid.

Make checks payable and mail to:

FLORIDA DEPARTMENT OF REVENUE, 5050 W TENNESSEE STREET, TALLAHASSEE FL 32399-0135

A. If applicable, state the reason you need the extension:

B. Type of federal return filed: 990-T
Contact person for questions: EILEEN CONNOLLY-KEE
Telephone number: 239-649-5000

Extension of Time Request	Florida Income/Franchise Tax Due
1. Tentative amount of Florida tax for the taxable year	1. 0.00
2. LESS: Estimated tax payments for the taxable year	2. 0.00
3. Balance due - You must pay 100% of the tax tentatively determined due with this extension request.	3. 0.00

Transfer the amount on Line 3 to **Tentative tax due**.

644961
10-06-16

**Florida Tentative Income / Franchise Tax Return
and Application for Extension of Time to File Return**

1019
F-7004
R. 01/15

Name **COMMUNITY FOUNDATION OF
COLLIER COUNTY, INC.**
Address **1110 PINE RIDGE ROAD**
City/State/ZIP **NAPLES, FL 34108**

FEIN **59-2396243**
Taxable Year End 06/30/17
FILING STATUS Partnership Corporation
All other federal returns to be filed _____
Tentative Tax Due \$ **0.00**

Under penalties of perjury, I declare that I have been authorized by the above named taxpayer to make this application, that to the best of my knowledge and belief the statements herein are true and correct:

Sign Here: _____

Date: _____

592396243	0	0	0
1	0	0	0
20170630	0	0	0
0	0	0	0
012	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0

0

8733 0 20170630 0002005030 6 3592396243 0000 6



Florida Corporate Income/Franchise Tax Return

FEIN 59-2396243

F-1120, R. 01/17 1019

For calendar year 2016 or tax year beginning JUL 1, 2016 ending JUN 30, 2017

Rule 12C-1.051 Florida Administrative Code Effective 01/17

873302017063000020050372359239624300006

Name COMMUNITY FOUNDATION OF COLLIER COUNTY, INC. Address 1110 PINE RIDGE ROAD City/State/ZIP NAPLES, FL 34108

Check here if any changes have been made to name or address

Computation of Florida Net Income Tax

Table with 19 rows for tax computation. Line 1: Federal taxable income 2,305.00. Line 2: State income taxes deducted. Line 3: Additions to federal taxable income. Line 4: Total of Lines 1, 2 and 3 2,305.00. Line 5: Subtractions from federal taxable income. Line 6: Adjusted federal income 2,305.00. Line 7: Florida portion of adjusted federal income 2,305.00. Line 8: Nonbusiness income allocated to Florida. Line 9: Florida exemption 2,305.00. Line 10: Florida net income 0.00. Line 11: Tax due: 5.5% of Line 10 or amount from Schedule VI, whichever is greater 0.00. Line 12: Credits against the tax. Line 13: Total corporate income/franchise tax due 0.00. Line 14: a) Penalty: F-2220, b) Other, c) Interest: F-2220, d) Other, Line 14 Total. Line 15: Total of Lines 13 and 14. Line 16: Payment credits: Estimated tax payments 16a \$, Tentative tax payment 16b \$ 0.00. Line 17: Total amount due: Subtract Line 16 from Line 15. If positive, enter amount due here and on payment coupon. If the amount is negative (overpayment), enter on Line 18 and/or Line 19 0.00. Line 18: Credit: Enter amount of overpayment credited to next year's estimated tax here and on payment coupon. Line 19: Refund: Enter amount of overpayment to be refunded here and on payment coupon.

Florida Corporate Income Tax Return

1019 F-1120 R. 01/17

Do Not Detach

YEAR ENDING 06/30/17

To ensure proper credit to your account, enclose your check with tax return when mailing.

Name COMMUNITY FOUNDATION OF COLLIER COUNTY, INC. Address 1110 PINE RIDGE ROAD City/State/ZIP NAPLES, FL 34108

If 6/30 year end, return is due 1st day of the 4th month after the close of the taxable year, otherwise return is due 1st day of the 5th month after the close of the taxable year.

Table with 4 columns: Identification number, Amount, and other values. Row 1: 592396243, 0, 0, 0. Row 2: 20160701, 0, 0, 0. Row 3: 20170630, 230500, 0, 0. Row 4: 00000000, 0.000000, 0, 0. Row 5: 012, 0, 0, 0. Row 6: 202, 0, 0, 0. Row 7: 230500, 0, 0, 0. Row 8: 0, 230500, 0, 0.



COMMUNITY FOUNDATION OF COLLIER COUN

1019

F-1120

R. 01/17

Page 2

FEIN 59-2396243

06/30/17

This return is considered incomplete unless a copy of the federal return is attached.

If your return is not signed, or improperly signed and verified, it will be subject to a penalty. The statute of limitations will not start until your return is properly signed and verified. Your return must be completed in its entirety.

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

Sign here, Preparer's signature, Date, Title, Preparer's PTIN, Firm's name and address, FEIN, ZIP

All Taxpayers Must Answer Questions A through M Below - See Instructions

- A. State of incorporation: FLORIDA
B. Florida Secretary of State document number: N00430
C. Florida consolidated return? YES NO X
D. Initial return Final return
E. Taxpayer election section (s.) 220.03(5), Florida Statutes (F.S.) X General Rule
F. Principal Business Activity Code (as pertains to Florida) 525990
G. A Florida extension of time was timely filed? YES NO X
H-1. Corporation is a member of a controlled group? YES NO X
H-2. Part of a federal consolidated return? YES NO X
H-3. The federal common parent has sales, property, or payroll in Florida? YES NO X
I. Location of corporate books:
J. Taxpayer is a member of a Florida partnership or joint venture? YES NO X
K. Enter date of latest IRS audit:
L. Contact person concerning this return: EILEEN CONNOLLY-KEES
M. Type of federal return filed 1120 1120S or 990-T

Where to Send Payments and Returns

Make check payable to and mail with return to: Florida Department of Revenue, 5050 W Tennessee Street, Tallahassee FL 32399-0135

If you are requesting a refund (Line 19), send your return to: Florida Department of Revenue, PO Box 6440, Tallahassee FL 32314-6440

Remember:

- Make your check payable to the Florida Department of Revenue.
Write your FEIN on your check.
Sign your check and return.
Attach a copy of your federal return.
Attach a copy of your Florida Form F-7004 (extension of time) if applicable.



NAME COMMUNITY FOUNDATION OF

FEIN 59-2396243

TAXABLE YEAR ENDING 06/30/17

Schedule I - Additions and/or Adjustments to Federal Taxable Income	Column (a) For page 1	Column (b) For Schedule VI, AMT
1. Interest excluded from federal taxable income (see instructions)	1.	1.
2. Undistributed net long-term capital gains (see instructions)	2.	2.
3. Net operating loss deduction (attach schedule)	3.	3.
4. Net capital loss carryover (attach schedule)	4.	4.
5. Excess charitable contribution carryover (attach schedule)	5.	5.
6. Employee benefit plan contribution carryover (attach schedule)	6.	6.
7. Enterprise zone jobs credit (Florida Form F-1156Z)	7.	7.
8. Ad valorem taxes allowable as enterprise zone property tax credit (Florida Form F-1158Z)	8.	8.
9. Guaranty association assessment(s) credit	9.	9.
10. Rural and/or urban high crime area job tax credits	10.	10.
11. State housing tax credit	11.	11.
12. Credit for contributions to nonprofit scholarship funding organizations	12.	12.
13. Renewable energy tax credits	13.	13.
14. New markets tax credit	14.	14.
15. Entertainment industry tax credit	15.	15.
16. Credits for spaceflight projects	16.	16.
17. Research and Development tax credit	17.	17.
18. Energy Economic Zone tax credit	18.	18.
19. s. 168(k) IRC special bonus depreciation	19.	19.
20. Other additions (attach schedule)	20.	20.
21. Total Lines 1 through 20 in Columns (a) and (b). Enter totals for each column on Line 21. Column (a) total is also entered on Page 1, Line 3 (of Florida Form F-1120). Column (b) total is also entered on Schedule VI, Line 3.	21.	21.

Schedule II - Subtractions from Federal Taxable Income	Column (a) For page 1	Column (b) For Schedule VI, AMT
1. Gross foreign source income less attributable expenses (a) Enter s. 78, IRC income \$ _____ (b) plus s. 862, IRC dividends \$ _____ (c) less direct and indirect expenses \$ _____ Total ▶	1.	1.
2. Gross subpart F income less attributable expenses (a) Enter s. 951, IRC subpart F income \$ _____ (b) less direct and indirect expenses \$ _____ Total ▶	2.	2.
Note: Taxpayers doing business outside Florida enter zero on Lines 3 through 6, and complete Schedule IV.		
3. Florida net operating loss carryover deduction (see instructions)	3.	3.
4. Florida net capital loss carryover deduction (see instructions)	4.	4.
5. Florida excess charitable contribution carryover (see instructions)	5.	5.
6. Florida employee benefit plan contribution carryover (see instructions)	6.	6.
7. Nonbusiness income (from Schedule R, Line 3)	7.	7.
8. Eligible net income of an international banking facility (see instructions)	8.	8.
9. s. 179, IRC expense (see instructions)	9.	9.
10. s. 168(k), IRC special bonus depreciation (see instructions)	10.	10.
11. Other subtractions (attach statement)	11.	11.
12. Total Lines 1 through 11 in Columns (a) and (b). Enter totals for each column on Line 12. Column (a) total is also entered on Page 1, Line 5 (of Florida Form F-1120). Column (b) total is also entered on Schedule VI, Line 5.	12.	12.



NAME COMMUNITY FOUNDATION OF

FEIN 59-2396243

TAXABLE YEAR ENDING 06/30/17

Schedule III - Apportionment of Adjusted Federal Income					
III-A For use by taxpayers doing business outside Florida, except those providing insurance or transportation services.					
	(a) WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)	(c) Col. (a) ÷ Col. (b) Rounded to Six Decimal Places	(d) Weight <small>If any factor in Column (b) is zero, see note on Pg 9 of the instructions.</small>	(e) Weighted Factors Rounded to Six Decimal Places
1. Property (Schedule III-B below)				X 25% or	
2. Payroll				X 25% or	
3. Sales (Schedule III-C below)				X 50% or	
4. Apportionment fraction (Sum of Lines 1, 2, and 3, Column [e]). Enter here and on Schedule IV, Line 2.					1.000000
III-B For use in computing average value of property (use original cost).	WITHIN FLORIDA		TOTAL EVERYWHERE		
	a. Beginning of year	b. End of year	c. Beginning of year	d. End of year	
1. Inventories of raw material, work in process, finished goods					
2. Buildings and other depreciable assets					
3. Land owned					
4. Other tangible and intangible (financial org. only) assets (attach schedule)					
5. Total (Lines 1 through 4)					
6. Average value of property					
a. Add Line 5, Columns (a) and (b) and divide by 2 (for within Florida) 6a.	_____				
b. Add Line 5, Columns (c) and (d) and divide by 2 (for total everywhere) 6b.	_____				
7. Rented property (8 times net annual rent)					
a. Rented property in Florida 7a.	_____				
b. Rented property Everywhere 7b.	_____				
8. Total (Lines 6 and 7). Enter on Line 1, Schedule III-A, Columns (a) and (b).					
a. Enter Lines 6 a. plus 7 a. and also enter on Schedule III-A, Line 1, Column (a) for total average property in Florida 8a.	_____				
b. Enter Lines 6 b. plus 7 b. and also enter on Schedule III-A, Line 1, Column (b) for total average property Everywhere 8b.	_____				
III-C Sales Factor	(a) TOTAL WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)			
1. Sales (gross receipts)	N/A				
2. Sales delivered or shipped to Florida purchasers		N/A			
3. Other gross receipts (rents, royalties, interest, etc. when applicable)					
4. TOTAL SALES (Enter on Schedule III-A, Line 3, Columns [a] and [b])					
III-D Special Apportionment Fractions (see instructions)	(a) WITHIN FLORIDA	(b) TOTAL EVERYWHERE	(c) FLORIDA Fraction [(a) ÷ (b)] Rounded to Six Decimal Places		
1. Insurance companies (attach copy of Schedule T - Annual Report)					
2. Transportation services					

Schedule IV - Computation of Florida Portion of Adjusted Federal Income		
	Column (a) Adjusted Federal Income	Column (b) Adjusted AMT Income
1. Apportionable adjusted federal income from Page 1, Line 6 (or Line 6, Schedule VI for AMT in Col. [b])	1.	1.
2. Florida apportionment fraction (Schedule III-A, Line 4 or Schedule III-D, Column [c])	2.	2.
3. Tentative apportioned adjusted federal income (multiply Line 1 by Line 2)	3.	3.
4. Net operating loss carryover apportioned to Florida (attach schedule; see instructions)	4.	4.
5. Net capital loss carryover apportioned to Florida (attach schedule; see instructions)	5.	5.
6. Excess charitable contribution carryover apportioned to Florida (attach schedule; see instructions)	6.	6.
7. Employee benefit plan contribution carryover apportioned to Florida (attach schedule; see instructions)	7.	7.
8. Total carryovers apportioned to Florida (add Lines 4 through 7)	8.	8.
9. Adjusted federal income apportioned to Florida (Line 3 less Line 8; see instructions)	9.	9.



NAME COMMUNITY FOUNDATION OF

FEIN 59-2396243

TAXABLE YEAR ENDING 06/30/17

Schedule V - Credits Against the Corporate Income/Franchise Tax	
1. Florida health maintenance organization credit (attach assessment notice)	1.
2. Capital investment tax credit (attach certification letter)	2.
3. Enterprise zone jobs credit (from Florida Form F-1156Z attached)	3.
4. Community contribution tax credit (attach certification letter)	4.
5. Enterprise zone property tax credit (from Florida Form F-1158Z attached)	5.
6. Rural job tax credit (attach certification letter)	6.
7. Urban high crime area job tax credit (attach certification letter)	7.
8. Emergency excise tax (EET) credit (see instructions and attach schedule)	8.
9. Hazardous waste facility tax credit	9.
10. Florida alternative minimum tax (AMT) credit	10.
11. Contaminated site rehabilitation tax credit (attach tax credit certificate)	11.
12. State housing tax credit (attach certification letter)	12.
13. Credit for contributions to nonprofit scholarship funding organizations (attach certificate)	13.
14. Florida renewable energy technologies investment tax credit	14.
15. Florida renewable energy production tax credit	15.
16. New markets tax credit	16.
17. Entertainment industry tax credit	17.
18. Credits for spaceflight projects	18.
19. Research and Development tax credit	19.
20. Energy Economic Zone tax credit	20.
21. Other credits (attach schedule)	21.
22. Total credits against the tax (sum of Lines 1 through 21 not to exceed the amount on Page 1, Line 11). Enter total credits on Page 1, Line 12	22.

Schedule VI - Computation of Florida Alternative Minimum Tax (AMT)	
1. Federal alternative minimum taxable income after exemption (attach federal Form 4626)	1.
2. State income taxes deducted in computing federal taxable income (attach schedule)	2.
3. Additions to federal taxable income (from Schedule I, Column [b])	3.
4. Total of Lines 1 through 3	4.
5. Subtractions from federal taxable income (from Schedule II, Column [b])	5.
6. Adjusted federal alternative minimum taxable income (Line 4 minus Line 5)	6.
7. Florida portion of adjusted federal income (see instructions)	7.
8. Nonbusiness income allocated to Florida (see instructions)	8.
9. Florida exemption	9.
10. Florida net income (Line 7 plus Line 8 minus Line 9)	10.
11. Florida alternative minimum tax due (3.3% of Line 10). See instructions for Page 1, Line 11	11.



NAME COMMUNITY FOUNDATION OF FEIN 59-2396243 TAXABLE YEAR ENDING 06/30/17

Schedule R - Nonbusiness Income

Line 1. Nonbusiness income (loss) allocated to Florida

Type	Amount
_____	_____
_____	_____
Total allocated to Florida	1. _____
(Enter here and on Page 1, Line 8 or Schedule VI, Line 8 for AMT)	

Line 2. Nonbusiness income (loss) allocated elsewhere

Type	State/country allocated to	Amount
_____	_____	_____
_____	_____	_____
Total allocated elsewhere		2. _____

Line 3. Total nonbusiness income

Grand total. Total of Lines 1 and 2	3. _____
(Enter here and on Schedule II, Line 7)	

**Estimated Tax Worksheet
For Taxable Years Beginning On or After January 1, 2017**

1. Florida income expected in taxable year	1.	\$	2,305.00
2. Florida exemption \$50,000 (Members of a controlled group, see instructions on Page 14 of Florida Form F-1120N)	2.	\$	2,305.00
3. Estimated Florida net income (Line 1 less Line 2)	3.	\$	_____
4. Total Estimated Florida tax (5.5% of Line 3)*		\$	_____
Less: Credits against the tax	4.	\$	_____
* Taxpayers subject to federal alternative minimum tax must compute Florida alternative minimum tax at 3.3% and enter the greater of these two computations.			
5. Computation of installments:			
Payment due dates and	If 6/30 year end, last day of 4th month,		
payment amounts:	otherwise last day of 5th month - Enter 0.25 of Line 4		
	5a.	_____	_____
	5b.	_____	_____
	5c.	_____	_____
	5d.	_____	_____

NOTE: If your estimated tax should change during the year, you may use the amended computation below to determine the amended amounts to be entered on the declaration (Florida Form F-1120ES).

1. Amended estimated tax	1.	\$	_____
2. Less:			
(a) Amount of overpayment from last year elected for credit to estimated tax and applied to date	2a.	\$	_____
(b) Payments made on estimated tax declaration (Florida Form F-1120ES)	2b.	\$	_____
(c) Total of Lines 2(a) and 2(b)	2c.	\$	_____
3. Unpaid balance (Line 1 less Line 2(c))	3.	\$	_____
4. Amount to be paid (Line 3 divided by number of remaining installments)	4.	\$	_____



COMMUNITY FOUNDATION OF COLLIER COUNTY,

1019
F-1120
R. 01/17

FEIN 59-2396243
DATA Page 1

592396243	0	0	0
230500	0	0	0
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COMMUNITY FOUNDATION OF COLLIER COUNTY,

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F-1120
R. 01/17

FEIN 59-2396243
DATA Page 2

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Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2016 or other tax year beginning JUL 1, 2016, and ending JUN 30, 2017.

2016

Department of the Treasury
Internal Revenue Service

▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p>	Print or Type	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 1110 PINE RIDGE ROAD, NO. 200</p> <p>City or town, state or province, country, and ZIP or foreign postal code NAPLES, FL 34108</p>	<p>D Employer identification number (Employees' trust, see instructions.) 59-2396243</p> <p>E Unrelated business activity codes (See instructions.) 525990</p>
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C Book value of all assets at end of year: **152,408,257.**

F Group exemption number (See instructions.)

G Check organization type: 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity. ▶ **SEE STATEMENT 1**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
 If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **LISETTE HOLMES** Telephone number ▶ **239-649-5000**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales			
b Less returns and allowances			
c Balance	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5 3,561.		3,561.
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule)	12		
13 Total. Combine lines 3 through 12	13 3,561.		3,561.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14		
15 Salaries and wages	15		
16 Repairs and maintenance	16		
17 Bad debts	17		
18 Interest (attach schedule)	18		
19 Taxes and licenses	19		
20 Charitable contributions (See instructions for limitation rules) STATEMENT 3 SEE STATEMENT 2	20		256.
21 Depreciation (attach Form 4562)	21		
22 Less depreciation claimed on Schedule A and elsewhere on return	22a		
23 Depletion	23		
24 Contributions to deferred compensation plans	24		
25 Employee benefit programs	25		
26 Excess exempt expenses (Schedule I)	26		
27 Excess readership costs (Schedule J)	27		
28 Other deductions (attach schedule)	28		
29 Total deductions. Add lines 14 through 28	29		256.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30		3,305.
31 Net operating loss deduction (limited to the amount on line 30)	31		
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32		3,305.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33		1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34		2,305.

Part III Tax Computation			
35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:			
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):			
(1) \$	(2) \$	(3) \$	
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$			
(2) Additional 3% tax (not more than \$100,000) \$			
c Income tax on the amount on line 34			35c 346.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:			
<input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)			36
37 Proxy tax. See instructions			37
38 Alternative minimum tax			38
39 Tax on Non-Compliant Facility Income. See instructions			39
40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies			40 346.

Part IV Tax and Payments			
41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		41a	
b Other credits (see instructions)		41b	
c General business credit. Attach Form 3800		41c	
d Credit for prior year minimum tax (attach Form 8801 or 8827)		41d	
e Total credits. Add lines 41a through 41d		41e	
42 Subtract line 41e from line 40		42	346.
43 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)		43	
44 Total tax. Add lines 42 and 43		44	346.
45a Payments: A 2015 overpayment credited to 2016		45a	
b 2016 estimated tax payments		45b	
c Tax deposited with Form 8868		45c	100.
d Foreign organizations: Tax paid or withheld at source (see instructions)		45d	
e Backup withholding (see instructions)		45e	
f Credit for small employer health insurance premiums (Attach Form 8941)		45f	
g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total		45g	
46 Total payments. Add lines 45a through 45g		46	100.
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>		47	
48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed		48	246.
49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid		49	
50 Enter the amount of line 49 you want: Credited to 2017 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>		50	

Part V Statements Regarding Certain Activities and Other Information (see instructions)			
51 At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here		Yes	No
			X
52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.			X
53 Enter the amount of tax-exempt interest received or accrued during the tax year \$			

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

Sign Here	Signature of officer _____	Date _____	CEO	Title _____	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	MARTIN REDOVAN, CPA	MARTIN REDOVAN, CPA	02/05/18		P01281045
	Firm's name ▶ CLIFTONLARSONALLEN LLP	Firm's address ▶ 4099 TAMiami TRAIL N., STE. 300 NAPLES, FL 34103		Firm's EIN ▶ 41-0746749	Phone no. 239-262-8686

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► **N/A**

1	Inventory at beginning of year	1		6	Inventory at end of year	6			
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2				
3	Cost of labor	3		7					
4a	Additional section 263A costs (attach schedule)	4a		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?			Yes	No
b	Other costs (attach schedule)	4b							
5	Total. Add lines 1 through 4b	5							

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ... 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
Total dividends-received deductions included in column 8				0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

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Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

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FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 3

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2011	
FOR TAX YEAR 2012	
FOR TAX YEAR 2013	
FOR TAX YEAR 2014	
FOR TAX YEAR 2015	9,406,889

TOTAL CARRYOVER	9,406,889
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TOTAL CURRENT YEAR 10% CONTRIBUTIONS	6,695,546
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TOTAL CONTRIBUTIONS AVAILABLE	16,102,435
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TAXABLE INCOME LIMITATION AS ADJUSTED	256
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EXCESS 10% CONTRIBUTIONS	16,102,179
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EXCESS 100% CONTRIBUTIONS	0
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TOTAL EXCESS CONTRIBUTIONS	16,102,179
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ALLOWABLE CONTRIBUTIONS DEDUCTION	256
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TOTAL CONTRIBUTION DEDUCTION	256
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