

HILL, BARTH & KING LLC
3838 TAMiami TRAIL NORTH, SUITE 200
NAPLES, FL 34103

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

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CLIENT'S COPY

EXTENDED TO MAY 15, 2020

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

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	G Gross receipts \$ 98,339,146.
	1110 PINE RIDGE ROAD		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code NAPLES, FL 34108		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 1110 PINE RIDGE ROAD, SUITE 200, NAPLES, FL		H(c) Group exemption number ▶	
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: WORKING WITH DONORS, WE INSPIRE IDEAS, IGNITE ACTION, AND MOBILIZE RESOURCES TO ADDRESS COMMUNITY		
	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	20
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	11
	6 Total number of volunteers (estimate if necessary)	6	75
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-12,746.
b Net unrelated business taxable income from Form 990-T, line 38	7b	-12,746.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	20,136,670.	36,888,134.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	171,107.	199,102.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,036,574.	8,191,446.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	34,388.	-84,718.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	29,378,739.	45,193,964.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	15,606,555.	13,674,780.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	1,221,728.	1,285,055.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 398,873.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	812,907.	846,294.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	17,641,190.	15,806,129.
19 Revenue less expenses. Subtract line 18 from line 12	11,737,549.	29,387,835.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	168,464,393.	199,975,672.
	22 Net assets or fund balances. Subtract line 21 from line 20	56,395,568.	62,715,641.
		112,068,825.	137,260,031.

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 BARRY F. HOLES	Preparer's signature BARRY F. HOLES	Date 02/05/20	Check if self-employed <input type="checkbox"/>	PTIN P00055337
	Firm's name ▶ HILL, BARTH & KING LLC	Firm's EIN ▶ 34-1897225	Phone no. (239) 263-2111		
Firm's address ▶ 3838 TAMiami TRAIL NORTH, SUITE 200 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 (2018)

59-2396243 Page 2

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: THE COMMUNITY FOUNDATION OF COLLIER COUNTY'S MISSION IS "WORKING WITH DONORS, WE INSPIRE IDEAS, IGNITE ACTION, AND MOBILIZE RESOURCES TO ADDRESS COMMUNITY NEEDS IN COLLIER COUNTY. FOR GOOD. FOREVER." THE COMMUNITY FOUNDATION OF COLLIER COUNTY IS A PUBLIC CHARITY ESTABLISHED

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 [X] 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 [X] 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 \$ 13,351,631. including grants of \$ 12,978,077.) (Revenue \$ 199,102.) DONOR SERVICES SEE SCHEDULE O.

4b (Code:) (Expenses \$ 1,087,270. including grants of \$ 683,703.) (Revenue \$) COMMUNITY GRANTMAKING SEE SCHEDULE O.

4c (Code:) (Expenses \$ 102,960. including grants of \$ 13,000.) (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 14,541,861.

Form 990 (2018)

**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
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	

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

Form 990 (2018)

59-2396243 Page 4

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 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>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	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>	26	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>	27	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>	28a	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>	28b	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>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 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>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	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>	32	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>	33 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>	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 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>	35b	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>	36	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>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	29
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		11
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	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
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	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
b	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).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	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?			
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12		
	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	10b		
11 Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders		
	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?		
	13a		
Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
	13b		
c	Enter the amount of reserves on hand		
	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X
	If "Yes," see instructions and file Form 4720, Schedule N.		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		X
	If "Yes," complete Form 4720, Schedule O.		

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

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		20
b	Enter the number of voting members included in line 1a, above, who are independent	1b		20
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		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?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		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?	7a		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?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	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	9		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?	10a		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?	11a	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	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	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	15a	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ FL**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 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.**

Form 990 (2018)

59-2396243 Page 7

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) DR. DAVID WATSON DIRECTOR	1.00	X					0.	0.	0.	
(2) MR. BRAD GALBRAITH DIRECTOR	1.00	X					0.	0.	0.	
(3) MR. BRADLEY HAVEMEIER DIRECTOR	1.00	X					0.	0.	0.	
(4) MR. GEORGE ABOUNADER TREASURER	2.00	X		X			0.	0.	0.	
(5) MR. JAMES F. MOREY DIRECTOR	1.00	X					0.	0.	0.	
(6) MR. JERROL TOSTRUD CHAIR-ELECT	2.00	X		X			0.	0.	0.	
(7) MR. JOHN COSTIGAN DIRECTOR	1.00	X					0.	0.	0.	
(8) MR. JOHN K. PAUL DIRECTOR	1.00	X					0.	0.	0.	
(9) MR. JORGE CAMINA DIRECTOR	1.00	X					0.	0.	0.	
(10) MR. ROBERT FUNDERBURG DIRECTOR	1.00	X					0.	0.	0.	
(11) MR. T. ROBERT BULLOCH DIRECTOR	1.00	X					0.	0.	0.	
(12) MR. TODD BRADLEY DIRECTOR	1.00	X					0.	0.	0.	
(13) MS. JENNIFER WALKER IMMEDIATE PAST CHAIR	2.00	X		X			0.	0.	0.	
(14) MS. KATHLEEN KAPNICK DIRECTOR	1.00	X					0.	0.	0.	
(15) MS. LYNN MARTIN DIRECTOR	1.00	X					0.	0.	0.	
(16) MS. MARSHA MURPHY SECRETARY	2.00	X		X			0.	0.	0.	
(17) MS. MARY BETH JOHNS DIRECTOR	1.00	X					0.	0.	0.	

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

Form 990 (2018)

59-2396243 Page **8**

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) MS. MARY LYNN MYERS CHAIR	4.00	X		X				0.	0.	0.
(19) MS. MYRA WILLIAMS DIRECTOR	1.00	X						0.	0.	0.
(20) MS. PATRICIA AIKEN-O'NEILL DIRECTOR	1.00	X						0.	0.	0.
(21) MS. EILEEN CONNOLLY-KEESLER PRESIDENT & CEO	40.00			X				200,500.	0.	38,231.
(22) MS. LINDSEY TOUCHETTE VP OF DEVELOPMENT	40.00			X				117,525.	0.	20,960.
(23) MS. LISETTE HOLMES CFO	40.00			X				125,650.	0.	27,454.
1b Sub-total								443,675.	0.	86,645.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								443,675.	0.	86,645.

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 3

	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

COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.

Form 990 (2018)

59-2396243 Page 9

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	824,342.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	36,063,792.			
	g Noncash contributions included in lines 1a-1f: \$		23,285,895.			
	h Total. Add lines 1a-1f		36,888,134.			
	Program Service Revenue	2 a ADMINISTRATIVE FEES	Business Code	812900	199,102.	199,102.
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			199,102.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,981,937.		2,981,937.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real	151,577.			
		(ii) Personal				
		b Less: rental expenses	136,471.			
		c Rental income or (loss)	15,106.			
	d Net rental income or (loss)		15,106.		15,106.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	52,721,304.	5,298,971.		
		(ii) Other				
		b Less: cost or other basis and sales expenses	47,510,766.	5,300,000.		
		c Gain or (loss)	5,210,538.	-1,029.		
	d Net gain or (loss)		5,209,509.		5,209,509.	
	8 a Gross income from fundraising events (not including \$ 824,342. of contributions reported on line 1c). See Part IV, line 18	a	87,845.			
		b Less: direct expenses	197,945.			
c Net income or (loss) from fundraising events			-110,100.		-110,100.	
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 EXCLUDED REVENUE		812900	23,022.		23,022.	
	b UBI FROM INVESTMENT K-1'S	900099	-12,746.	-12,746.		
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		10,276.			
12 Total revenue. See instructions		45,193,964.	199,102.	-12,746.	8,119,474.	

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

Form 990 (2018)

59-2396243 Page **10**

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	12,060,524.	12,060,524.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,118,604.	1,118,604.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	495,652.	495,652.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	443,675.	234,066.	124,054.	85,555.
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	584,156.	317,378.	157,889.	108,889.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	66,522.	34,922.	18,702.	12,898.
9 Other employee benefits	111,385.	60,611.	30,050.	20,724.
10 Payroll taxes	79,317.	42,543.	21,764.	15,010.
11 Fees for services (non-employees):				
a Management				
b Legal	1,863.		1,863.	
c Accounting	26,850.		26,850.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	271,809.		271,809.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	44,921.	8,240.	25,677.	11,004.
12 Advertising and promotion	96,805.	22,519.		74,286.
13 Office expenses	53,718.	27,776.	15,686.	10,256.
14 Information technology	125,259.	64,316.	36,068.	24,875.
15 Royalties				
16 Occupancy	38,194.	19,479.	11,076.	7,639.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	43,933.	23,064.	12,351.	8,518.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	89,260.		89,260.	
23 Insurance	21,847.	11,142.	6,336.	4,369.
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	29,788.	500.	14,644.	14,644.
b LICENSES/TAXES/FEES	1,030.	525.	299.	206.
c RELOCATION EXPENSE	1,017.		1,017.	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	15,806,129.	14,541,861.	865,395.	398,873.
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)

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

Form 990 (2018)

59-2396243 Page **11**

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	10,929,503.	2	29,774,560.
	3 Pledges and grants receivable, net	11,796.	3	4,710.
	4 Accounts receivable, net	151,389.	4	705,176.
	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	140,620.	9	105,303.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,129,237.		
	b Less: accumulated depreciation	10b 405,904.	10c	3,723,333.
	11 Investments - publicly traded securities	108,762,607.	11	117,529,276.
	12 Investments - other securities. See Part IV, line 11	42,434,339.	12	47,901,879.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,243,283.	15	231,435.
16 Total assets. Add lines 1 through 15 (must equal line 34)	168,464,393.	16	199,975,672.	
Liabilities	17 Accounts payable and accrued expenses	123,944.	17	196,331.
	18 Grants payable	233,457.	18	138,781.
	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		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	56,038,167.	25	62,380,529.
	26 Total liabilities. Add lines 17 through 25	56,395,568.	26	62,715,641.
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	109,562,186.	27	136,885,592.
	28 Temporarily restricted net assets	2,506,639.	28	374,439.
	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	112,068,825.	33	137,260,031.	
34 Total liabilities and net assets/fund balances	168,464,393.	34	199,975,672.	

Form **990** (2018)

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

Form 990 (2018)

59-2396243 Page **12**

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	45,193,964.
2 Total expenses (must equal Part IX, column (A), line 25)	2	15,806,129.
3 Revenue less expenses. Subtract line 2 from line 1	3	29,387,835.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	112,068,825.
5 Net unrealized gains (losses) on investments	5	-4,137,349.
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	-59,280.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	137,260,031.

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		

Form **990** (2018)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

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

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

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

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

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

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

COMMUNITY FOUNDATION OF COLLIER

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	16067539.	15364524.	15328216.	20136670.	36888134.	103785083
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	16067539.	15364524.	15328216.	20136670.	36888134.	103785083
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)						26849997.
6 Public support. Subtract line 5 from line 4.						76935086.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	16067539.	15364524.	15328216.	20136670.	36888134.	103785083
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2208586.	1766282.	2514553.	3436763.	3133514.	13059698.
9 Net income from unrelated business activities, whether or not the business is regularly carried on			2,305.	1,326.	0.	3,631.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	16,994.	16,690.	22,935.	32,527.	23,022.	112,168.
11 Total support. Add lines 7 through 10						116960580
12 Gross receipts from related activities, etc. (see instructions)					12	544,176.
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 2018 (line 6, column (f) divided by line 11, column (f))	14	65.78 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	68.49 %
16a 33 1/3% support test - 2018. 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 - 2017. 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 - 2018. 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 - 2017. 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

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c 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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2017 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2017 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2018. 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 - 2017. 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 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? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
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 COLLIER

Schedule A (Form 990 or 990-EZ) 2018 COUNTY, INC.

59-2396243 Page 7

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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

COMMUNITY FOUNDATION OF COLLIER

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.)

Multiple horizontal lines for supplemental information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018
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	205	
2 Aggregate value of contributions to (during year)	23,913,901.	
3 Aggregate value of grants from (during year)	8,144,933.	
4 Aggregate value at end of year	79,596,846.	
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 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

Yes **No**

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

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

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

Yes **No**

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

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

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

1a If the organization elected, as permitted under 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

▶ \$ _____

**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	7,649,547.	END-OF-YEAR MARKET VALUE
(B) HEDGE FUNDS	3,853,589.	END-OF-YEAR MARKET VALUE
(C) FIXED INCOME	9,269,543.	END-OF-YEAR MARKET VALUE
(D) REAL ESTATE INVESTMENT		
(E) FUNDS	1,064,792.	END-OF-YEAR MARKET VALUE
(F) COMMINGLED FUNDS	26,049,408.	END-OF-YEAR MARKET VALUE
(G) PRIVATELY HELD STOCK	15,000.	END-OF-YEAR MARKET VALUE
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	47,901,879.	

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	62,056,897.
(3) ANNUITY OBLIGATIONS	323,632.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	62,380,529.

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	40,745,729.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-4,137,349.
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	-4,137,349.
3	Subtract line 2e from line 1	3	44,883,078.
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	271,809.
b	Other (Describe in Part XIII.)	4b	39,077.
c	Add lines 4a and 4b	4c	310,886.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	45,193,964.

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	15,534,320.
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	15,534,320.
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	271,809.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	271,809.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	15,806,129.

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 XI, LINE 4B - OTHER ADJUSTMENTS:

RELATED PARTY EXPENSES FROM CONSOLIDATED FINANCIALS

NET RENTAL ACTIVITY

RELATED PARTY LOSS ON SALE OF OTHER ASSETS

PART V, LINE 4:

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

PART X, LINE 2:

Part XIII Supplemental Information *(continued)*

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.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

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		289,750.
EAST ASIA & THE PACIFIC	0	0	GRANTS		52,000.
EUROPE	0	0	GRANTS		6,500.
MIDDLE EAST & NORTH AFRICA	0	0	GRANTS		23,650.
RUSSIA & NEIGHBORING STATES	0	0	GRANTS		0.
SOUTH AMERICA	0	0	GRANTS		1,000.
SOUTH ASIA	0	0	GRANTS		2,000.
SUB-SAHARAN AFRICA	0	0	GRANTS		57,652.
3 a Subtotal	0	0			432,552.
b Total from continuation sheets to Part I	0	0			1,100.
c Totals (add lines 3a and 3b)	0	0			433,652.

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

Schedule F (Form 990) 2018

COMMUNITY FOUNDATION OF COLLIER
 COUNTY, INC.

Schedule F (Form 990)

59-2396243

Page 1

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA	0	0	GRANTS		1,100.
Totals					1,100.

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 AND THE CARIBBEAN	OPERATING & RENOVATIONS	153,000.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	GENERAL SUPPORT	55,500.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	WATER & HOSPITAL	45,000.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	GENERAL SUPPORT	40,000.	CHECK	0.		
		SUB-SAHARAN AFRICA	GENERAL SUPPORT	35,000.	CHECK	0.		
		SUB-SAHARAN AFRICA	CLINIC & ANNUAL FUND	13,000.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	GENERAL SUPPORT	10,000.	CHECK	0.		
		MIDDLE EAST & NORTH AFRICA	WORK IN AFGANISTAN & IRAQ	7,500.	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

3 Enter total number of other organizations or entities

11

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	7,000.	CHECK	0.		
		MIDDLE EAST & NORTH AFRICA	GRANTMAKING	7,000.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	GENERAL SUPPORT	6,250.	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; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

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 1, 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 COLLIER

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))	
		CELEBRITY MARTINI GLAS (event type)	WOMEN OF INITIATIVE (event type)	2 (total number)		
Revenue	1	Gross receipts	639,250.	117,966.	154,971.	912,187.
	2	Less: Contributions	628,525.	89,516.	106,301.	824,342.
	3	Gross income (line 1 minus line 2)	10,725.	28,450.	48,670.	87,845.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	11,908.	10,553.	14,709.	37,170.
	7	Food and beverages		32,653.	42,141.	74,794.
	8	Entertainment	35,957.	4,481.	40,398.	80,836.
	9	Other direct expenses	4,689.	228.	228.	5,145.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				197,945.
11	Net income summary. Subtract line 10 from line 3, column (d)				-110,100.	

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			
	2	Cash prizes			
Direct Expenses	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.**

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

OMB No. 1545-0047

2018

**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 - MINNEAPOLIS, MN 55407	04-3643816	501(C)(3)	60,000.	0.			JOHN M. AND SUSAN MORRISON FAMILY FUND
ABLE ACADEMY, INC. 5860 GOLDEN GATE PKWY NAPLES, FL 34116	20-3571795	501(C)(3)	10,000.	0.			TUITION ASSISTANCE
ADOPT-A-NATIVE-ELDER P.O. BOX 3401 PARK CITY, UT 84060	87-0490211	501(C)(3)	20,000.	0.			GENERAL SUPPORT
ALLIANCE FOR PERIOD SUPPLIES OF SWFL - 20110 RIVERBROOKE RUN - ESTERO, FL 33928	83-3151463	501(C)(3)	8,000.	0.			PERIOD SUPPLIES
ALZHEIMER'S ASSOCIATION - NATIONAL OFFICE - 225 N. MICHIGAN AVENUE, FL 17 - CHICAGO, IL 60601	13-3039601	501(C)(3)	250.	0.			FL GULF COAST CHAPTER
ALZHEIMER'S ASSOCIATION - NATIONAL OFFICE - 225 N. MICHIGAN AVENUE, FL 17 - CHICAGO, IL 60601	13-3039601	501(C)(3)	1,000.	0.			RESEARCH EFFORTS IN U.S. POINTER

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **212.**

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

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

Schedule I (Form 990) (2018)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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
ALZHEIMER'S ASSOCIATION - NATIONAL OFFICE - 225 N. MICHIGAN AVENUE, FL 17 - CHICAGO, IL 60601	13-3039601	501(C)(3)	12,870.	0.			UNRESTRICTED USE
AMERICAN BATTLEFIELD TRUST 1156 15TH STREET NW, #900 WASHINGTON, DC 20005	54-1426643	501(C)(3)	9,000.	0.			GENERAL SUPPORT
AMERICAN CANCER SOCIETY 5020 TAMiami TRAIL N., #108 NAPLES, FL 34103	13-1788491	501(C)(3)	24,715.	0.			UNRESTRICTED USE
AMERICAN DIABETES ASSOCIATION 1511 N. WEST SHORE BLVD., #980 TAMPA, FL 33607	13-1623888	501(C)(3)	10,899.	0.			UNRESTRICTED USE
AMERICAN HEART ASSOCIATION 9200 ESTERO PARK COMMONS BLVD., #7 ESTERO, FL 33928	13-5613797	501(C)(3)	8,966.	0.			UNRESTRICTED USE
AMERICAN HEART ASSOCIATION 9200 ESTERO PARK COMMONS BLVD., #7 ESTERO, FL 33928	13-5613797	501(C)(3)	500.	0.			2018 COLLIER COUNTY HEART WALK
AMERICAN HEART ASSOCIATION NATIONAL BEQUEST CENTER - P.O. BOX 22035 - ST. PETERSBURG, FL 33742	13-5613797	501(C)(3)	10,899.	0.			UNRESTRICTED USE
AMERICAN HEART ASSOCIATION NATIONAL BEQUEST CENTER - P.O. BOX 22035 - ST. PETERSBURG, FL 33742	13-5613797	501(C)(3)	10,870.	0.			HEART RESEARCH ONLY
AMERICAN LEGION, ROBERT J. HYDON POST 239 - P.O. BOX 24 - SKANEATELES, NY 13152	16-6093851	501(C)(19)	500.	0.			CENTENNIAL CAMPAIGN

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
AMERICAN LEGION, ROBERT J. HYDON POST 239 - P.O. BOX 24 - SKANEATELES, NY 13152	16-6093851	501(C)(19)	10,000.	0.			FRONT ENTRANCE PROJECT
ART INSTITUTE OF CHICAGO 111 SOUTH MICHIGAN AVENUE CHICAGO, IL 60603	36-2167725	501(C)(3)	25,000.	0.			2019 SUSTAINING FELLOWS SUPPORT
ARTHRITIS RESEARCH INSTITUTE OF AMERICA - 1055 NORTH HERCULES AVENUE - CLEARWATER, FL 33765	59-2438325	501(C)(3)	10,870.	0.			UNRESTRICTED USE
ARTIS-NAPLES, INC. 5833 PELICAN BAY BLVD. NAPLES, FL 34108	59-2322926	501(C)(3)	2,500.	0.			ORCHESTRA OPERATIONS
ARTIS-NAPLES, INC. 5833 PELICAN BAY BLVD. NAPLES, FL 34108	59-2322926	501(C)(3)	33,906.	0.			UNRESTRICTED USE
ARTIS-NAPLES, INC. 5833 PELICAN BAY BLVD. NAPLES, FL 34108	59-2322926	501(C)(3)	2,500.	0.			ANNUAL CONTRIBUTION
ARTIS-NAPLES, INC. 5833 PELICAN BAY BLVD. NAPLES, FL 34108	59-2322926	501(C)(3)	25,000.	0.			2018-2019 YOUTH ENSEMBLE SCHOLARSHIP FUND
ARTIS-NAPLES, INC. 5833 PELICAN BAY BLVD. NAPLES, FL 34108	59-2322926	501(C)(3)	2,500.	0.			2019 SUSTAINER SUPPORT
ARTIS-NAPLES, INC. 5833 PELICAN BAY BLVD. NAPLES, FL 34108	59-2322926	501(C)(3)	50,000.	0.			BAKER MUSEUM CAPITAL CAMPAIGN

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. NAPLES, FL 34108	59-2322926	501(C)(3)	25,000.	0.			PHILHARMONIC ORCHESTRA MUSICIAN SUPPORT.
ARTIS-NAPLES, INC. 5833 PELICAN BAY BLVD. NAPLES, FL 34108	59-2322926	501(C)(3)	20,000.	0.			FOR UNDERWRITING OF GLENN LOONTJENS DURING THE 2019-20 SYMPHONY SEASON
ARTIS-NAPLES, INC. 5833 PELICAN BAY BLVD. NAPLES, FL 34108	59-2322926	501(C)(3)	23,000.	0.			\$3,000 FOR FUND-A-NEED AND \$20,000 FOR GENERAL SUPPORT
ARTIS-NAPLES, INC. 5833 PELICAN BAY BLVD. NAPLES, FL 34108	59-2322926	501(C)(3)	50,000.	0.			PATRIOTIC POPS & CMGA EVENT
ARTIS-NAPLES, INC. 5833 PELICAN BAY BLVD. NAPLES, FL 34108	59-2322926	501(C)(3)	25,000.	0.			PIANIST FOR PLANETS MASTERWORKS CONCERT WITH THE NAPLES PHILHARMONIC
AUBURN COMMUNITY HOSPITAL 17 LANSING STREET AUBURN, NY 13021	15-0532054	501(C)(3)	10,000.	0.			AUBURN COMMUNITY HOSPITAL GALA
AUBURN COMMUNITY HOSPITAL 17 LANSING STREET AUBURN, NY 13021	15-0532054	501(C)(3)	4,000.	0.			ANNUAL FUND
AUDUBON OF THE WESTERN EVERGLADES P.O. BOX 1738 NAPLES, FL 34106	23-7030698	501(C)(3)	4,666.	0.			UNRESTRICTED USE
AUDUBON OF THE WESTERN EVERGLADES P.O. BOX 1738 NAPLES, FL 34106	23-7030698	501(C)(3)	500.	0.			NETWORK FOR GOOD RENEWAL

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
AUDUBON OF THE WESTERN EVERGLADES P.O. BOX 1738 NAPLES, FL 34106	23-7030698	501(C)(3)	78.	0.			PROTECTION OF THE BURROWING OWL
AVOW HOSPICE INC. 1095 WHIPPOORWILL LANE NAPLES, FL 34105	59-2201250	501(C)(3)	34,504.	0.			UNRESTRICTED USE
AVOW HOSPICE INC. 1095 WHIPPOORWILL LANE NAPLES, FL 34105	59-2201250	501(C)(3)	10,000.	0.			FOR USE IN IMMOKALEE
AVOW HOSPICE INC. 1095 WHIPPOORWILL LANE NAPLES, FL 34105	59-2201250	501(C)(3)	20,000.	0.			AVOW ADULT AND YOUTH BEREAVEMENT
BABY BASICS OF COLLIER COUNTY, INC. - PMB 132- P.O. BOX 413005 - NAPLES, FL 34101	20-1498596	501(C)(3)	3,500.	0.			UNRESTRICTED USE
BABY BASICS OF COLLIER COUNTY, INC. - PMB 132- P.O. BOX 413005 - NAPLES, FL 34101	20-1498596	501(C)(3)	2,000.	0.			PARTICIPATION IN NETWORK FOR GOOD FUNDRAISING PROGRAM
BABY BASICS OF COLLIER COUNTY, INC. - PMB 132- P.O. BOX 413005 - NAPLES, FL 34101	20-1498596	501(C)(3)	2,000.	0.			BOARD STRATEGIC PLAN RETREAT
BABY BASICS OF COLLIER COUNTY, INC. - PMB 132- P.O. BOX 413005 - NAPLES, FL 34101	20-1498596	501(C)(3)	200.	0.			SUPPORT FOR ANNUAL LUNCHEON
BABY BASICS OF COLLIER COUNTY, INC. - PMB 132- P.O. BOX 413005 - NAPLES, FL 34101	20-1498596	501(C)(3)	15,000.	0.			BABY SUPPLIES

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
BEREAN BAPTIST CHURCH 309 COUNTY ROAD 42E BURNSVILLE, MN 55306	41-1224849	501(C)(3)	10,000.	0.			DOMINICAN REPUBLIC SCHOOL CONSTRUCTION
BIG BROTHERS BIG SISTERS OF THE SUN COAST, INC. - 809 WALKERBILT ROAD, #3 - NAPLES, FL 34110	59-1361826	501(C)(3)	5,593.	0.			UNRESTRICTED USE
BLOWING ROCK METHODIST CHURCH P.O. BOX 352 BLOWING ROCK, NC 28605	02-0653104	501(C)(3)	2,500.	0.			OPERATIONS
BLOWING ROCK METHODIST CHURCH P.O. BOX 352 BLOWING ROCK, NC 28605	02-0653104	501(C)(3)	500.	0.			HUNGER AND HEALTH COALITION
BLOWING ROCK METHODIST CHURCH P.O. BOX 352 BLOWING ROCK, NC 28605	02-0653104	501(C)(3)	2,500.	0.			OPERATING ACCOUNT
BONITA BAY VETERANS COUNCIL, INC. 26660 COUNTRY CLUB DRIVE BONITA SPRINGS, FL 34134	47-3563908	501(C)(3)	1,000.	0.			TO SUPPORT THE ANNUAL FUNDRAISER EVENT
BONITA BAY VETERANS COUNCIL, INC. 26660 COUNTRY CLUB DRIVE BONITA SPRINGS, FL 34134	47-3563908	501(C)(3)	5,000.	0.			FINANCIAL ASSISTANCE FOR LOCAL VETERANS
BONITA SPRINGS LIONS EYE CLINIC, INC. - 10322 PENNSYLVANIA AVENUE - BONITA SPRINGS, FL 34135	45-0560906	501(C)(3)	25,000.	0.			GIFT OF SIGHT TO WOMEN & THEIR FAMILIES
BOOKS FOR COLLIER KIDS INC. P.O. BOX 10811 NAPLES, FL 34101	82-1078351	501(C)(3)	9,000.	0.			BOOKS FOR KINDERGARTEN CHILDREN

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
BOOKS FOR COLLIER KIDS INC. P.O. BOX 10811 NAPLES, FL 34101	82-1078351	501(C)(3)	2,000.	0.			UNRESTRICTED USE
BOYS & GIRLS CLUB OF COLLIER COUNTY - 7500 DAVIS BLVD. - NAPLES, FL 34104	65-0279110	501(C)(3)	5,065.	0.			UNRESTRICTED USE
BOYS & GIRLS CLUB OF COLLIER COUNTY - 7500 DAVIS BLVD. - NAPLES, FL 34104	65-0279110	501(C)(3)	42,500.	0.			UNRESTRICTED FOR OPERATIONS
BOYS & GIRLS CLUB OF SOUTHERN MAINE - 277 CUMBERLAND AVE. - PORTLAND, ME 04112	01-0211543	501(C)(3)	8,629.	0.			CAMPSHIP/KINGSLEY PINES CAMP
BRIGHTFOCUS FOUNDATION 22512 GATEWAY CENTER DRIVE CLARKSBURG, MD 30982	23-7337229	501(C)(3)	1,000.	0.			MACULAR DEGENERATION RESEARCH
BRIGHTFOCUS FOUNDATION 22512 GATEWAY CENTER DRIVE CLARKSBURG, MD 30982	23-7337229	501(C)(3)	1,000.	0.			NATIONAL GLAUCOMA RESEARCH
BRIGHTFOCUS FOUNDATION 22512 GATEWAY CENTER DRIVE CLARKSBURG, MD 30982	23-7337229	501(C)(3)	10,870.	0.			UNRESTRICTED USE
CAMP DUDLEY YMCA, INC. 126 CAMP DUDLEY ROAD WESTPORT, NY 12993	14-1504974	501(C)(3)	5,000.	0.			UNRESTRICTED USE
CAMP DUDLEY YMCA, INC. 126 CAMP DUDLEY ROAD WESTPORT, NY 12993	14-1504974	501(C)(3)	2,000.	0.			JAMES CABIN AT KINIYA

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
CAMPUS CRUSADE FOR CHRIST, INC. P. O. BOX 628222 ORLANDO, FL 32832	95-6006173	501(C)(3)	1,100.	0.			PROJECT #0782423
CAMPUS CRUSADE FOR CHRIST, INC. P. O. BOX 628222 ORLANDO, FL 32832	95-6006173	501(C)(3)	20,000.	0.			TO SUPPORT THE MINISTRY OF CALL HER BLESSED
CAMPUS CRUSADE FOR CHRIST, INC. P. O. BOX 628222 ORLANDO, FL 32832	95-6006173	501(C)(3)	100.	0.			SUPPORT THE WORK OF JOHN AND BONNIE YELVERTON
CAMPUS CRUSADE FOR CHRIST, INC. P. O. BOX 628222 ORLANDO, FL 32832	95-6006173	501(C)(3)	1,150.	0.			TO SUPPORT THE MISSIONARY WORK
CAMPUS CRUSADE FOR CHRIST, INC. P. O. BOX 628222 ORLANDO, FL 32832	95-6006173	501(C)(3)	1,000.	0.			SUPPORT THE MINISTRY OF JOHN AND BONNIE YELVERTON
CAMPUS CRUSADE FOR CHRIST, INC. P. O. BOX 628222 ORLANDO, FL 32832	95-6006173	501(C)(3)	1,000.	0.			TO SUPPORT THE WORK OF CRU MISSIONARIES
CAMPUS CRUSADE FOR CHRIST, INC. P. O. BOX 628222 ORLANDO, FL 32832	95-6006173	501(C)(3)	150.	0.			YELLOWSTONE SUMMER MISSION PROJECT
CAMPUS CRUSADE FOR CHRIST, INC. P. O. BOX 628222 ORLANDO, FL 32832	95-6006173	501(C)(3)	2,000.	0.			TO SUPPORT THE WORK OF MISSIONARIES SASHA AND SARAH HALLOCK
CANCER ALLIANCE OF NAPLES, INC. 3384 WOODS EDGE CIRCLE, #102 BONITA SPRINGS, FL 34134	22-3879709	501(C)(3)	13,962.	0.			UNRESTRICTED USE

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.)

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CANCER ALLIANCE OF NAPLES, INC. 3384 WOODS EDGE CIRCLE, #102 BONITA SPRINGS, FL 34134	22-3879709	501(C)(3)	2,000.	0.			TO FUND HIRING A CONSULTANT FOR STRATEGIC PLANNING
CANCER ALLIANCE OF NAPLES, INC. 3384 WOODS EDGE CIRCLE, #102 BONITA SPRINGS, FL 34134	22-3879709	501(C)(3)	500.	0.			NETWORK FOR GOOD RENEWAL
CATHOLIC CHARITIES OF COLLIER COUNTY - 2210 SANTA BARBARA BLVD. - NAPLES, FL 34116	53-0196617	501(C)(3)	1,000.	0.			GUADALUPE SOCIAL SERVICES
CATHOLIC CHARITIES OF COLLIER COUNTY - 2210 SANTA BARBARA BLVD. - NAPLES, FL 34116	53-0196617	501(C)(3)	3,000.	0.			SUPPORT FOR THE EMERALD BALL
CATHOLIC CHARITIES OF COLLIER COUNTY - 2210 SANTA BARBARA BLVD. - NAPLES, FL 34116	53-0196617	501(C)(3)	200.	0.			SOUP KITCHEN IN IMMOKALEE
CATHOLIC CHARITIES OF COLLIER COUNTY - 2210 SANTA BARBARA BLVD. - NAPLES, FL 34116	53-0196617	501(C)(3)	500.	0.			FOOD BANK
CATHOLIC CHARITIES OF COLLIER COUNTY - 2210 SANTA BARBARA BLVD. - NAPLES, FL 34116	53-0196617	501(C)(3)	500.	0.			EMERALD BALL SUPPORT
CATHOLIC CHARITIES OF COLLIER COUNTY - 2210 SANTA BARBARA BLVD. - NAPLES, FL 34116	53-0196617	501(C)(3)	5,000.	0.			CASA MARIA SOUP KITCHEN EQUIPMENT
CATHOLIC CHARITIES OF COLLIER COUNTY - 2210 SANTA BARBARA BLVD. - NAPLES, FL 34116	53-0196617	501(C)(3)	4,000.	0.			UNRESTRICTED USE

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
CATHOLIC CHARITIES OF COLLIER COUNTY - 2210 SANTA BARBARA BLVD. - NAPLES, FL 34116	53-0196617	501(C)(3)	3,777.	0.			SERVICES RENDERED BY CATHOLIC CHARITIES
CHAMELEON THEATRE CIRCLE 7287 153RD STREET W., #240069 APPLE VALLEY, MN 55124	41-1899943	501(C)(3)	6,000.	0.			GENERAL FUND
CHARITY FOR CHANGE, LLC 10681 AIRPORT ROAD, #23 NAPLES, FL 34109	26-2139488	501(C)(3)	5,500.	0.			UNRESTRICTED USE
CHARITY FOR CHANGE, LLC 10681 AIRPORT ROAD, #23 NAPLES, FL 34109	26-2139488	501(C)(3)	10,000.	0.			CHARITY FOR CHANGE PROGRAM
CHILDREN'S ADVOCACY CENTER OF COLLIER COUNTY - 1036 6TH AVENUE N. - NAPLES, FL 34102	65-0049492	501(C)(3)	500.	0.			UNRESTRICTED USE
CHILDREN'S ADVOCACY CENTER OF COLLIER COUNTY - 1036 6TH AVENUE N. - NAPLES, FL 34102	65-0049492	501(C)(3)	10,000.	0.			SUPERVISED FAMILY VISITATION
CHRIST EPISCOPAL CHURCH 220 40TH STREET, NE CEDAR RAPIDS, IA 52402	39-1879934	501(C)(3)	10,000.	0.			WELCOME RENEW & SERVE CAMPAIGN
CITY OF NAPLES 735 8TH STREET S. NAPLES, FL 34102	59-6000382	501(C)(3)	89,572.	0.			BLAIR FOUNDATION TREE CHALLENGE
CITY OF NAPLES 735 8TH STREET S. NAPLES, FL 34102	59-6000382	501(C)(3)	18,000.	0.			TREES FOR PARKSHORE

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
CITY OF NAPLES 735 8TH STREET S. NAPLES, FL 34102	59-6000382	501(C)(3)	35,000.	0.			TREES FOR CRAYTON
CLEVELAND BALLET 23030 MILES ROAD BEDFORD HEIGHTS, OH 44128	38-3945001	501(C)(3)	20,000.	0.			FALL COLLECTION
COLLIER CHILD CARE RESOURCES, INC. 2335 TAMIAMI TRAIL N., #504 NAPLES, FL 34103	26-2646032	501(C)(3)	10,000.	0.			TUITION ASSISTANCE
COLLIER CHILD CARE RESOURCES, INC. 2335 TAMIAMI TRAIL N., #504 NAPLES, FL 34103	26-2646032	501(C)(3)	500.	0.			NETWORK FOR GOOD RENEWAL
COLLIER CHILD CARE RESOURCES, INC. 2335 TAMIAMI TRAIL N., #504 NAPLES, FL 34103	26-2646032	501(C)(3)	3,000.	0.			2019 APPLE BLOSSOM AWARDS
COLLIER COUNTY - BOARD OF COUNTY COMMISSIONERS - 3299 TAMIAMI TRAIL EAST, SUITE 303 - NAPLES, FL 34112	59-6000558	501(C)(3)	25,000.	0.			COLLIER COUNTY ARTS & CULTURE STRATEGIC PLAN
COLLIER COUNTY HUNGER AND HOMELESS COALITION - P.O. BOX 9202 - NAPLES, FL 34101	43-3610154	501(C)(3)	15,000.	0.			GAP FUND
COLLIER COUNTY HUNGER AND HOMELESS COALITION - P.O. BOX 9202 - NAPLES, FL 34101	43-3610154	501(C)(3)	3,000.	0.			GENERAL SUPPORT
COLLIER COUNTY JUNIOR DEPUTIES LEAGUE, INC. - P.O. BOX 1833 - NAPLES, FL 34106	59-1638443	501(C)(3)	500.	0.			UNRESTRICTED USE

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.)

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COLLIER COUNTY JUNIOR DEPUTIES LEAGUE, INC. - P.O. BOX 1833 - NAPLES, FL 34106	59-1638443	501(C)(3)	636.	0.			EDUCATIONAL PURPOSES
COLLIER COUNTY JUNIOR DEPUTIES LEAGUE, INC. - P.O. BOX 1833 - NAPLES, FL 34106	59-1638443	501(C)(3)	10,000.	0.			SUPPORT OF CAMP DISCOVERY
COLLIER COUNTY PARKS AND RECREATION - 15000 LIVINGSTON ROAD - NAPLES, FL 34109	59-6000558	501(C)(3)	15,000.	0.			CITY OF EVERGLADES SWINGSET REPLACEMENT
COLLIER COUNTY PARKS AND RECREATION - 15000 LIVINGSTON ROAD - NAPLES, FL 34109	59-6000558	501(C)(3)	2,000.	0.			TURTLE NEST SCREEN COVERS
COLLIER COUNTY PUBLIC SCHOOLS 5775 OSCEOLA TRAIL NAPLES, FL 34109	59-2663954	501(C)(3)	10,000.	0.			HOMELESS COORDINATOR
COLLIER COUNTY PUBLIC SCHOOLS 5775 OSCEOLA TRAIL NAPLES, FL 34109	59-2663954	501(C)(3)	8,269.	0.			HOMELESS STUDENTS IN COLLIER COUNTY
COLLIER COUNTY PUBLIC SCHOOLS 5775 OSCEOLA TRAIL NAPLES, FL 34109	59-2663954	501(C)(3)	2,500.	0.			HOMELESS STUDENTS
COLLIER COUNTY PUBLIC SCHOOLS 5775 OSCEOLA TRAIL NAPLES, FL 34109	59-2663954	501(C)(3)	1,000.	0.			HOMELESS CHILDREN IN COLLIER COUNTY
COLLIER COUNTY PUBLIC SCHOOLS 5775 OSCEOLA TRAIL NAPLES, FL 34109	59-2663954	501(C)(3)	30,000.	0.			AFTERSCHOOL PROGRAMS IN ECONOMICALLY NEEDY ELEMENTARY AND MIDDLE SCHOOLS

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.)

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COLLIER COUNTY PUBLIC SCHOOLS 5775 OSCEOLA TRAIL NAPLES, FL 34109	59-2663954	501(C)(3)	10,000.	0.			PARKSIDE ELEMENTARY SCHOOL ACADEMY
COLLIER COUNTY PUBLIC SCHOOLS 5775 OSCEOLA TRAIL NAPLES, FL 34109	59-2663954	501(C)(3)	2,875.	0.			CALUSA PARK
COLLIER COUNTY PUBLIC SCHOOLS 5775 OSCEOLA TRAIL NAPLES, FL 34109	59-2663954	501(C)(3)	11,504.	0.			AVALON TUTORING PROGRAM
COLLIER COUNTY PUBLIC SCHOOLS-LAWS OF LIFE CONTEST - 5775 OSCEOLA TRAIL, DEP. 9223 - NAPLES, FL 34109	59-2663954	501(C)(3)	7,850.	0.			TO SUPPORT THE LAWS OF LIFE PROGRAM
COLLIER HARVEST FOUNDATION P. O. BOX 11143 NAPLES, FL 34101	65-0307084	501(C)(3)	500.	0.			HOLIDAY MEALS
COLLIER HARVEST FOUNDATION P. O. BOX 11143 NAPLES, FL 34101	65-0307084	501(C)(3)	75,000.	0.			UNRESTRICTED USE AS PART OF THE MATCHING CAMPAIGN
COLLIER HARVEST FOUNDATION P. O. BOX 11143 NAPLES, FL 34101	65-0307084	501(C)(3)	10,971.	0.			PURCHASE OF FOOD FOR FOOD PANTRY
COLLIER SENIOR RESOURCES 4898 CORONADO PARKWAY NAPLES, FL 34116	27-0946278	501(C)(3)	10,971.	0.			PURCHASE OF FOOD FOR FOOD PANTRY
COLLIER SENIOR RESOURCES 4898 CORONADO PARKWAY NAPLES, FL 34116	27-0946278	501(C)(3)	1,500.	0.			UNRESTRICTED USE

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
COLLIER SENIOR RESOURCES 4898 CORONADO PARKWAY NAPLES, FL 34116	27-0946278	501(C)(3)	5,000.	0.			OFFICE RENOVATIONS
COMMUNITY FOUNDATION OF NORTH FLORIDA - 3600 MACLAY BLVD. S., #200 - TALLAHASSEE, FL 32312	59-3473384	501(C)(3)	16,500.	0.			HURRICANE MICHAEL RELIEF
COMMUNITY SCHOOL OF NAPLES 13275 LIVINGSTON ROAD NAPLES, FL 34109	59-1920297	501(C)(3)	250,000.	0.			INSTITUTE FOR SCIENCE AND ENVIRONMENT
COMMUNITY SCHOOL OF NAPLES 13275 LIVINGSTON ROAD NAPLES, FL 34109	59-1920297	501(C)(3)	500.	0.			ANNUAL FUND DRIVE
COMMUNITY SCHOOL OF NAPLES 13275 LIVINGSTON ROAD NAPLES, FL 34109	59-1920297	501(C)(3)	1,000.	0.			2018-2019 ANNUAL FUND
COMMUNITY SCHOOL OF NAPLES 13275 LIVINGSTON ROAD NAPLES, FL 34109	59-1920297	501(C)(3)	10,000.	0.			UNRESTRICTED USE
COMMUNITY SCHOOL OF NAPLES 13275 LIVINGSTON ROAD NAPLES, FL 34109	59-1920297	501(C)(3)	4,500.	0.			PER JOHN ALLEN'S INSTRUCTIONS
COMMUNITY SCHOOL OF NAPLES 13275 LIVINGSTON ROAD NAPLES, FL 34109	59-1920297	501(C)(3)	10,000.	0.			COMMUNITY SCHOOL SCHOLARSHIP PROGRAM, YEAR 4 OF 5 YEAR COMMITMENT
COMMUNITY SCHOOL OF NAPLES 13275 LIVINGSTON ROAD NAPLES, FL 34109	59-1920297	501(C)(3)	4,242.	0.			SCHOLARSHIPS

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.)

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CONSERVANCY OF SOUTHWEST FLORIDA, INC. - 1495 SMITH PRESERVE WAY - NAPLES, FL 34102	59-1157084	501(C)(3)	1,000.	0.			VON ARX WILDLIFE HOSPITAL
CONSERVANCY OF SOUTHWEST FLORIDA, INC. - 1495 SMITH PRESERVE WAY - NAPLES, FL 34102	59-1157084	501(C)(3)	2,500.	0.			PYTHON RESEARCH AND EXTERMINATION
CONSERVANCY OF SOUTHWEST FLORIDA, INC. - 1495 SMITH PRESERVE WAY - NAPLES, FL 34102	59-1157084	501(C)(3)	8,736.	0.			UNRESTRICTED USE
CONSERVANCY OF SOUTHWEST FLORIDA, INC. - 1495 SMITH PRESERVE WAY - NAPLES, FL 34102	59-1157084	501(C)(3)	1,000.	0.			PROTECTING OUR EASTERN LANDS
CONSERVANCY OF SOUTHWEST FLORIDA, INC. - 1495 SMITH PRESERVE WAY - NAPLES, FL 34102	59-1157084	501(C)(3)	250.	0.			ANNUAL CONTRIBUTION
CONSERVANCY OF SOUTHWEST FLORIDA, INC. - 1495 SMITH PRESERVE WAY - NAPLES, FL 34102	59-1157084	501(C)(3)	11,300.	0.			FUND A NEED
CONSERVANCY OF SOUTHWEST FLORIDA, INC. - 1495 SMITH PRESERVE WAY - NAPLES, FL 34102	59-1157084	501(C)(3)	5,000.	0.			GENERAL SUPPORT
CONSERVANCY OF SOUTHWEST FLORIDA, INC. - 1495 SMITH PRESERVE WAY - NAPLES, FL 34102	59-1157084	501(C)(3)	6,700.	0.			SW FLORIDA CLIMATE CHANGE SURVEY
CONSERVANCY OF SOUTHWEST FLORIDA, INC. - 1495 SMITH PRESERVE WAY - NAPLES, FL 34102	59-1157084	501(C)(3)	1,500.	0.			CONSERVANCY EDUCATION DEPARTMENT

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.)

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CONSERVANCY OF SOUTHWEST FLORIDA, INC. - 1495 SMITH PRESERVE WAY - NAPLES, FL 34102	59-1157084	501(C)(3)	5,000.	0.			SUPPORT WATER QUALITY EFFORTS
CONSERVANCY OF SOUTHWEST FLORIDA, INC. - 1495 SMITH PRESERVE WAY - NAPLES, FL 34102	59-1157084	501(C)(3)	5,000.	0.			ANNUAL FUND
CORTLAND COLLEGE FOUNDATION, INC. P. O. BOX 2000 CORTLAND, NY 13045	16-0979814	501(C)(3)	33,000.	0.			C.U.R.E. SCHOLARSHIPS
DALLAS FOUNDATION 3963 MAPLE AVENUE, #390 DALLAS, TX 75219	75-2890371	501(C)(3)	40,000.	0.			INITIATE A SCHOLARSHIP FUND
DAVID LAWRENCE MENTAL HEALTH CENTER, INC. - 6075 BATHEY LANE - NAPLES, FL 34116	59-2206025	501(C)(3)	5,000.	0.			CROSSROADS FURNITURE REPLACEMENT
DAVID LAWRENCE MENTAL HEALTH CENTER, INC. - 6075 BATHEY LANE - NAPLES, FL 34116	59-2206025	501(C)(3)	9,100.	0.			UNRESTRICTED USE
DAVID LAWRENCE MENTAL HEALTH CENTER, INC. - 6075 BATHEY LANE - NAPLES, FL 34116	59-2206025	501(C)(3)	10,000.	0.			DEVELOPMENT
DAVID LAWRENCE MENTAL HEALTH CENTER, INC. - 6075 BATHEY LANE - NAPLES, FL 34116	59-2206025	501(C)(3)	7,500.	0.			DLC SOUND MINDS MENTAL HEALTH SYMPOSIUM
DAVID LAWRENCE MENTAL HEALTH CENTER, INC. - 6075 BATHEY LANE - NAPLES, FL 34116	59-2206025	501(C)(3)	10,000.	0.			RECOVERY HOME PURCHASE

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
DAVID LAWRENCE MENTAL HEALTH CENTER, INC. - 6075 BATHEY LANE - NAPLES, FL 34116	59-2206025	501(C)(3)	100.	0.			WHERE MOST NEEDED
DAVID LAWRENCE MENTAL HEALTH CENTER, INC. - 6075 BATHEY LANE - NAPLES, FL 34116	59-2206025	501(C)(3)	10,000.	0.			CROSSROADS TRANSITION HOUSE
DAVID LAWRENCE MENTAL HEALTH CENTER, INC. - 6075 BATHEY LANE - NAPLES, FL 34116	59-2206025	501(C)(3)	27,500.	0.			ACCESS TO MENTAL HEALTH CARE - MEDICATION MANAGEMENT AND INCIDENTALS
DAVID'S REFUGE 8195 CAZENOVIA RD. MANLIUS, NY 13104	45-3686680	501(C)(3)	2,250.	0.			UNRESTRICTED USE
DAVID'S REFUGE 8195 CAZENOVIA RD. MANLIUS, NY 13104	45-3686680	501(C)(3)	25,000.	0.			GENERAL EXPENSES
DIOCESE OF VENICE IN FLORIDA 1000 PINEBROOK ROAD VENICE, FL 34285	59-2434603	501(C)(3)	250.	0.			UNRESTRICTED USE
DIOCESE OF VENICE IN FLORIDA 1000 PINEBROOK ROAD VENICE, FL 34285	59-2434603	501(C)(3)	5,000.	0.			CATHOLIC FAITH APPEAL
DISABILITY RIGHTS ADVOCATE FOR TECHNOLOGY DBA SEGS4VETS - 500 FOX RIDGE ROAD - ST. LOUIS, MO 63131	55-0877645	501(C)(3)	333,250.	0.			SEGWAY AND ALLY CHAIR PROGRAM
DR. PIPER CENTER FOR SOCIAL SERVICES, INC. - 2607 DR. ELLA PIPER WAY - FT. MYERS, FL 33916	65-0788551	501(C)(3)	17,500.	0.			FOSTER GRANDPARENTS AND SENIOR COMPANION PROGRAM

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
DYNAMIC CATHOLIC 5081 OLYMPIC BLVD. ERLANGER, KY 40108	26-4549213	501(C)(3)	10,000.	0.			TO SUPPORT THE DYNAMIC PARISH INITIATIVE
EDUCATION FOUNDATION - CHAMPIONS FOR LEARNING - 3606 ENTERPRISE AVENUE, #150 - NAPLES, FL 34104	65-0230582	501(C)(3)	1,606.	0.			OPERATING
EDUCATION FOUNDATION - CHAMPIONS FOR LEARNING - 3606 ENTERPRISE AVENUE, #150 - NAPLES, FL 34104	65-0230582	501(C)(3)	2,000.	0.			CURRICULUM MATERIALS FOR SUMMER WORKSHOPS
EDUCATION FOUNDATION - CHAMPIONS FOR LEARNING - 3606 ENTERPRISE AVENUE, #150 - NAPLES, FL 34104	65-0230582	501(C)(3)	219,375.	0.			FUTURE READY COLLIER PROGRAM
EDUCATION FOUNDATION - CHAMPIONS FOR LEARNING - 3606 ENTERPRISE AVENUE, #150 - NAPLES, FL 34104	65-0230582	501(C)(3)	300.	0.			WINGS PROGRAM
EDUCATION FOUNDATION - CHAMPIONS FOR LEARNING - 3606 ENTERPRISE AVENUE, #150 - NAPLES, FL 34104	65-0230582	501(C)(3)	450.	0.			UNRESTRICTED USE
EDUCATION FOUNDATION - CHAMPIONS FOR LEARNING - 3606 ENTERPRISE AVENUE, #150 - NAPLES, FL 34104	65-0230582	501(C)(3)	28,500.	0.			COLLEGE & CAREER PREPARATION PROGRAM
EDUCATION FOUNDATION - CHAMPIONS FOR LEARNING - 3606 ENTERPRISE AVENUE, #150 - NAPLES, FL 34104	65-0230582	501(C)(3)	2,000.	0.			SUPPORT GOLDEN APPLE PROGRAM
EDUCATION FOUNDATION - CHAMPIONS FOR LEARNING - 3606 ENTERPRISE AVENUE, #150 - NAPLES, FL 34104	65-0230582	501(C)(3)	20,000.	0.			STUDENT SCHOLARSHIPS

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
EDUCATION FOUNDATION - CHAMPIONS FOR LEARNING - 3606 ENTERPRISE AVENUE, #150 - NAPLES, FL 34104	65-0230582	501(C)(3)	23,149.	0.			TO SUPPORT & ENHANCE MUSIC EDUCATION IN COLLIER CO. PUBLIC SCHOOL SYSTEM
EVERGLADES COMMUNITY CHURCH - FOOD PANTRY - 1010 COPELAND AVENUE S. - EVERGLADES CITY, FL 34139	22-3934843	501(C)(3)	10,971.	0.			PURCHASE OF FOOD FOR FOOD PANTRY
FARM AID 501 CAMBRIDGE STREET, 3RD FL CAMBRIDGE, MA 02141	36-3383233	501(C)(3)	30,000.	0.			FAMILY FARM DISASTER FUND
FINGER LAKES LAND TRUST 202 E. COURT STREET ITHACA, NY 14850	22-2983688	501(C)(3)	5,000.	0.			UNRESTRICTED USE
FINGER LAKES LAND TRUST 202 E. COURT STREET ITHACA, NY 14850	22-2983688	501(C)(3)	50,000.	0.			TO PURCHASE LAND FOR PRESERVATION
FINGER LAKES LAND TRUST 202 E. COURT STREET ITHACA, NY 14850	22-2983688	501(C)(3)	2,000.	0.			CONSERVATION
FINGER LAKES SPCA OF CENTRAL NEW YORK - 41 YORK STREET - AUBURN, NY 13021	15-0532256	501(C)(3)	50,000.	0.			FOOD, SUPPLIES AND MEDICAL COSTS
FIRST BAPTIST CHURCH OF MARCO ISLAND, OUR DAILY BREAD FOOD PANTRY - 1450 WINTERBERRY DR. - MARCO ISLAND, FL 34145	59-1972918	501(C)(3)	500.	0.			OUR DAILY BREAD FOOD PANTRY
FIRST BAPTIST CHURCH OF MARCO ISLAND, OUR DAILY BREAD FOOD PANTRY - 1450 WINTERBERRY DR. - MARCO ISLAND, FL 34145	59-1972918	501(C)(3)	13,000.	0.			WEEKEND SUMMER FOOD PANTRY

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.)

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FIRST BAPTIST CHURCH OF MARCO ISLAND, OUR DAILY BREAD FOOD PANTRY - 1450 WINTERBERRY DR. - MARCO ISLAND, FL 34145	59-1972918	501(C)(3)	10,971.	0.			PURCHASE OF FOOD FOR FOOD PANTRY
FLORIDA GULF COAST UNIVERSITY FOUNDATION, INC. - 10501 FGCU BLVD. S - FT. MYERS, FL 33965	65-0403969	501(C)(3)	2,500.	0.			UNRESTRICTED USE
FLORIDA GULF COAST UNIVERSITY FOUNDATION, INC. - 10501 FGCU BLVD. S - FT. MYERS, FL 33965	65-0403969	501(C)(3)	5,000.	0.			TO BE USED AT THE DISCRETION OF THE TENNIS COACH
FLORIDA GULF COAST UNIVERSITY FOUNDATION, INC. - 10501 FGCU BLVD. S - FT. MYERS, FL 33965	65-0403969	501(C)(3)	20,000.	0.			ENGINEERING SCHOLARSHIPS
FLORIDA GULF COAST UNIVERSITY FOUNDATION, INC. - 10501 FGCU BLVD. S - FT. MYERS, FL 33965	65-0403969	501(C)(3)	10,000.	0.			NATIONAL SUMMER TRANSPORTATION INSTITUTE
FLORIDA GULF COAST UNIVERSITY FOUNDATION, INC. - 10501 FGCU BLVD. S - FT. MYERS, FL 33965	65-0403969	501(C)(3)	25,000.	0.			WHITAKER CENTER FOR STEM EDUCATION
FLORIDA GULF COAST UNIVERSITY FOUNDATION, INC. - 10501 FGCU BLVD. S - FT. MYERS, FL 33965	65-0403969	501(C)(3)	2,300.	0.			\$2000 FOR SCHOLARSHIPS FOR THE BOWER SCHOOL OF MUSIC AND
FLORIDA GULF COAST UNIVERSITY FOUNDATION, INC. - 10501 FGCU BLVD. S - FT. MYERS, FL 33965	65-0403969	501(C)(3)	5,000.	0.			RUTH & G. BURT HOLMES RESTRICTED SCHOLARSHIP FUND
FLORIDA LIONS EYE CLINIC 10322 PENNSYLVANIA AVE BONITA SPRINGS, FL 34135	45-0560906	501(C)(3)	500.	0.			NETWORK FOR GOOD RENEWAL

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.)

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FLORIDA LIONS EYE CLINIC 10322 PENNSYLVANIA AVE BONITA SPRINGS, FL 34135	45-0560906	501(C)(3)	10,000.	0.			THE GIFT OF SIGHT
FOCUS ON THE FAMILY 8605 EXPLORER DRIVE COLORADO SPRINGS, CO 80920	95-3188150	501(C)(3)	10,000.	0.			UNRESTRICTED USE
FREE WHEELCHAIR MISSION 15279 ALTON PARKWAY, #300 IRVINE, CA 92618	31-1781635	501(C)(3)	65,000.	0.			WHEELCHAIR TEST BED
FRIENDS OF FOSTER CHILDREN FOREVER 2675 HORSESHOE DRIVE S., #402 NAPLES, FL 34104	59-3598933	501(C)(3)	13,600.	0.			UNRESTRICTED USE
FRIENDS OF FOSTER CHILDREN FOREVER 2675 HORSESHOE DRIVE S., #402 NAPLES, FL 34104	59-3598933	501(C)(3)	500.	0.			OPERATING EXPENSES
FRIENDS OF FOSTER CHILDREN FOREVER 2675 HORSESHOE DRIVE S., #402 NAPLES, FL 34104	59-3598933	501(C)(3)	3,000.	0.			CIRCLE OF FRIENDS CAMPAIGN
FRIENDS OF FOSTER CHILDREN FOREVER 2675 HORSESHOE DRIVE S., #402 NAPLES, FL 34104	59-3598933	501(C)(3)	27,125.	0.			EMERGENCY CHILDCARE STIPENDS PILOT PROGRAM
FRIENDS OF FOSTER CHILDREN FOREVER 2675 HORSESHOE DRIVE S., #402 NAPLES, FL 34104	59-3598933	501(C)(3)	500.	0.			FALL SCHOOL SUPPLIES
FRIENDS OF FOSTER CHILDREN FOREVER 2675 HORSESHOE DRIVE S., #402 NAPLES, FL 34104	59-3598933	501(C)(3)	10,000.	0.			EMERGENCY BACKPACK BUNDLES & FOR CHILDREN'S EDUCATIONAL PROGRAMS

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.)

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FUN TIME EARLY CHILDHOOD ACADEMY, INC. - 102 12TH STREET N. - NAPLES, FL 34102	59-1039978	501(C)(3)	3,500.	0.			UNRESTRICTED USE
FUN TIME EARLY CHILDHOOD ACADEMY, INC. - 102 12TH STREET N. - NAPLES, FL 34102	59-1039978	501(C)(3)	2,250.	0.			ANNUAL APPEAL
FUN TIME EARLY CHILDHOOD ACADEMY, INC. - 102 12TH STREET N. - NAPLES, FL 34102	59-1039978	501(C)(3)	1,000.	0.			ANNUAL FUND
FUN TIME EARLY CHILDHOOD ACADEMY, INC. - 102 12TH STREET N. - NAPLES, FL 34102	59-1039978	501(C)(3)	10,000.	0.			2018 ANNUAL APPEAL
FUN TIME EARLY CHILDHOOD ACADEMY, INC. - 102 12TH STREET N. - 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. - NAPLES, FL 34102	59-1039978	501(C)(3)	2,500.	0.			2019 FUN TIME EVENT
GARGIULO EDUCATION CENTER 1414 RAIL HEAD BLVD. NAPLES, FL 34110	46-5416212	501(C)(3)	1,000.	0.			UNRESTRICTED USE
GARGIULO EDUCATION CENTER 1414 RAIL HEAD BLVD. NAPLES, FL 34110	46-5416212	501(C)(3)	5,000.	0.			ENTREPRENEURIAL APPRENTICESHIP PROGRAM
GIST CANCER RESEARCH FUND 3905 N.E. 167TH STREET NORTH MIAMI BEACH, FL 33160	13-4182988	501(C)(3)	200,000.	0.			CANCER RESEARCH

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.)

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GOLDEN PAWS ASSISTANCE DOGS 3173 HORSESHOE DRIVE S. NAPLES, FL 34104	27-3385763	501(C)(3)	5,000.	0.			PACT
GOLDEN PAWS ASSISTANCE DOGS 3173 HORSESHOE DRIVE S. NAPLES, FL 34104	27-3385763	501(C)(3)	5,000.	0.			UNRESTRICTED USE
GOLISANO CHILDREN'S HOSPITAL OF SOUTHWEST FLORIDA - P. O. BOX 2218 - FT. MYERS, FL 33902	59-0714812	501(C)(3)	500.	0.			KID'S MINDS MATTER
GOLISANO CHILDREN'S HOSPITAL OF SOUTHWEST FLORIDA - P. O. BOX 2218 - FT. MYERS, FL 33902	59-0714812	501(C)(3)	4,991.	0.			UNRESTRICTED USE IN COLLIER COUNTY
GOLISANO CHILDREN'S HOSPITAL OF SOUTHWEST FLORIDA - P. O. BOX 2218 - FT. MYERS, FL 33902	59-0714812	501(C)(3)	7,090.	0.			UNRESTRICTED USE
GRACE PLACE FOR CHILDREN AND FAMILIES, INC. - P.O. BOX 990531 - NAPLES, FL 34116	65-1229558	501(C)(3)	2,000.	0.			AFTER SCHOOL PROGRAMS
GRACE PLACE FOR CHILDREN AND FAMILIES, INC. - P.O. BOX 990531 - NAPLES, FL 34116	65-1229558	501(C)(3)	28,500.	0.			BRIGHT BEGINNINGS: EARLY CHILDHOOD EDUCATION
GRACE PLACE FOR CHILDREN AND FAMILIES, INC. - P.O. BOX 990531 - NAPLES, FL 34116	65-1229558	501(C)(3)	31,706.	0.			UNRESTRICTED USE
GRACE PLACE FOR CHILDREN AND FAMILIES, INC. - P.O. BOX 990531 - NAPLES, FL 34116	65-1229558	501(C)(3)	10,971.	0.			PURCHASE OF FOOD FOR FOOD PANTRY

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.)

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GRAND PIANO SERIES 3330 CROSSINGS COURT, #301 BONITA SPRINGS, FL 34134	81-4331298	501(C)(3)	10,000.	0.			PURCHASE OF A GRAND PIANO
GREAT LAKES CHRISTIAN COLLEGE 6211 W. WILLOW HIGHWAY LANSING, MI 48917	38-6080947	501(C)(3)	10,870.	0.			UNRESTRICTED USE
GREATER MARCO FAMILY YMCA, INC. P.O. BOX 2529 MARCO ISLAND, FL 34146	59-2498619	501(C)(3)	5,000.	0.			KEEP LEARNING THROUGH SUMMER PROGRAM
GREATER MARCO FAMILY YMCA, INC. P.O. BOX 2529 MARCO ISLAND, FL 34146	59-2498619	501(C)(3)	15,000.	0.			UNRESTRICTED USE
GREATER MARCO FAMILY YMCA, INC. P.O. BOX 2529 MARCO ISLAND, FL 34146	59-2498619	501(C)(3)	700.	0.			TEACHER EDUCATION
GREATER NAPLES YMCA, INC. 5450 YMCA ROAD NAPLES, FL 34109	23-7039993	501(C)(3)	10,000.	0.			SPARK - PHYSICAL EDUCATION CURRICULUM AND STAFF CERTIFICATION
GREATER NAPLES YMCA, INC. 5450 YMCA ROAD NAPLES, FL 34109	23-7039993	501(C)(3)	25,000.	0.			UNRESTRICTED USE
GREATER NAPLES YMCA, INC. 5450 YMCA ROAD NAPLES, FL 34109	23-7039993	501(C)(3)	500.	0.			CHILDREN'S AFTER SCHOOL PROGRAMS
GREATER NAPLES YMCA, INC. 5450 YMCA ROAD NAPLES, FL 34109	23-7039993	501(C)(3)	1,000.	0.			SWIMMING PROGRAMS

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.)

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GUADALUPE CENTER, INC. 509 HOPE CIRCLE IMMOKALEE, FL 34142	59-2617151	501(C)(3)	13,739.	0.			UNRESTRICTED USE
GUADALUPE CENTER, INC. 509 HOPE CIRCLE IMMOKALEE, FL 34142	59-2617151	501(C)(3)	225.	0.			TUTOR CORPS
GUADALUPE CENTER, INC. 509 HOPE CIRCLE IMMOKALEE, FL 34142	59-2617151	501(C)(3)	500.	0.			CHILDREN'S SCHOOL PROGRAMS
GUADALUPE CENTER, INC. 509 HOPE CIRCLE IMMOKALEE, FL 34142	59-2617151	501(C)(3)	775.	0.			ANNUAL FUND
GUADALUPE CENTER, INC. 509 HOPE CIRCLE IMMOKALEE, FL 34142	59-2617151	501(C)(3)	490.	0.			BENEFIT THE AFTERSCHOOL PROGRAM
GUADALUPE CENTER, INC. 509 HOPE CIRCLE IMMOKALEE, FL 34142	59-2617151	501(C)(3)	2,000.	0.			SCHOLARSHIP FUND
GUADALUPE CENTER, INC. 509 HOPE CIRCLE IMMOKALEE, FL 34142	59-2617151	501(C)(3)	500.	0.			TEACHER EDUCATION
GULF COAST HUMANE SOCIETY 2010 ARCADIA STREET FT. MYERS, FL 33916	59-0806978	501(C)(3)	10,000.	0.			PETS FOR PATRIOTS
GULF COAST VETERANS AND FRIENDS 2614 TAMIAMI TRAIL NORTH, #304 NAPLES, FL 34103	82-5472732	501(C)(3)	18,000.	0.			EMBRACING THOSE WHO SERVED

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.)

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GULFSHORE PLAYHOUSE 1010 FIFTH AVENUE SOUTH, #205 NAPLES, FL 34102	90-0178566	501(C)(3)	17,000.	0.			THINKTHEATRE
GULFSHORE PLAYHOUSE 1010 FIFTH AVENUE SOUTH, #205 NAPLES, FL 34102	90-0178566	501(C)(3)	33,000.	0.			RESTRICTED TO CAPITAL CAMPAIGN FOR NEW THEATER PROJECT
GULFSHORE PLAYHOUSE 1010 FIFTH AVENUE SOUTH, #205 NAPLES, FL 34102	90-0178566	501(C)(3)	2,500.	0.			FUND A NEED
GULFSHORE PLAYHOUSE 1010 FIFTH AVENUE SOUTH, #205 NAPLES, FL 34102	90-0178566	501(C)(3)	5,000.	0.			AFTER-SCHOOL AND SUMMER PROGRAMS 1ST-12TH GRADE
GULFSHORE PLAYHOUSE 1010 FIFTH AVENUE SOUTH, #205 NAPLES, FL 34102	90-0178566	501(C)(3)	1,000.	0.			EDUCATION
GULFSHORE PLAYHOUSE 1010 FIFTH AVENUE SOUTH, #205 NAPLES, FL 34102	90-0178566	501(C)(3)	10,000.	0.			UNRESTRICTED USE
GULFSHORE PLAYHOUSE 1010 FIFTH AVENUE SOUTH, #205 NAPLES, FL 34102	90-0178566	501(C)(3)	2,000.	0.			STAR SOCIETY
GULFSHORE PLAYHOUSE 1010 FIFTH AVENUE SOUTH, #205 NAPLES, FL 34102	90-0178566	501(C)(3)	15,000.	0.			MUSIC AND EDUCATION PROGRAMS
HABITAT FOR HUMANITY OF COLLIER COUNTY - 11145 TAMIAMI TRAIL E. - NAPLES, FL 34113	59-1834379	501(C)(3)	12,984.	0.			UNRESTRICTED USE

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
HABITAT FOR HUMANITY OF COLLIER COUNTY - 11145 TAMIAMI TRAIL E. - NAPLES, FL 34113	59-1834379	501(C)(3)	13,726.	0.			HOUSING PROJECTS IN EVERGLADES CITY
HABITAT FOR HUMANITY OF COLLIER COUNTY - 11145 TAMIAMI TRAIL E. - NAPLES, FL 34113	59-1834379	501(C)(3)	20,000.	0.			BUILDING OF A HOME
HABITAT FOR HUMANITY OF COLLIER COUNTY - 11145 TAMIAMI TRAIL E. - NAPLES, FL 34113	59-1834379	501(C)(3)	50,000.	0.			LAND PURCHASE
HABITAT FOR HUMANITY OF COLLIER COUNTY - 11145 TAMIAMI TRAIL E. - NAPLES, FL 34113	59-1834379	501(C)(3)	206,400.	0.			DOCKSIDE NEIGHBORHOOD
HABITAT FOR HUMANITY OF COLLIER COUNTY - 11145 TAMIAMI TRAIL E. - NAPLES, FL 34113	59-1834379	501(C)(3)	20,000.	0.			GIVE TO THE MAX
HABITAT FOR HUMANITY OF COLLIER COUNTY - 11145 TAMIAMI TRAIL E. - NAPLES, FL 34113	59-1834379	501(C)(3)	3,000.	0.			CONSTRUCTION COSTS ONLY
HABITAT FOR HUMANITY OF COLLIER COUNTY - 11145 TAMIAMI TRAIL E. - NAPLES, FL 34113	59-1834379	501(C)(3)	3,500.	0.			GENERAL FUND
HABITAT FOR HUMANITY OF COLLIER COUNTY - 11145 TAMIAMI TRAIL E. - NAPLES, FL 34113	59-1834379	501(C)(3)	500.	0.			AFFORDABLE HOUSING
HABITAT FOR HUMANITY OF COLLIER COUNTY - 11145 TAMIAMI TRAIL E. - NAPLES, FL 34113	59-1834379	501(C)(3)	2,000.	0.			\$1000 EACH FOR THE ANNUAL FUND AND FOR LANDSCAPING A RIVER PARK HOME

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
HARRY CHAPIN FOOD BANK 3940 PROSPECT AVENUE, #101 NAPLES, FL 34104	59-2332120	501(C)(3)	2,000.	0.			TO BENEFIT THE RESIDENTS OF COLLIER COUNTY
HARRY CHAPIN FOOD BANK 3940 PROSPECT AVENUE, #101 NAPLES, FL 34104	59-2332120	501(C)(3)	9,600.	0.			UNRESTRICTED USE
HARRY CHAPIN FOOD BANK 3940 PROSPECT AVENUE, #101 NAPLES, FL 34104	59-2332120	501(C)(3)	500.	0.			THANKSGIVING TURKEYS
HARRY CHAPIN FOOD BANK 3940 PROSPECT AVENUE, #101 NAPLES, FL 34104	59-2332120	501(C)(3)	10,971.	0.			PURCHASE OF FOOD FOR FOOD PANTRY
HEALTHCARE NETWORK OF SOUTHWEST FLORIDA FOUNDATION - 3555 KRAFT ROAD, #100 - NAPLES, FL 34105	26-0229508	501(C)(3)	60,000.	0.			UNRESTRICTED USE
HEALTHCARE NETWORK OF SOUTHWEST FLORIDA FOUNDATION - 3555 KRAFT ROAD, #100 - NAPLES, FL 34105	26-0229508	501(C)(3)	23,500.	0.			SUPPORT OF IMMOKALEE DENTAL PROGRAM FOR HOMEBOUND SENIORS
HEALTHCARE NETWORK OF SOUTHWEST FLORIDA FOUNDATION - 3555 KRAFT ROAD, #100 - NAPLES, FL 34105	26-0229508	501(C)(3)	1,000.	0.			RONALD MCDONALD MOBILE
HEALTHCARE NETWORK OF SOUTHWEST FLORIDA FOUNDATION - 3555 KRAFT ROAD, #100 - NAPLES, FL 34105	26-0229508	501(C)(3)	5,000.	0.			2019 ANNUAL FUND PRINCIPAL SUPPORT
HELP A DIABETIC CHILD, INC. P. O. BOX 110161 NAPLES, FL 34108	46-1652118	501(C)(3)	10,000.	0.			GLUCOSE TEST STRIPS, LANCETS, METERS, SYRINGES, PEN NEEDLES AND UNITS OF INSULIN

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.)

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HELP A DIABETIC CHILD, INC. P. O. BOX 110161 NAPLES, FL 34108	46-1652118	501(C)(3)	4,896.	0.			PURCHASE INSULIN AND TESTING SUPPLIES FOR CHILDREN WITH TYPE 1 DIABETES IN FINANCIAL
HELP A DIABETIC CHILD, INC. P. O. BOX 110161 NAPLES, FL 34108	46-1652118	501(C)(3)	500.	0.			UNRESTRICTED USE
HERRIN EDUCATION FOUNDATION: 500 NORTH TENTH STREET HERRIN, IL 62948	37-1259400	501(C)(3)	25,000.	0.			TO HELP FUND PROGRAMS, CLUBS, ARTS, MUSIC, AND TECHNOLOGY FOR HERRIN JR. HIGH SCHOOL
HISTORICAL SOCIETY OF WESTERN PENNSYLVANIA - 1212 SMALLMAN STREET - PITTSBURGH, PA 15222	25-0965391	501(C)(3)	63,919.	0.			MEADOWCROFT MUSEUM
HODGES UNIVERSITY UNIVERSITY ADVANCEMENT NAPLES, FL 34119	59-6605703	501(C)(3)	7,000.	0.			VITAL SIGNS 2018 REPORT
HOME BASE 125 NASHUA STREET, #540 BOSTON, MA 02114	04-1564655	501(C)(3)	7,500.	0.			SWFL HOME BASE
HOOD COLLEGE OF FREDERICK MARYLAND 401 ROSEMONT AVENUE FREDERICK, MD 21701	52-0591608	501(C)(3)	10,000.	0.			MATH AND SCIENCE SCHOLARSHIPS
HUMANE SOCIETY OF COLLIER COUNTY, INC. - 370 AIRPORT PULLING ROAD NORTH - NAPLES, FL 34104	59-1033966	501(C)(3)	24,594.	0.			UNRESTRICTED USE
HUMANE SOCIETY OF COLLIER COUNTY, INC. - 370 AIRPORT PULLING ROAD NORTH - NAPLES, FL 34104	59-1033966	501(C)(3)	500.	0.			ANNUAL FUND

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
HUMANE SOCIETY OF COLLIER COUNTY, INC. - 370 AIRPORT PULLING ROAD NORTH - NAPLES, FL 34104	59-1033966	501(C)(3)	5,000.	0.			VETERINARIAN SERVICES
INDIANA UNIVERSITY FOUNDATION P.O. BOX 6460 INDIANAPOLIS, IN 46206	35-6018940	501(C)(3)	2,000.	0.			WELL HOUSE SOCIETY
INDIANA UNIVERSITY FOUNDATION P.O. BOX 6460 INDIANAPOLIS, IN 46206	35-6018940	501(C)(3)	3,000.	0.			UNRESTRICTED USE
INDIANA UNIVERSITY FOUNDATION P.O. BOX 6460 INDIANAPOLIS, IN 46206	35-6018940	501(C)(3)	1,000.	0.			IRWIN BORISH SCHOLARSHIP FUND
INSTITUTE FOR HUMANE STUDIES GEORGE MASON UNIVERSITY ARLINGTON, VA 22201	94-1623852	501(C)(3)	38,523.	0.			SCHOLARSHIP FUND ADMINISTERED BY IHS
J. B. SPEED ART MUSEUM 2035 SOUTH THIRD STREET LOUISVILLE, KY 40208	61-0444823	501(C)(3)	15,000.	0.			ANNUAL SUPPORT
JACKSONVILLE STATE UNIVERSITY FOUNDATION - ROOM #231BIBB GRAVES HALL - JACKSONVILLE, FL 36265	59-0790962	501(C)(3)	15,000.	0.			INTERNATIONAL HOUSE
JEWISH FEDERATION OF COLLIER COUNTY - 2500 VANDERBILT BEACH RD., #2201 - NAPLES, FL 34109	59-2151725	501(C)(3)	5,400.	0.			\$2,500 FOR THE GENERAL FUND, \$1,000 FOR PEOPLE OF THE BOOK, AND \$1,900 FOR THE POMEGRANATE EVENT
JOHNS HOPKINS UNIVERSITY DEVELOPMENT AND ALUMNI RELATIONS - SAN MARTIN CENTER - BALTIMORE, MD 21218	52-0595110	501(C)(3)	1,000.	0.			UNRESTRICTED USE

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.)

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JOHNS HOPKINS UNIVERSITY DEVELOPMENT AND ALUMNI RELATIONS - SAN MARTIN CENTER - BALTIMORE, MD 21218	52-0595110	501(C)(3)	5,000.	0.			KIMMEL CANCER CENTER RESERACH
JOHNSON UNIVERSITY FLORIDA 1011 BILL BECK BLVD. KISSIMMEE, FL 34744	62-6001104	501(C)(3)	10,870.	0.			UNRESTRICTED USE
JUDICIAL WATCH, INC. 425 THIRD STREET SW, #800 WASHINGTON, DC 20024	52-1885088	501(C)(3)	2,000.	0.			ANNUAL FUND
JUDICIAL WATCH, INC. 425 THIRD STREET SW, #800 WASHINGTON, DC 20024	52-1885088	501(C)(3)	5,000.	0.			UNRESTRICTED USE
LAKE BEULAH SAILING SCHOOL INC. P.O. BOX 729 EAST TROY, WI 53120	39-1172460	501(C)(3)	27,596.	0.			UNRESTRICTED USE
LANDMARK COLLEGE 19 RIVER ROAD SOUTH PUTNEY, VT 05346	22-2586208	501(C)(3)	10,000.	0.			UNRESTRICTED USE
LIBERTY YOUTH RANCH P. O. BOX 366206 BONITA SPRINGS, FL 34136	38-3674666	501(C)(3)	11,000.	0.			UNRESTRICTED USE
LIGHTHOUSE OF COLLIER, INC. 2685 HORSESHOE DRIVE S., #211 NAPLES, FL 34104	27-0401702	501(C)(3)	694.	0.			EQUIPMENT FOR CHILDREN'S PROGRAM
LIGHTHOUSE OF COLLIER, INC. 2685 HORSESHOE DRIVE S., #211 NAPLES, FL 34104	27-0401702	501(C)(3)	150.	0.			UNRESTRICTED USE

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.)

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LIGHTHOUSE OF COLLIER, INC. 2685 HORSESHOE DRIVE S., #211 NAPLES, FL 34104	27-0401702	501(C)(3)	5,000.	0.			AID FOR THE BLIND
LIGHTHOUSE OF COLLIER, INC. 2685 HORSESHOE DRIVE S., #211 NAPLES, FL 34104	27-0401702	501(C)(3)	500.	0.			BOOKBINDER MATCHING GIFT
LITERACY VOLUNTEERS OF COLLIER COUNTY - 8833 TAMIAMI TRAIL E. - NAPLES, FL 34113	65-0181251	501(C)(3)	2,000.	0.			STRATEGIC PLAN - THE FUTURE TO 2024
LITERACY VOLUNTEERS OF COLLIER COUNTY - 8833 TAMIAMI TRAIL E. - NAPLES, FL 34113	65-0181251	501(C)(3)	20,000.	0.			FAMILIES LEARNING ENGLISH PROGRAM
LOUISVILLE COLLEGIATE SCHOOL 2427 GLENMARY AVENUE LOUISVILLE, KY 40204	61-0449630	501(C)(3)	10,000.	0.			2ND CENTURY CAMPAIGN GIFT
LOUISVILLE ORCHESTRA 620 WEST MAIN STREET, #600 LOUISVILLE, KY 40202	61-6000384	501(C)(3)	10,000.	0.			ANNUAL GIFT
MANHATTAN BLUES SOCIETY 99 COMMERCIAL STREET, #7 BROOKLYN, NY 11222	83-3231463	501(C)(3)	9,000.	0.			UNRESTRICTED USE
MARCO ISLAND ACADEMY 2255 SAN MARCO ROAD MARCO ISLAND, FL 34145	27-4411503	501(C)(3)	25,000.	0.			GENERAL USE
MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA STREET, #540 BOSTON, MA 02114	04-1564655	501(C)(3)	1,000.	0.			ALZHEIMER'S RESEARCH

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.)

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MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA STREET, #540 BOSTON, MA 02114	04-1564655	501(C)(3)	30,000.	0.			TACKLE ALS RESEARCH
MASSACHUSETTS INSTITUTE OF TECHNOLOGY - MIT ALUMNI FUND - CAMBRIDGE, MA 02139	04-2103594	501(C)(3)	6,000.	0.			CLASS OF 1960 ENDOWMENT FOR INNOVATION IN EDUCATION
MAUI ADULT DAY CARE CENTER FOR SENIOR CITIZENS & DISABLED, INC. - 11 MAHAOLO STREET, #B - KAHALUI, HI 96732	99-0216306	501(C)(3)	11,000.	0.			HALE HULU MAMO
MAYO FOUNDATION FOR MEDICAL EDUCATION & RESEARCH - DEPARTMENT OF DEVELOPMENT - ROCHESTER, MN 55905	41-1506440	501(C)(3)	15,870.	0.			UNRESTRICTED USE
MAYO FOUNDATION FOR MEDICAL EDUCATION & RESEARCH - DEPARTMENT OF DEVELOPMENT - ROCHESTER, MN 55905	41-1506440	501(C)(3)	5,000.	0.			CENTER FOR INDIVIDUALIZED MEDICINE
MEALS OF HOPE, INC. 2221 CORPORATION BLVD. NAPLES, FL 34109	27-0268307	501(C)(3)	10,971.	0.			PURCHASE OF FOOD FOR FOOD PANTRY
MEALS OF HOPE, INC. 2221 CORPORATION BLVD. NAPLES, FL 34109	27-0268307	501(C)(3)	2,000.	0.			PARTICIPATION IN NETWORK FOR GOOD FUNDRAISING PROGRAM
MEMORIAL SLOAN-KETTERING CANCER CENTER - P.O. BOX 5028 - HAGERSTOWN, MD 21741	91-2154267	501(C)(3)	10,950.	0.			UNRESTRICTED USE
MENTAL HEALTH ASSOCIATION OF SOUTHWEST FLORIDA - 2335 TAMIAMI TRAIL N., #404 - NAPLES, FL 34103	23-7057026	501(C)(3)	12,150.	0.			GOLLEE GATOR CHILDREN'S MENTAL WELLNESS PROGRAM

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
MERCY HOME FOR BOYS AND GIRLS 1140 WEST JACKSON BLVD. CHICAGO, IL 60607	36-2171726	501(C)(3)	12,000.	0.			UNRESTRICTED USE
MIAMI CHILDREN'S HOSPITAL FOUNDATION - 3000 SW 62ND AVENUE - MIAMI, FL 33155	59-1720704	501(C)(3)	48,645.	0.			UNRESTRICTED USE
MONARCH RESEARCH PROJECT 4970 LAKESIDE ROAD MARION, IA 52302	47-5292786	501(C)(3)	12,500.	0.			REPOPULATING OF THE MONARCH BUTTERFLY
MOORINGS PARK FOUNDATION, INC. 120 MOORINGS PARK DRIVE NAPLES, FL 34105	26-3631295	501(C)(3)	41,000.	0.			SENIOR PEAK CHALLENGE
MOORINGS PARK FOUNDATION, INC. 120 MOORINGS PARK DRIVE NAPLES, FL 34105	26-3631295	501(C)(3)	200.	0.			GIVE THEM WINGS SCHOLARSHIP
MOORINGS PARK FOUNDATION, INC. 120 MOORINGS PARK DRIVE NAPLES, FL 34105	26-3631295	501(C)(3)	10,000.	0.			2019 SENIOR PEAK CHALLENGE
MOORINGS PARK FOUNDATION, INC. 120 MOORINGS PARK DRIVE NAPLES, FL 34105	26-3631295	501(C)(3)	-3,500.	0.			REPAIRS & RENOVATIONS FOR THE ASSISTED LIVING FACILITY
MOORINGS PARK FOUNDATION, INC. 120 MOORINGS PARK DRIVE NAPLES, FL 34105	26-3631295	501(C)(3)	3,000.	0.			UNRESTRICTED USE FOR SCHOLARSHIP FOUNDATION
MOORINGS PARK FOUNDATION, INC. 120 MOORINGS PARK DRIVE NAPLES, FL 34105	26-3631295	501(C)(3)	500.	0.			CHRISTMAS AND RECOGNITION FUND

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
MOORINGS PARK FOUNDATION, INC. 120 MOORINGS PARK DRIVE NAPLES, FL 34105	26-3631295	501(C)(3)	15,000.	0.			ENHANCEMENTS TO MOORINGS PARK LIBRARY
MOORINGS PARK FOUNDATION, INC. 120 MOORINGS PARK DRIVE NAPLES, FL 34105	26-3631295	501(C)(3)	9,074.	0.			SCHOLARSHIP FUND
MOORINGS PARK FOUNDATION, INC. 120 MOORINGS PARK DRIVE NAPLES, FL 34105	26-3631295	501(C)(3)	1,000.	0.			UNRESTRICTED USE
MULTIPLE SCLEROSIS CENTER OF SOUTHWEST FLORIDA, INC. - 3372 WOODS EDGE CIRCLE, #103 - BONITA SPRINGS, FL 34134	31-1763776	501(C)(3)	23,000.	0.			CARE COORDINATION PROGRAM
NAMI OF COLLIER COUNTY 6216 TRAIL BLVD NAPLES, FL 34108	65-0047747	501(C)(3)	6,000.	0.			UNRESTRICTED USE
NAMI OF COLLIER COUNTY 6216 TRAIL BLVD NAPLES, FL 34108	65-0047747	501(C)(3)	300.	0.			STUDENT ALLIANCE ON MENTAL ILLNESS
NAPLES BOTANICAL GARDEN, INC. 4820 BAYSHORE DRIVE, #D NAPLES, FL 34112	65-0511429	501(C)(3)	1,000.	0.			CHILDREN'S PROGRAMS
NAPLES BOTANICAL GARDEN, INC. 4820 BAYSHORE DRIVE, #D NAPLES, FL 34112	65-0511429	501(C)(3)	2,000.	0.			OPERATING EXPENSES
NAPLES BOTANICAL GARDEN, INC. 4820 BAYSHORE DRIVE, #D NAPLES, FL 34112	65-0511429	501(C)(3)	500.	0.			MICHAEL NORRIS GARDEN

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.)

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NAPLES BOTANICAL GARDEN, INC. 4820 BAYSHORE DRIVE, #D NAPLES, FL 34112	65-0511429	501(C)(3)	10,000.	0.			2019 BROMELIAD SUPPORT
NAPLES BOTANICAL GARDEN, INC. 4820 BAYSHORE DRIVE, #D NAPLES, FL 34112	65-0511429	501(C)(3)	1,000.	0.			UNRESTRICTED USE
NAPLES BOTANICAL GARDEN, INC. 4820 BAYSHORE DRIVE, #D NAPLES, FL 34112	65-0511429	501(C)(3)	500.	0.			MEMBERSHIP SUPPORT
NAPLES BOTANICAL GARDEN, INC. 4820 BAYSHORE DRIVE, #D NAPLES, FL 34112	65-0511429	501(C)(3)	2,000.	0.			HURRICANE RECOVERY FUND
NAPLES CHRISTIAN CHURCH 8000 GOODLETTE ROAD NORTH NAPLES, FL 34109	59-6519467	501(C)(3)	10,870.	0.			UNRESTRICTED USE
NAPLES COMMUNITY CHURCH, INC. 849 7TH AVENUE S., #696 NAPLES, FL 34102	20-5956100	501(C)(3)	1,166.	0.			MEDICAL SAFETY IN CHURCH
NAPLES COMMUNITY CHURCH, INC. 849 7TH AVENUE S., #696 NAPLES, FL 34102	20-5956100	501(C)(3)	10,000.	0.			UNRESTRICTED USE
NAPLES MUSIC CLUB P.O. BOX 112383 NAPLES, FL 34108	59-6213932	501(C)(3)	20,000.	0.			MUSICSCORES! PRE-K LITERACY/VIOLIN HEAD START PROGRAM
NAPLES PLAYERS, INC. 701 5TH AVENUE S. NAPLES, FL 34102	59-6213932	501(C)(3)	538.	0.			UNDERWRITING A PLAY

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.)

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NAPLES PLAYERS, INC. 701 5TH AVENUE S. NAPLES, FL 34102	59-6213932	501(C)(3)	325.	0.			GENERAL OPERATING PURPOSES
NAPLES PLAYERS, INC. 701 5TH AVENUE S. NAPLES, FL 34102	59-6213932	501(C)(3)	50,000.	0.			OPERATIONS AT THE DIRECTION OF PATTY AND JAY BAKER
NAPLES PLAYERS, INC. 701 5TH AVENUE S. NAPLES, FL 34102	59-6213932	501(C)(3)	1,622.	0.			KIDZACT EDUCATIONAL PROGRAM
NAPLES SENIOR CENTER AT JFCS 5025 CASTELLO DRIVE, #101 NAPLES, FL 34103	45-3980909	501(C)(3)	50,000.	0.			CAPITAL CAMPAIGN AT THE DIRECTION OF PATTY AND JAY BAKER
NAPLES SENIOR CENTER AT JFCS 5025 CASTELLO DRIVE, #101 NAPLES, FL 34103	45-3980909	501(C)(3)	4,000.	0.			OPERATIONS
NAPLES SENIOR CENTER AT JFCS 5025 CASTELLO DRIVE, #101 NAPLES, FL 34103	45-3980909	501(C)(3)	5,000.	0.			BUILDING FUND
NAPLES SENIOR CENTER AT JFCS 5025 CASTELLO DRIVE, #101 NAPLES, FL 34103	45-3980909	501(C)(3)	5,000.	0.			BRINGING TECHNOLOGY TO GERIATRIC CASE MANAGEMENT
NAPLES SENIOR CENTER AT JFCS 5025 CASTELLO DRIVE, #101 NAPLES, FL 34103	45-3980909	501(C)(3)	750.	0.			UNRESTRICTED USE
NAPLES SENIOR CENTER AT JFCS 5025 CASTELLO DRIVE, #101 NAPLES, FL 34103	45-3980909	501(C)(3)	10,971.	0.			PURCHASE OF FOOD FOR FOOD PANTRY

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
NAPLES SENIOR CENTER AT JFCS 5025 CASTELLO DRIVE, #101 NAPLES, FL 34103	45-3980909	501(C)(3)	13,000.	0.			HURRICANE ROOF AND MOLD REPAIR
NAPLES SENIOR CENTER AT JFCS 5025 CASTELLO DRIVE, #101 NAPLES, FL 34103	45-3980909	501(C)(3)	500.	0.			GENERAL SUPPORT
NAPLES SENIOR CENTER AT JFCS 5025 CASTELLO DRIVE, #101 NAPLES, FL 34103	45-3980909	501(C)(3)	30,000.	0.			INFORMATION AND REFERRAL FOR SENIORS
NAPLES TAKE A SOLDIER FISHING 3575 19TH AVENUE SW NAPLES, FL 34117	46-4731427	501(C)(3)	43,000.	0.			NAPLES TAKE A SOLDIER FISHING - LOVED ONE
NAPLES THERAPEUTIC RIDING CENTER 206 RIDGE DRIVE NAPLES, FL 34108	65-0793008	501(C)(3)	3,650.	0.			UNRESTRICTED USE
NAPLES THERAPEUTIC RIDING CENTER 206 RIDGE DRIVE NAPLES, FL 34108	65-0793008	501(C)(3)	250.	0.			AT-RISK YOUTH PROGRAMS
NAPLES THERAPEUTIC RIDING CENTER 206 RIDGE DRIVE NAPLES, FL 34108	65-0793008	501(C)(3)	20,000.	0.			THERAPIES FOR CHILDREN & YOUTH
NAPLES TOUCHDOWN CLUB, INC. 1100 GOLDEN EAGLE CIRCLE NAPLES, FL 34102	01-0732772	501(C)(3)	5,500.	0.			UNRESTRICTED USE
NCH HEALTHCARE FOUNDATION 350 7TH STREET N. NAPLES, FL 34106	59-2314655	501(C)(3)	10,074.	0.			UNRESTRICTED USE

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
NCH HEALTHCARE FOUNDATION 350 7TH STREET N. NAPLES, FL 34106	59-2314655	501(C)(3)	7,500.	0.			NCH CENTER FOR PHILANTHROPY
NCH HEALTHCARE FOUNDATION 350 7TH STREET N. NAPLES, FL 34106	59-2314655	501(C)(3)	500.	0.			CANCER PROGRAMS OR CANCER RESEARCH
NCH HEALTHCARE FOUNDATION 350 7TH STREET N. NAPLES, FL 34106	59-2314655	501(C)(3)	7,500.	0.			AMBASSADOR PROGRAM
NCH HEALTHCARE FOUNDATION 350 7TH STREET N. NAPLES, FL 34106	59-2314655	501(C)(3)	125,000.	0.			SUPPORT OF THE MAGNOLIA BALL FOR THE ONCOLOGY PROGRAM
NCH HEALTHCARE FOUNDATION 350 7TH STREET N. NAPLES, FL 34106	59-2314655	501(C)(3)	7,000.	0.			NURSING SCHOLARSHIP
NCH HEALTHCARE FOUNDATION 350 7TH STREET N. NAPLES, FL 34106	59-2314655	501(C)(3)	1,000.	0.			MOBILITY GARDEN
NCH HEALTHCARE FOUNDATION 350 7TH STREET N. NAPLES, FL 34106	59-2314655	501(C)(3)	636.	0.			EDUCATIONAL PURPOSES
NCH HEALTHCARE FOUNDATION 350 7TH STREET N. NAPLES, FL 34106	59-2314655	501(C)(3)	11,957.	0.			BENEFIT OF THE NAPLES COMMUNITY HOSPITAL
NCH HEALTHCARE FOUNDATION 350 7TH STREET N. NAPLES, FL 34106	59-2314655	501(C)(3)	10,000.	0.			2018 NCH BAKER HOSPITAL DOWNTOWN EMERGENCY DEPARTMENT SUPPORT

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
NCH HEALTHCARE FOUNDATION 350 7TH STREET N. NAPLES, FL 34106	59-2314655	501(C)(3)	7,500.	0.			MEDICAL DIPLOMATS
NEIGHBORHOOD HEALTH CLINIC 121 GOODLETTE ROAD N. NAPLES, FL 34102	59-3546884	501(C)(3)	31,398.	0.			UNRESTRICTED USE
NEIGHBORHOOD HEALTH CLINIC 121 GOODLETTE ROAD N. NAPLES, FL 34102	59-3546884	501(C)(3)	2,000.	0.			GENERAL FUND
NEIGHBORHOOD HEALTH CLINIC 121 GOODLETTE ROAD N. NAPLES, FL 34102	59-3546884	501(C)(3)	50,000.	0.			CLINIC EXPANSION CAMPAIGN
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 - NAPLES, FL 34108	11-3678086	501(C)(3)	5,000.	0.			CHILDREN'S PROGRAMS
NEW HORIZONS OF SOUTHWEST FLORIDA, INC. - P.O. BOX 111833 - NAPLES, FL 34108	11-3678086	501(C)(3)	20,000.	0.			SUPER TEENS CLUB AND SUPER TEENS LEADERSHIP CAMP
NEW HORIZONS OF SOUTHWEST FLORIDA, INC. - P.O. BOX 111833 - NAPLES, FL 34108	11-3678086	501(C)(3)	5,000.	0.			LAPTOPS FOR NEW LAUNCH OF SUPER KIDS CLUB
NOAH'S ARK FAMILY SERVICES 11853 COLLIER BLVD. NAPLES, FL 34116	81-2885321	501(C)(3)	250.	0.			WALK-IN COMMERCIAL REFRIGERATOR

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
NOAH'S ARK FAMILY SERVICES 11853 COLLIER BLVD. NAPLES, FL 34116	81-2885321	501(C)(3)	2,040.	0.			FREEZER FOR FOOD PANTRY
NOAH'S ARK FAMILY SERVICES 11853 COLLIER BLVD. NAPLES, FL 34116	81-2885321	501(C)(3)	15,000.	0.			OPERATING COSTS
NORTH NAPLES UNITED METHODIST CHURCH - 6000 GOODLETTE ROAD - NAPLES, FL 34109	59-1383829	501(C)(3)	25,000.	0.			CARRY IT FORWARD
NORTH NAPLES UNITED METHODIST CHURCH - 6000 GOODLETTE ROAD - NAPLES, FL 34109	59-1383829	501(C)(3)	200.	0.			DEBT REDUCTION CAMPAIGN
NORTH NAPLES UNITED METHODIST CHURCH - 6000 GOODLETTE ROAD - NAPLES, FL 34109	59-1383829	501(C)(3)	1,022.	0.			UNRESTRICTED USE
NORTH NAPLES UNITED METHODIST CHURCH - 6000 GOODLETTE ROAD - NAPLES, FL 34109	59-1383829	501(C)(3)	500.	0.			BOY SCOUT TROOP 243
NORTHLAND COLLEGE 1411 ELLIS AVENUE ASHLAND, WI 54806	39-0806428	501(C)(3)	250,000.	0.			PRESIDENT'S MATCH
NORTHSIDE NAPLES KIWANIS FOUNDATION, INC. - P.O. BOX 770060 - NAPLES, FL 34107	65-0697861	501(C)(3)	10,000.	0.			CHRISTMAS IN JULY BACKPACK PROGRAM
NORTHWOOD SCHOOL 92 NORTHWOOD ROAD LAKE PLACID, NY 12946	14-1401103	501(C)(3)	500,000.	0.			DORMITORY REMODEL

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.)

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NORTHWOOD SCHOOL 92 NORTHWOOD ROAD LAKE PLACID, NY 12946	14-1401103	501(C)(3)	100,000.	0.			NORTHWOOD ON MAIN PROJECT
OHANA MAKAMAE, INC. P.O. BOX 914 HANA, HI 96713	99-0342126	501(C)(3)	11,000.	0.			GENERAL SUPPORT
OLDFIELDS SCHOOL 1500 GLENCOE ROAD SPARKS GLENCOE, MD 21152	52-0591645	501(C)(3)	10,000.	0.			UNRESTRICTED USE
ON POINT FOR COLLEGE 488 WEST ONONDAGA STREET SYRACUSE, NY 13202	16-1569356	501(C)(3)	10,000.	0.			COLLEGE EDUCATION SUPPORT PROGRAM
ON POINT FOR COLLEGE 488 WEST ONONDAGA STREET SYRACUSE, NY 13202	16-1569356	501(C)(3)	20,000.	0.			UNRESTRICTED USE
ONE BY ONE LEADERSHIP FOUNDATION, INC. - P.O. BOX 5393 - IMMOKALEE, FL 34143	59-1711633	501(C)(3)	5,000.	0.			TASTE OF IMMOKALEE OUT-OF-SCHOOL YOUTH ENTREPRENEURSHIP PROGRAM
ONE BY ONE LEADERSHIP FOUNDATION, INC. - P.O. BOX 5393 - IMMOKALEE, FL 34143	59-1711633	501(C)(3)	500.	0.			NETWORK FOR GOOD RENEWAL
OPERA NAPLES, INC. 2408 LINWOOD AVENUE NAPLES, FL 34112	42-1671038	501(C)(3)	25,000.	0.			UNRESTRICTED USE
OPERA NAPLES, INC. 2408 LINWOOD AVENUE NAPLES, FL 34112	42-1671038	501(C)(3)	600.	0.			GENERAL PURPOSES

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
OPERA NAPLES, INC. 2408 LINWOOD AVENUE NAPLES, FL 34112	42-1671038	501(C)(3)	10,000.	0.			CHILDREN'S SCHOLARSHIPS AND FOR CHILDREN TO ATTEND PERFORMANCES
PACE CENTER FOR GIRLS 160 N. 1ST STREET IMMOKALEE, FL 34142	59-2414492	501(C)(3)	3,500.	0.			UNRESTRICTED USE
PACE CENTER FOR GIRLS 160 N. 1ST STREET IMMOKALEE, FL 34142	59-2414492	501(C)(3)	5,000.	0.			SUPPORT FOR TWO GIRLS
PATHWAYS EARLY EDUCATION CENTER 4060 TAMIAMI TRAIL N. #1 NAPLES, FL 34103	59-1209842	501(C)(3)	500.	0.			HOLIDAY GIFTS FOR FAMILIES AND CHILDREN
PATHWAYS EARLY EDUCATION CENTER 4060 TAMIAMI TRAIL N. #1 NAPLES, FL 34103	59-1209842	501(C)(3)	2,149.	0.			UNRESTRICTED USE
PATHWAYS EARLY EDUCATION CENTER 4060 TAMIAMI TRAIL N. #1 NAPLES, FL 34103	59-1209842	501(C)(3)	250.	0.			GENERAL USE
PATHWAYS EARLY EDUCATION CENTER 4060 TAMIAMI TRAIL N. #1 NAPLES, FL 34103	59-1209842	501(C)(3)	5,000.	0.			GENERAL SUPPORT
PHYSICIAN LED ACCESS NETWORK (PLAN) - 2671 AIRPORT ROAD S. #202 - NAPLES, FL 34112	20-0477556	501(C)(3)	2,000.	0.			REESTABLISHING A FUNDRAISING PROGRAM
PHYSICIAN LED ACCESS NETWORK (PLAN) - 2671 AIRPORT ROAD S. #202 - NAPLES, FL 34112	20-0477556	501(C)(3)	15,000.	0.			SUPPORTED LIVING FOR INDIVIDUALS WITH DISABILITIES

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
PHYSICIAN LED ACCESS NETWORK (PLAN) - 2671 AIRPORT ROAD S. #202 - NAPLES, FL 34112	20-0477556	501(C)(3)	200.	0.			UNRESTRICTED USE
PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA - 736 CENTRAL AVENUE - SARASOTA, FL 34236	59-1274328	501(C)(3)	27,329.	0.			UNRESTRICTED USE
PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA - 736 CENTRAL AVENUE - SARASOTA, FL 34236	59-1274328	501(C)(3)	2,816.	0.			AIDS RESEARCH, TREATMENT OR EDUCATION
PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA - 736 CENTRAL AVENUE - SARASOTA, FL 34236	59-1274328	501(C)(3)	1,000.	0.			ANNUAL FUND
PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA - 736 CENTRAL AVENUE - SARASOTA, FL 34236	59-1274328	501(C)(3)	3,000.	0.			ANNUAL GIFT
PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA - 736 CENTRAL AVENUE - SARASOTA, FL 34236	59-1274328	501(C)(3)	250.	0.			NAPLES VOICES FOR CHOICE LUNCHEON APPEAL
PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA - 736 CENTRAL AVENUE - SARASOTA, FL 34236	59-1274328	501(C)(3)	10,000.	0.			SURVIVING LUNCH BULLYING CURRICULUM
PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA - 736 CENTRAL AVENUE - SARASOTA, FL 34236	59-1274328	501(C)(3)	6,000.	0.			UNRESTRICTED USE FOR COLLIER COUNTY
PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA - 736 CENTRAL AVENUE - SARASOTA, FL 34236	59-1274328	501(C)(3)	6,120.	0.			FAMILY PLANNING SERVICES

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
PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA - 736 CENTRAL AVENUE - SARASOTA, FL 34236	59-1274328	501(C)(3)	5,000.	0.			OUTREACH EDUCATION FOR GIRLS/YOUNG WOMEN IN COLLIER COUNTY
PROTECTION OF RIGHTS ALLIANCE FOUNDATION - P.O. BOX 28 - HARBOR SPRINGS, MI 49740	81-4270395	501(C)(3)	12,000.	0.			GENERAL FUND
RCMA 402 W. MAIN STREET IMMOKALEE, FL 34142	59-1221966	501(C)(3)	250.	0.			UNRESTRICTED USE
RCMA 402 W. MAIN STREET IMMOKALEE, FL 34142	59-1221966	501(C)(3)	26,421.	0.			HURRICANE IRMA DISASTER RELIEF
REBUILDING TOGETHER, INC. 999 N. CAPITOL ST. NE, #701 WASHINGTON, DC 20002	52-1585880	501(C)(3)	10,000.	0.			HOUSING FOR VETERANS
REMNANT TRUST, INC. TEXAS TECH UNIVERSITY LUBBOCK, TX 79409	35-2072847	501(C)(3)	100,000.	0.			OPERATING EXPENSES
RESCUE MISSION OF SYRACUSE, N.Y. 155 GIFFORD STREET SYRACUSE, NY 13202	15-0532146	501(C)(3)	500.	0.			THANKSGIVING MEALS
RESCUE MISSION OF SYRACUSE, N.Y. 155 GIFFORD STREET SYRACUSE, NY 13202	15-0532146	501(C)(3)	100,000.	0.			CAPITAL CAMPAIGN
RESIDENTIAL OPTIONS OF FLORIDA, INC. (ROOF) - 3050 HORSESHOE DRIVE, N. #285 - NAPLES, FL 34104	47-1232139	501(C)(3)	15,000.	0.			SUPPORTED LIVING FOR INDIVIDUALS WITH DISABILITIES

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
RESIDENTIAL OPTIONS OF FLORIDA, INC. (ROOF) - 3050 HORSESHOE DRIVE, N. #285 - NAPLES, FL 34104	47-1232139	501(C)(3)	500.	0.			HOUSE IN IMMOKALEE
RESIDENTIAL OPTIONS OF FLORIDA, INC. (ROOF) - 3050 HORSESHOE DRIVE, N. #285 - NAPLES, FL 34104	47-1232139	501(C)(3)	2,000.	0.			PARTICIPATION IN NETWORK FOR GOOD FUNDRAISING PROGRAM
ROCKFORD ART MUSEUM 711 NORTH MAIN STREET ROCKFORD, IL 61103	36-2349612	501(C)(3)	10,000.	0.			\$8,000 FOR 2018 ANNUAL FUND AND \$2,000 FOR PATRON MEMBERSHIP
ROTARY CLUB OF NAPLES CHARITABLE FOUNDATION, INC. - P.O. BOX 990206 - NAPLES, FL 34106	27-1405132	501(C)(3)	636.	0.			EDUCATIONAL PURPOSES
ROTARY CLUB OF NAPLES CHARITABLE FOUNDATION, INC. - P.O. BOX 990206 - NAPLES, FL 34106	27-1405132	501(C)(3)	250.	0.			UNRESTRICTED USE
ROTARY CLUB OF NAPLES CHARITABLE FOUNDATION, INC. - P.O. BOX 990206 - NAPLES, FL 34106	27-1405132	501(C)(3)	1,000.	0.			WHEELCHAIRS
ROTARY CLUB OF NAPLES CHARITABLE FOUNDATION, INC. - P.O. BOX 990206 - NAPLES, FL 34106	27-1405132	501(C)(3)	12,000.	0.			LEARN2EARN SCHOLARSHIP PROGRAM
SACRED HEARTS MODEL SCHOOLS INC. 3177 LEXINGTON ROAD LOUISVILLE, KY 40206	61-1181710	501(C)(3)	10,000.	0.			GENERAL FUND
SACRED HEARTS MODEL SCHOOLS INC. 3177 LEXINGTON ROAD LOUISVILLE, KY 40206	61-1181710	501(C)(3)	1,600.	0.			UNRESTRICTED USE

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.)

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SAINT MEINRAD ARCHABBEY 200 HILL DRIVE ST. MEINRAD, IN 47577	35-0868161	501(C)(3)	10,000.	0.			RENOVATION OF THE MONASTIC INFIRMARY
SALVATION ARMY OF COLLIER COUNTY P.O. BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	41,508.	0.			UNRESTRICTED USE
SALVATION ARMY OF COLLIER COUNTY P.O. BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	5,000.	0.			FRAN COHEN YOUTH CENTER
SALVATION ARMY OF COLLIER COUNTY P.O. BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	770.	0.			TO BE USED EXCLUSIVELY FOR CHAITABLE PURPOSES AND NOT FOR POLITICAL ACTIVITY
SALVATION ARMY OF COLLIER COUNTY P.O. BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	1,000.	0.			ANNUAL FUND
SALVATION ARMY OF COLLIER COUNTY P.O. BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	600.	0.			GENERAL PURPOSES
SALVATION ARMY OF COLLIER COUNTY P.O. BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	40,000.	0.			FRAN COHEN YOUTH CENTER OUT OF SCHOOL PROGRAMS
SALVATION ARMY OF COLLIER COUNTY P.O. BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	240.	0.			FUNDING PROGRAMS IN COLLIER COUNTY
SALVATION ARMY OF COLLIER COUNTY P.O. BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	500.	0.			CHRISTMAS OFFERINGS

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
SALVATION ARMY OF COLLIER COUNTY P.O. BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	1,000.	0.			CHRISTMAS FUND
SALVATION ARMY OF COLLIER COUNTY P.O. BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	2,500.	0.			GENERAL FUND
SALVATION ARMY OF COLLIER COUNTY P.O. BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	10,971.	0.			PURCHASE OF FOOD FOR FOOD PANTRY
SALVATION ARMY OF COLLIER COUNTY P.O. BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	10,000.	0.			AFTER SCHOOL PROGRAM IN THE FRAN COHEN YOUTH CENTER
SALVATION ARMY PANAMA CITY 1824 W. 15TH STREET PANAMA CITY, FL 32401	58-0660607	501(C)(3)	7,500.	0.			HURRICANE MICHAEL RELIEF
SAMARITAN'S PURSE P.O. BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	500.	0.			UNRESTRICTED USE FOR INTERNATIONAL RELIEF
SAMARITAN'S PURSE P.O. BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	100.	0.			UNRESTRICTED USE
SAMARITAN'S PURSE P.O. BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	25.	0.			HURRICANE FLORENCE AID
SAMARITAN'S PURSE P.O. BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	10,000.	0.			RELIEF FUNDS

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
SEACREST COUNTRY DAY SCHOOL 7100 DAVIS BLVD. NAPLES, FL 34104	59-2311341	501(C)(3)	1,000.	0.			WORKBOOKS FOR THE LOWER SCHOOL
SEACREST COUNTRY DAY SCHOOL 7100 DAVIS BLVD. NAPLES, FL 34104	59-2311341	501(C)(3)	4,496.	0.			CHILDREN'S GRIEF SUPPORT
SHADOW WOOD CHARITABLE FOUNDATION 24600 TAMIAMI TRAIL, #212 BONITA SPRINGS, FL 34134	38-3881140	501(C)(3)	2,000.	0.			CAF OF LIFE
SHADOW WOOD CHARITABLE FOUNDATION 24600 TAMIAMI TRAIL, #212 BONITA SPRINGS, FL 34134	38-3881140	501(C)(3)	300.	0.			DONATION FOR 2019 CAPITAL BANK TENNIS INVITATIONAL
SHADOW WOOD CHARITABLE FOUNDATION 24600 TAMIAMI TRAIL, #212 BONITA SPRINGS, FL 34134	38-3881140	501(C)(3)	10,000.	0.			UNRESTRICTED USE
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	2,380.	0.			RENT AND UTILITY DEPOSITS
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	2,000.	0.			RENT AND DEPOSIT
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	1,950.	0.			FOR LAST MONTH'S RENT OF \$1300 AND SECURITY DEPOSIT
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	3,917.	0.			RENT AND UTILITIES

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
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	2,130.	0.			RENT AND SECURITY DEPOSITS FOR ELECTRICITY, WATER AND SEWER
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	1,997.	0.			RENT AND DEPOSIT
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	1,600.	0.			FIRST AND LAST MONTHS' RENT
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	1,798.	0.			RENT
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	62,081.	0.			UNRESTRICTED USE
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	1,950.	0.			FIRST AND LAST MONTHS RENT AND SECURITY PAYMENT
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	2,100.	0.			MOBILE HOME PURCHASE, REPAIR, AND DEPOSIT
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	1,500.	0.			MENDING BROKEN HEARTS WITH HOPE LUNCHEON
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	10,000.	0.			MENDING BROKEN HEARTS WITH HOPE

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
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	1,600.	0.			HOUSING
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	5,000.	0.			RENT ASSISTANCE
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	2,100.	0.			RENT - FIRST, LAST AND SECURITY
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	2,282.	0.			SECURITY DEPOSIT & RENT, PLUS ELECTRICITY & WATER DEPOSITS
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	1,489.	0.			RENT, DEPOSIT AND UTILITIES
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	2,000.	0.			\$1800 FOR FIRST AND LAST MONTHS' RENT AND \$200 FOR CLEAN UP FEE
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	1,695.	0.			DOCUMENT TRANSLATION AND EDUCATION COSTS
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	1,888.	0.			TO PURCHASE A CAR
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	5,000.	0.			TRANSPORTATION COSTS

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
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	2,000.	0.			SECURITY DEPOSIT AND FIRST MONTHS' RENT
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	4,105.	0.			EDUCATION
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	2,844.	0.			IN SUPPORT OF THE SHELTER
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	2,029.	0.			\$917 RENTAL DEPOSIT, \$871.71 FOR RENT, AND \$240 ELECTRICAL DEPOSIT
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	500.	0.			UNRESTRICTED, BEST USE
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	2,000.	0.			CAR PURCHASE
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	5,000.	0.			2019 MENDING BROKEN HEARTS WITH HOPE LUNCHEON
SHRINERS HOSPITALS FOR CHILDREN 2900 NORTH ROCKY POINT DRIVE TAMPA, FL 33607	36-2193608	501(C)(3)	5,623.	0.			UNRESTRICTED USE
SHRINERS HOSPITALS FOR CHILDREN 2900 NORTH ROCKY POINT DRIVE TAMPA, FL 33607	36-2193608	501(C)(3)	1,000.	0.			ANNUAL FUND

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.)

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SHY WOLF SANCTUARY, EDUCATION AND EXPERIENCE CENTER, INC. - P.O. BOX 3032 - NAPLES, FL 34106	59-3691867	501(C)(3)	5,250.	0.			UNRESTRICTED USE
SHY WOLF SANCTUARY, EDUCATION AND EXPERIENCE CENTER, INC. - P.O. BOX 3032 - NAPLES, FL 34106	59-3691867	501(C)(3)	2,000.	0.			FEED AND SUPPORT WOLVES, DOGS AND OTHER ANIMAL RESIDENTS AT THE SANCTUARY
SIGHTLINE INSTITUTE 1402 THIRD AVENUE, #500 SEATTLE, WA 98101	52-1833599	501(C)(3)	10,000.	0.			GENERAL FUND
SKANEATELES FESTIVAL 97 EAST GENESEE STREET SKANEATELES, NY 13152	22-2317577	501(C)(3)	5,000.	0.			ANNUAL FESTIVAL
SKANEATELES FESTIVAL 97 EAST GENESEE STREET SKANEATELES, NY 13152	22-2317577	501(C)(3)	5,000.	0.			MUSIC CONCERTS
SKANEATELES LAKE ASSOCIATION, INC. P. O. BOX 862 SKANEATELES, NY 13152	23-7045486	501(C)(3)	5,000.	0.			UNRESTRICTED USE
SKANEATELES LAKE ASSOCIATION, INC. P. O. BOX 862 SKANEATELES, NY 13152	23-7045486	501(C)(3)	2,500.	0.			LEGACY FUND
SKANEATELES LAKE ASSOCIATION, INC. P. O. BOX 862 SKANEATELES, NY 13152	23-7045486	501(C)(3)	1,000.	0.			ANNUAL FUND
SKANEATELES RECREATIONAL CHARITABLE TRUST - 11 FENNEL STREET, #1 - SKANEATELES, NY 13152	16-1556744	501(C)(3)	32,864.	0.			SKANEATELES COMMUNITY CENTER ICE FACILITY MAINTENANCE & REPAIR

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.)

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SNIP COLLIER INC. 6491 SABLE RIDGE LANE NAPLES, FL 34109	47-4607649	501(C)(3)	5,000.	0.			VETERINARY ASSISTANCE AND FREE SURGERIES FOR FAMILIES WHO CANNOT AFFORD IT
SNIP COLLIER INC. 6491 SABLE RIDGE LANE NAPLES, FL 34109	47-4607649	501(C)(3)	500.	0.			UNRESTRICTED USE
SONG MOUNTAIN RACE CLUB, INC. P.O. BOX 831 TULLY, NY 13159	16-1492675	501(C)(3)	10,000.	0.			CENTRAL NEW YORK SKI RACING FOUNDATION
SOUTH FLORIDA NATIONAL PARKS TRUST 1390 S. DIXIE HIGHWAY, #2203 CORAL GABLES, FL 33146	13-4341209	501(C)(3)	12,560.	0.			HURRICANE GEAR REPLACEMENT FOR GULF COAST RANGER STAFF
SOUTH FLORIDA NATIONAL PARKS TRUST 1390 S. DIXIE HIGHWAY, #2203 CORAL GABLES, FL 33146	13-4341209	501(C)(3)	10,000.	0.			EVERGLADES SWAMP WALK FOR 6TH GRADE STUDENTS
SOUTH FLORIDA NATIONAL PARKS TRUST 1390 S. DIXIE HIGHWAY, #2203 CORAL GABLES, FL 33146	13-4341209	501(C)(3)	20,000.	0.			SWAMP WATER AND ME PROGRAM (SWAMP)
SOUTHWEST FLORIDA LAND PRESERVATION TRUST - P.O. BOX 2465 - NAPLES, FL 34106	65-0066474	501(C)(3)	209,693.	0.			MANHATTAN ROAD & BRIDGE DRAW #3
SOUTHWEST FLORIDA LAND PRESERVATION TRUST - P.O. BOX 2465 - NAPLES, FL 34106	65-0066474	501(C)(3)	108,225.	0.			MANHATTAN ROAD & BRIDGE DRAW #4
SOUTHWEST FLORIDA LAND PRESERVATION TRUST - P.O. BOX 2465 - NAPLES, FL 34106	65-0066474	501(C)(3)	66,572.	0.			MANHATTAN ROAD & BRIDGE DRAW #2

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.)

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SOUTHWEST FLORIDA LAND PRESERVATION TRUST - P.O. BOX 2465 - NAPLES, FL 34106	65-0066474	501(C)(3)	6,922.	0.			MANHATTAN ROAD & BRIDGE DRAW #1
SPOT'S LAST STOP 14319 SHORE LANE NE PRIOR LAKE, MN 55372	81-2774441	501(C)(3)	22,000.	0.			UNRESTRICTED, BEST USE
ST. ANN CATHOLIC CHURCH 475 9TH AVENUE S. NAPLES, FL 34102	59-0823952	501(C)(3)	20,648.	0.			UNRESTRICTED USE
ST. ANN SCHOOL FOUNDATION, INC. 475 9TH AVENUE S. NAPLES, FL 34102	59-2201867	501(C)(3)	20,000.	0.			FOUNDATION SUPPORT
ST. ANN SCHOOL FOUNDATION, INC. 475 9TH AVENUE S. NAPLES, FL 34102	59-2201867	501(C)(3)	1,000.	0.			GENERAL USE
ST. CATHERINE UNIVERSITY 2004 RANDOLPH AVE. ST. PAUL, MN 55105	41-0695509	501(C)(3)	2,500.	0.			GENERAL SUPPORT
ST. CATHERINE UNIVERSITY 2004 RANDOLPH AVE. ST. PAUL, MN 55105	41-0695509	501(C)(3)	60,000.	0.			ANNE JOACHIM SCHOLARSHIP
ST. JAMES EPISCOPAL CHURCH 96 EAST GENESEE STREET SKANEATELES, NY 13152	15-0611600	501(C)(3)	20,000.	0.			ANNUAL GIFT
ST. JOHN NEUMANN HIGH SCHOOL 3000 53RD STREET SW NAPLES, FL 34116	59-2017451	501(C)(3)	18,648.	0.			UNRESTRICTED USE

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.)

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ST. JOHN'S EPISCOPAL CHURCH 500 PARK SHORE DRIVE NAPLES, FL 34103	59-2153759	501(C)(3)	28,800.	0.			UNRESTRICTED USE BY THE BENEVOLENCE FUND
ST. JOHN'S EPISCOPAL CHURCH 500 PARK SHORE DRIVE NAPLES, FL 34103	59-2153759	501(C)(3)	960.	0.			UNRESTRICTED USE
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	49,745.	0.			UNRESTRICTED USE
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	2,500.	0.			RUNWAY TO MIRACLES
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	250.	0.			RIDE FOR A REASON CHANHASSEN
ST. MATTHEW'S HOUSE 2601 AIRPORT ROAD S. NAPLES, FL 34112	65-1110501	501(C)(3)	25,000.	0.			COURTYARD AT THE CAMPBELL LODGE
ST. MATTHEW'S HOUSE 2601 AIRPORT ROAD S. NAPLES, FL 34112	65-1110501	501(C)(3)	1,500.	0.			2019 GOLFATHON
ST. MATTHEW'S HOUSE 2601 AIRPORT ROAD S. NAPLES, FL 34112	65-1110501	501(C)(3)	5,000.	0.			MATCHING GRANT
ST. MATTHEW'S HOUSE 2601 AIRPORT ROAD S. NAPLES, FL 34112	65-1110501	501(C)(3)	10,971.	0.			PURCHASE OF FOOD FOR FOOD PANTRY

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.)

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ST. MATTHEW'S HOUSE 2601 AIRPORT ROAD S. NAPLES, FL 34112	65-1110501	501(C)(3)	5,100.	0.			UNRESTRICTED USE
STARABILITY FOUNDATION, INC. 5125 CASTELLO DRIVE NAPLES, FL 34103	59-2516162	501(C)(3)	1,000.	0.			UNRESTRICTED USE
STARABILITY FOUNDATION, INC. 5125 CASTELLO DRIVE NAPLES, FL 34103	59-2516162	501(C)(3)	300.	0.			DAZZLING DIAMONDS SUPPORT
STARABILITY FOUNDATION, INC. 5125 CASTELLO DRIVE NAPLES, FL 34103	59-2516162	501(C)(3)	500.	0.			NETWORK FOR GOOD RENEWAL
STARABILITY FOUNDATION, INC. 5125 CASTELLO DRIVE NAPLES, FL 34103	59-2516162	501(C)(3)	15,000.	0.			TRAILBLAZER ACADEMY PROGRAM
SUNSHINE GOSPEL MINISTRIES 500 EAST 61ST STREET CHICAGO, IL 60637	36-2317631	501(C)(3)	10,000.	0.			\$5,000 FOR GENERAL OPERATING AND \$5,000 FOR THE REDUCE VIOLENCE PROJECT
SYRACUSE UNIVERSITY 223 LINK HALL SYRACUSE, NY 13244	15-0532081	501(C)(3)	270,000.	0.			COLLEGE OF ENGINEERING AND COMPUTER SCIENCES
SYRACUSE URBAN PARTNERSHIP 11 FENNELL STREET, #1 SKANEATELES, NY 13152	82-5069452	501(C)(3)	1,000,000.	0.			SALT CITY BUILDING PROJECT
THE AYN RAND INSTITUTE 2121 ALTON PARKWAY, #250 IRVINE, CA 92606	22-2570926	501(C)(3)	15,000.	0.			UNRESTRICTED USE

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.)

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THE EVERGLADES FOUNDATION, INC. 18001 OLD CUTLER ROAD, #625 PALMETTO BAY, FL 33157	59-3228899	501(C)(3)	15,000.	0.			UNRESTRICTED USE
THE HISTORY CENTER 716 OKLAND ROAD NE., #103 CEDAR RAPIDS, IA 52402	23-7311415	501(C)(3)	20,000.	0.			CHILDREN'S SUMMER PROGRAMS
THE HISTORY CENTER 716 OKLAND ROAD NE., #103 CEDAR RAPIDS, IA 52402	23-7311415	501(C)(3)	5,000.	0.			HISTORIAN'S CIRCLE
THE IMMOKALEE FOUNDATION 2375 TAMiami TRAIL N., #308 NAPLES, FL 34103	65-0315664	501(C)(3)	18,000.	0.			KINGSLEY PINES CAMPERSHIPS
THE IMMOKALEE FOUNDATION 2375 TAMiami TRAIL N., #308 NAPLES, FL 34103	65-0315664	501(C)(3)	43,000.	0.			\$6,000 FOR UNRESTRICTED USE AND \$37,000 TO FUND PROGRAMS
THE NATURE CONSERVANCY FLORIDA CHAPTER - 2500 MAITLAND CENTER PARKWAY, #311 - MAITLAND, FL 32751	53-0242652	501(C)(3)	7,000.	0.			UNRESTRICTED USE
THE VOICE OF THE MARTYRS 1815 SE BISON ROAD BARTLESVILLE, OK 74006	73-1395057	501(C)(3)	10,000.	0.			UNRESTRICTED USE
THRIVE 400 EAST BABCOCK STREET BOZEMAN, MT 59715	36-3501185	501(C)(3)	2,500.	0.			UNRESTRICTED USE
THRIVE 400 EAST BABCOCK STREET BOZEMAN, MT 59715	36-3501185	501(C)(3)	7,500.	0.			GENERAL SUPPORT

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.)

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TRINITY ACADEMY W225 N3131 DUPLAINVILLE ROAD PEWAUKEE, WI 53072	39-1914032	501(C)(3)	25,000.	0.			UNRESTRICTED USE
TRINITY BY THE COVE EPISCOPAL CHURCH - 553 GALLEON DRIVE - NAPLES, FL 34102	59-0774204	501(C)(3)	538.	0.			FOR USE BY THE OUTREACH COMMISSION
TRINITY BY THE COVE EPISCOPAL CHURCH - 553 GALLEON DRIVE - NAPLES, FL 34102	59-0774204	501(C)(3)	600.	0.			SUPPORT OF THE SUNDAY MUSIC PROGRAM
TRINITY BY THE COVE EPISCOPAL CHURCH - 553 GALLEON DRIVE - NAPLES, FL 34102	59-0774204	501(C)(3)	24,531.	0.			UNRESTRICTED USE
TRINITY BY THE COVE EPISCOPAL CHURCH - 553 GALLEON DRIVE - NAPLES, FL 34102	59-0774204	501(C)(3)	3,000.	0.			OPERATING FUNDS
TRINITY BY THE COVE EPISCOPAL CHURCH - 553 GALLEON DRIVE - NAPLES, FL 34102	59-0774204	501(C)(3)	20,000.	0.			VIEW OF THE FUTURE
TRINITY BY THE COVE EPISCOPAL CHURCH - 553 GALLEON DRIVE - NAPLES, FL 34102	59-0774204	501(C)(3)	2,200.	0.			PARISH HALL EXPANSION
TRINITY BY THE COVE EPISCOPAL CHURCH - 553 GALLEON DRIVE - NAPLES, FL 34102	59-0774204	501(C)(3)	3,000.	0.			MAINTENANCE
TRINITY BY THE COVE EPISCOPAL CHURCH - 553 GALLEON DRIVE - NAPLES, FL 34102	59-0774204	501(C)(3)	500.	0.			BUILDING PROJECT

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.)

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TRINITY BY THE COVE EPISCOPAL CHURCH - 553 GALLEON DRIVE - NAPLES, FL 34102	59-0774204	501(C)(3)	2,000.	0.			ANNUAL GIFT
TRINITY BY THE COVE EPISCOPAL CHURCH - 553 GALLEON DRIVE - NAPLES, FL 34102	59-0774204	501(C)(3)	1,800.	0.			ANNUAL FUND
TRINITY BY THE COVE EPISCOPAL CHURCH - 553 GALLEON DRIVE - NAPLES, FL 34102	59-0774204	501(C)(3)	1,500.	0.			ANNUAL PLEDGE
TRINITY BY THE COVE EPISCOPAL CHURCH - 553 GALLEON DRIVE - NAPLES, FL 34102	59-0774204	501(C)(3)	4,000.	0.			OPERATING EXPENSES
TRINITY BY THE COVE EPISCOPAL CHURCH - 553 GALLEON DRIVE - NAPLES, FL 34102	59-0774204	501(C)(3)	636.	0.			EDUCATIONAL PURPOSES
TRINITY HIGH SCHOOL FOUNDATION 4011 SHELBYVILLE ROAD LOUISVILLE, KY 40207	31-1105966	501(C)(3)	10,000.	0.			CAMPUS HORIZON CAMPAIGN
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - PENN MEDICINE DEVELOPMENT - PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	10,000.	0.			FOR THE INSTITUTE FOR DIABETES, OBESITY AND METABOLISM
TURNING POINT CHURCH 27411 TORTOISE TRAIL BONITA SPRINGS, FL 34135	47-2125655	501(C)(3)	12,000.	0.			MONTHLY MINISTRY SUPPORT
TURNING POINT CHURCH 27411 TORTOISE TRAIL BONITA SPRINGS, FL 34135	47-2125655	501(C)(3)	1,000.	0.			MISSION SUPPORT TO COSTA RICA

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.)

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TURNING POINT CHURCH 27411 TORTOISE TRAIL BONITA SPRINGS, FL 34135	47-2125655	501(C)(3)	10,000.	0.			GREATEST GIFT OFFERING
UNITED CEREBRAL PALSY ASSOCIATION OF CAYUGA COUNTY, INC. - 182 NORTH STREET - AUBURN, NY 13021	15-0576613	501(C)(3)	20,000.	0.			CAPITAL CAMPAIGN
UNITED WAY OF COLLIER COUNTY 9015 STRADA STELL COURT, #204 NAPLES, FL 34109	59-1026096	501(C)(3)	12,700.	0.			UNRESTRICTED USE
UNITED WAY OF COLLIER COUNTY 9015 STRADA STELL COURT, #204 NAPLES, FL 34109	59-1026096	501(C)(3)	10,000.	0.			2019 TOCQUEVILLE SOCIETY SUPPORT
UNITED WAY OF COLLIER COUNTY 9015 STRADA STELL COURT, #204 NAPLES, FL 34109	59-1026096	501(C)(3)	25,000.	0.			HURRICANE IRMA RELIEF
UNITED WAY OF COLLIER COUNTY 9015 STRADA STELL COURT, #204 NAPLES, FL 34109	59-1026096	501(C)(3)	2,500.	0.			GENERAL FUND
UNITED WAY OF COLLIER COUNTY 9015 STRADA STELL COURT, #204 NAPLES, FL 34109	59-1026096	501(C)(3)	1,267.	0.			COLLIER 211 SUPPORT
UNITED WAY OF COLLIER COUNTY 9015 STRADA STELL COURT, #204 NAPLES, FL 34109	59-1026096	501(C)(3)	3,000.	0.			ANNUAL GIFT
UNITED WAY OF LEE COUNTY, INC. 7273 CONCOURSE DRIVE FT. MYERS, FL 33908	59-1005169	501(C)(3)	5,000.	0.			FOR COLLIER COUNTY

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.)

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UNITED WAY OF LEE COUNTY, INC. 7273 CONCOURSE DRIVE FT. MYERS, FL 33908	59-1005169	501(C)(3)	20,000.	0.			\$10,000 EACH FOR LEE AND COLLIER COUNTIES
UNITED WAY OF LEE COUNTY, INC. 7273 CONCOURSE DRIVE FT. MYERS, FL 33908	59-1005169	501(C)(3)	375.	0.			STOCKINGS 4 KIDS
UNITED WAY OF ROCK RIVER VALLEY 612 NORTH MAIN STREET, #300 ROCKFORD, IL 61103	36-2167843	501(C)(3)	10,000.	0.			TOCQUEVILLE SOCIETY
UNIVERSITY OF ST. THOMAS, SCHOOL OF LAW - 2115 SUMMIT AVE - ST. PAUL, MN 55105	41-0693970	501(C)(3)	50,000.	0.			DOUGHERTY FAMILY COLLEGE STUDENT EXCELLENCE FUND
UNIVERSITY OF VIRGINIA LAW SCHOOL FOUNDATION - 580 MASSIE ROAD - CHARLOTTESVILLE, VA 22907	54-0838566	501(C)(3)	10,000.	0.			CURRENT USE FUND
UNIVERSITY OF WISCONSIN FOUNDATION 1848 UNIVERSITY AVENUE MADISON, WI 53726	39-0743975	501(C)(3)	10,000.	0.			SCHOOL OF VETERINARY MEDICINE FUND
WVCU PUBLIC MEDIA 10501 FGC BLVD. S. FT. MYERS, FL 33965	65-0403969	501(C)(3)	250.	0.			MONTHLY REPORTING OF TOP PROGRAM SCHEDULES
WVCU PUBLIC MEDIA 10501 FGC BLVD. S. FT. MYERS, FL 33965	65-0403969	501(C)(3)	3,000.	0.			PROGRAMMING
WVCU PUBLIC MEDIA 10501 FGC BLVD. S. FT. MYERS, FL 33965	65-0403969	501(C)(3)	3,500.	0.			UNRESTRICTED USE

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
WGCU PUBLIC MEDIA 10501 FGCU BLVD. S. FT. MYERS, FL 33965	65-0403969	501(C)(3)	1,000.	0.			SUPPORT FOR PROGRAMMING
WGCU PUBLIC MEDIA 10501 FGCU BLVD. S. FT. MYERS, FL 33965	65-0403969	501(C)(3)	250.	0.			GENERAL USE
WORD OF LIFE FELLOWSHIP P.O. BOX 600 SCHROON LAKE, NY 12870	13-5648615	501(C)(3)	350,000.	0.			CAMPUS AND CAMP IMPROVEMENTS
WYCLIFFE BIBLE TRANSLATORS P.O. BOX 628200 ORLANDO, FL 32832	95-1831097	501(C)(3)	11,200.	0.			TO SUPPORT THE WORK OF MISSIONARIES RICK AND BETSY CHIESA
YOUNG LIFE P. O. BOX 70065 PRESCOTT, AZ 86304	84-0385934	501(C)(3)	10,000.	0.			TO SUPPORT THE YOUNG LIFE CHAPTER IN COMAYAGUA, HONDURAS
YOUNG LIFE P. O. BOX 112481 NAPLES, FL 34108	84-0385934	501(C)(3)	3,000.	0.			UNRESTRICTED USE
YOUNG LIFE P. O. BOX 112481 NAPLES, FL 34108	84-0385934	501(C)(3)	20,000.	0.			SUPPORT THE NAPLES AREA CHAPTER - FL 209
YOUNG LIFE P. O. BOX 112481 NAPLES, FL 34108	84-0385934	501(C)(3)	20,000.	0.			\$10,000 FOR NAPLES CHAPTER AND \$10,000 FOR SWFL AREA
YOUTH HAVEN 5867 WHITAKER ROAD NAPLES, FL 34112	23-7065187	501(C)(3)	14,093.	0.			UNRESTRICTED USE

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
YOUTH HAVEN 5867 WHITAKER ROAD NAPLES, FL 34112	23-7065187	501(C)(3)	250.	0.			GENERAL USE

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
SCHOLARSHIP	71	1,118,604.	0.		

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

PART II, LINE 1, COLUMN (H):

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

NAME OF ORGANIZATION OR GOVERNMENT: HELP A DIABETIC CHILD, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: PURCHASE INSULIN AND TESTING

SUPPLIES FOR CHILDREN WITH TYPE 1 DIABETES IN FINANCIAL NEED

Part IV Supplemental Information

PART 1, 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 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.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

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) 2018

COMMUNITY FOUNDATION OF COLLIER
COUNTY, INC.

59-2396243

Schedule J (Form 990) 2018

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)	192,850.	7,650.	0.	19,665.	18,566.	238,731.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MS. LISETTE HOLMES CFO	(i)	122,500.	3,150.	0.	10,745.	16,709.	153,104.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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 AND VP OF DEVELOPMENT RECEIVED DISCRETIONARY BONUSES DURING
THE CALENDAR YEAR OF \$7,650, \$3,150 AND 1,650, RESPECTIVELY.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

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

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	17,985,895.	MEAN ON DAY
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial	X	1	5,300,000.	APPRAISAL
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**

- 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.

	Yes	No
30a		X
31	X	
32a	X	

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

Schedule M (Form 990) 2018

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.

SCHEDULE M, LINE 32B:

THIRD PARTY IS USED TO SELL SECURITIES UPON RECEIPT OF CONTRIBUTED
SECURITIES.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

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 I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

NEEDS IN COLLIER COUNTY. FOR GOOD. FOREVER.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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.

PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

DONOR SERVICES

THE FOUNDATION CURRENTLY MANAGES OVER 700 FUNDS ESTABLISHED BY

CHARITABLE INDIVIDUALS, CORPORATIONS AND ORGANIZATIONS. THESE FUNDS

PROVIDE BOTH DONOR DIRECTED GRANTS AND 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. FUND ASSETS ARE MANAGED

PROFESSIONALLY WITH OVERSIGHT FROM AN INVESTMENT ADVISORY COMMITTEE TO

SUSTAIN GRANTMAKING AND COMMUNITY LEADERSHIP INTO THE FUTURE. OUR TEAM

OF PHILANTHROPIC EXPERTS CAN PROVIDE INFORMATION ON THE MANY NONPROFITS

LOCATED IN COLLIER COUNTY. WE ALSO MAINTAIN AN ONLINE DIRECTORY OF

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization	COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.	Employer identification number	59-2396243
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NONPROFITS THAT PROVIDE SERVICES TO THE CITIZENS OF COLLIER COUNTY.

THIS DIRECTORY ASSISTS DONORS IN IDENTIFYING THE ORGANIZATIONS THEY

MIGHT BE INTERESTED IN SUPPORTING. 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 COORDINATE ALL ACKNOWLEDGMENTS FOR

THE FUNDS AND DOCUMENT ALL GRANTS. SERVICES ALSO INCLUDE PROVIDING

DETAILED GRANT EVALUATIONS, 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.

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

COMMUNITY GRANTMAKING

THE COMMUNITY FOUNDATION OF COLLIER COUNTY IS ACCREDITED BY AND

COMPLIES WITH THE NATIONAL STANDARDS FOR U.S. COMMUNITY FOUNDATIONS.

THESE STANDARDS REPRESENT A COMMUNITY FOUNDATION'S COMMITMENT TO GOING

ABOVE AND BEYOND FEDERAL AND STATE REQUIREMENTS TO DEMONSTRATE

ACCOUNTABILITY AND EXCELLENCE TO COMMUNITIES, POLICYMAKERS, AND THE

PUBLIC. IN ITS GRANTMAKING, THE FOUNDATION OPERATES A BROAD GRANTS

PROGRAM TO MULTIPLE GRANTEES THAT IS NOT LIMITED BY MISSION TO A SINGLE

FOCUS OR CAUSE OR EXCLUSIVELY TO THE INTERESTS OF A PARTICULAR

CONSTITUENCY, AND WIDELY DISSEMINATES GRANT GUIDELINES TO ENSURE THE

FULLEST POSSIBLE PARTICIPATION FROM THE COMMUNITY IT SERVES.

THE FOUNDATION AWARDS SOME GRANTS FROM ITS DISCRETIONARY RESOURCES

THROUGH OPEN, COMPETITIVE PROCESSES THAT ADDRESS THE CHANGING NEEDS OF

Name of the organization	COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.	Employer identification number	59-2396243
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THE COMMUNITY. IN FY19 THE GRANTMAKING FOCUS AREAS WERE: ARTS & ENVIRONMENT, EDUCATION & EMPLOYMENT, HEALTHCARE & MENTAL HEALTH, HUMAN SERVICES, AND CAPACITY-BUILDING GRANTS. IN ORDER TO CREATE A POSITIVE IMPACT, THE FOUNDATION SELECTS ITS FOCUS AREAS AND GRANTEEES BASED ON COMMUNITY NEEDS AND GAPS IN SERVICES AS IDENTIFIED BY THE DATA CONTAINED IN AN ANNUAL VITAL SIGNS REPORT AND THE COMMUNITY NEEDS ASSESSMENT. MOREOVER, THE FOUNDATION STRIVES TO MOBILIZE COMMUNITY RESOURCES BY ENGAGING DONORS AND OTHER FUNDERS TO CO-INVEST IN THE GRANT AND/OR SCHOLARSHIP PROCESS. THE GRANTMAKING PROGRAM INCLUDES OVER 60 SCHOLARSHIP OPPORTUNITIES TO SUPPORT STUDENTS OF ALL AGES. THE FOUNDATION PERFORMS DUE DILIGENCE TO ENSURE THAT GRANTS WILL BE USED FOR CHARITABLE PURPOSES AND ASSESSES THE IMPACT OF ITS GRANTMAKING.

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 \$1.3 MILLION. THE MISSION OF THE WOMEN'S FOUNDATION OF COLLIER COUNTY IS TO ALLEVIATE UNMET NEEDS AND EMPOWER WOMEN AND GIRLS IN COLLIER COUNTY. STARTED IN 1996, THE WOMEN'S FOUNDATION GRANTS ARE PRIMARILY FOCUSED ON DISADVANTAGED GIRLS, WOMEN AS CAREGIVERS AND AT-RISK SENIOR WOMEN. IN FISCAL YEAR 2019, PROGRAMS CONSISTED OF: THE POWER OF THE PURSE EVENT, WOMEN OF INITIATIVE AWARDS, JUNIOR WOMEN OF INITIATIVE MENTORING PROGRAM, AND THE 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 FISCAL YEAR ENDING 2019, 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 AUDITOR 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 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 15:

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

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

Employer identification number
59-2396243

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 EXECUTIVE COMMITTEE USES THE PERFORMANCE EVALUATIONS TO DETERMINE THE ACHIEVEMENT LEVEL OF BONUS PAYMENTS. THE COMPENSATION COMMITTEE RECOMMENDS THE SALARY OF THE CEO BASED ON THIRD PARTY SALARY SURVEYS. THE COMMITTEE'S RECOMMENDATION IS SUBMITTED TO THE BOARD FOR APPROVAL. GOALS WERE SET FOR THE PRESIDENT AND CEO AND A FORMAL EVALUATION WAS COMPLETED IN JUNE 2019. COMPENSATION OF KEY EMPLOYEES IS DETERMINED BY THE PRESIDENT & CEO AFTER A REVIEW OF THEIR PERFORMANCE 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 AVILABLE BY REQUEST DURING BUSINESS HOURS.

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

CHANGE IN VALUE OF BENEFICIAL INTEREST	-3,866.
CHANGE IN VALUE OF SPLIT INTEREST & ANNUITY OBLIGAITON	-55,414.
TOTAL TO FORM 990, PART XI, LINE 9	-59,280.

**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.

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

OMB No. 1545-0047

2018

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.	FLORIDA	5,300,000.		COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.
JFN 4444, LLC - 59-2396243 1110 PINE RIDGE ROAD, #200 NAPLES, FL 34108	REAL ESTATE COMPANY WITH RENTAL REVENUE. NET INCOME TO DAF IN FOUNDATION.	FLORIDA	151,577.	1,696,169.	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 ROAD #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) 2018

**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
ELEANOR B. SWEET CHARITABLE REMAINDER TRUST	TO SUPPORT CHARITABLE ORGANIZATION	FL	COMMUNITY FOUNDATION OF COLLIER	TRUST					X
JACK W. THOMPSON CLAT	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) ELEANOR B. SWEET CHARITABLE REMAINDER TRUST	S	2,013,612.	FMV
(2) JACK W. THOMPSON CLAT	S	14,250.	FMV
(3) KAPNICK FUND, INC.	L	25,000.	FMV
(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:

ELEANOR B. SWEET CHARITABLE REMAINDER TRUST

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

NAME OF RELATED ORGANIZATION:

JACK W. THOMPSON CLAT

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

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

2018

For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury
Internal Revenue Service

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>	<p>Print or Type</p>	<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 code (See instructions.) 525990</p>
--	------------------------------	---	---

<p>C Book value of all assets at end of year 199,975,672.</p>	<p>F Group exemption number (See instructions.) ▶</p> <p>G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>
--	--

H Enter the number of the organization's unrelated trades or businesses. ▶ 5 Describe the only (or first) unrelated trade or business here ▶ SEE STATEMENT 1. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

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
1a 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		
4a 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 a partnership or an S corporation (attach statement)	5	STMT 2	
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule 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	-12,746.	-12,746.

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) (see instructions)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See instructions for limitation rules)	20	0.
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	0.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-12,746.
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31	
32 Unrelated business taxable income. Subtract line 31 from line 30	32	-12,746.

COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.

Form 990-T (2018)

59-2396243

Page 2

Part III Total Unrelated Business Taxable Income

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	-12,746.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36	-12,746.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38	-12,746.

Part IV Tax Computation

39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0.

Part V Tax and Payments

45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a	
b	Other credits (see instructions)	45b	
c	General business credit. Attach Form 3800	45c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	
e	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	0.
47	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)	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
50a	Payments: A 2017 overpayment credited to 2018	50a	
b	2018 estimated tax payments	50b	
c	Tax deposited with Form 8868	50c	350.
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d	
e	Backup withholding (see instructions)	50e	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	50g	
51	Total payments. Add lines 50a through 50g	51	350.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	350.
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	55	350.

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

56	At any time during the 2018 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
57	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
58	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
	BARRY F. HOLES	BARRY F. HOLES	02/05/20		P00055337
	Firm's name HILL, BARTH & KING LLC	Firm's EIN 34-1897225			
	Firm's address 3838 TAMIAMI TRAIL NORTH, SUITE 200 NAPLES, FL 34103			Phone no. (239) 263-2111	

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

(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).		Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8		0.		0.
				0.

COMMUNITY FOUNDATION OF COLLIER

Form 990-T (2018) COUNTY, INC.

59-2396243

Page 4

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.

Form 990-T (2018)

COMMUNITY FOUNDATION OF COLLIER

Form 990-T (2018) 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)	Enter here and on page 1, Part I, line 11, col. (A). 0.	Enter here and on page 1, Part I, line 11, col. (B). 0.				Enter here and on page 1, Part II, line 27. 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 (2018)

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 3

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2013

FOR TAX YEAR 2014

FOR TAX YEAR 2015

9,406,486

FOR TAX YEAR 2016

6,695,290

FOR TAX YEAR 2017

TOTAL CARRYOVER

16,101,776

TOTAL CURRENT YEAR 10% CONTRIBUTIONS

TOTAL CONTRIBUTIONS AVAILABLE

16,101,776

TAXABLE INCOME LIMITATION AS ADJUSTED

0

EXCESS 10% CONTRIBUTIONS

16,101,776

EXCESS 100% CONTRIBUTIONS

0

TOTAL EXCESS CONTRIBUTIONS

16,101,776

ALLOWABLE CONTRIBUTIONS DEDUCTION

0

TOTAL CONTRIBUTION DEDUCTION

0

Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund

▶ Go to www.irs.gov/Form8621 for instructions and the latest information.

Name of shareholder COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.	Identifying number (see instructions) 59-2396243
Number, street, and room or suite no. If a P.O. box, see instructions. 1110 PINE RIDGE ROAD, NO. 200	Shareholder tax year: calendar year or other tax year beginning JUL 1, 2018 and ending JUN 30, 2019
City or town, state, and ZIP code or country NAPLES, FL 34108	
Check type of shareholder filing the return: <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> Nongrantor Trust <input type="checkbox"/> Estate Check if any Excepted Specified Foreign Financial Assets are reported on this form. See instructions <input type="checkbox"/>	
Qualifying Insurance Corporation Election-I, a shareholder of stock of a foreign corporation, elect to treat such stock as the stock of a Qualifying Insurance Corporation under the alternative facts and circumstances test within the meaning of section 1297(f)(2). See instructions <input type="checkbox"/>	
Name of foreign corporation, passive foreign investment company (PFIC), or qualified electing fund (QEF) AG OWL SELECT OFFSHORE, LTD	Employer identification number (if any) 98-1229096
Address (Enter number, street, city or town, and country.) 190 ELGIN AVE, GEORGE TOWN GRAND CAYMAN, CAYMAN ISLANDS KY1-9005	Reference ID number (see instructions) Tax year of foreign corporation, PFIC, or QEF: Calendar year 2018 or other tax year beginning and ending

Part I Summary of Annual Information (see instructions)

Provide the following information with respect to all shares of the PFIC held by the shareholder:

- 1 Description of each class of shares held by the shareholder: ORDINARY
 Check if shares jointly owned with spouse.
- 2 Date shares acquired during the tax year, if applicable: _____
- 3 Number of shares held at the end of the tax year: 3,196.
- 4 Value of shares held at the end of the tax year (check the appropriate box, if applicable):
 (a) \$0-50,000 (b) \$50,001-100,000 (c) \$100,001-150,000 (d) \$150,001-200,000
 (e) If more than \$200,000, list value: _____
- 5 Type of PFIC and amount of any excess distribution or gain treated as an excess distribution under section 1291, inclusion under section 1293, and inclusion or deduction under section 1296 (check all boxes that apply):
 (a) Section 1291 \$ _____
 (b) Section 1293 (Qualified Electing Fund) \$ 40,399.
 (c) Section 1296 (Mark to Market) \$ **SEE STATEMENT 4**

Part II Elections (see instructions)

- A **Election To Treat the PFIC as a QEF.** I, a shareholder of a PFIC, elect to treat the PFIC as a QEF. Complete lines 6a through 7c of Part III.
- B **Election To Extend Time For Payment of Tax.** I, a shareholder of a QEF, elect to extend the time for payment of tax on the undistributed earnings and profits of the QEF until this election is terminated. Complete lines 8a through 9c of Part III to calculate the tax that may be deferred.
Note: If any portion of line 6a or line 7a of Part III is includible under section 951, you may not make this election. Also, see sections 1294(c) and 1294(f) and the related regulations for events that terminate this election.
- C **Election To Mark-to-Market PFIC Stock.** I, a shareholder of a PFIC, elect to mark-to-market the PFIC stock that is marketable within the meaning of section 1296(e). Complete Part IV.
- D **Deemed Sale Election.** I, a shareholder on the first day of a PFIC's first tax year as a QEF, elect to recognize gain on the deemed sale of my interest in the PFIC. Enter gain or loss on line 15f of Part V.
- E **Deemed Dividend Election.** I, a shareholder on the first day of a PFIC's first tax year as a QEF that is a controlled foreign corporation (CFC), elect to treat an amount equal to my share of the post-1986 earnings and profits of the CFC as an excess distribution. Enter this amount on line 15e of Part V. If the excess distribution is greater than zero, also complete line 16 of Part V.
- F **Election To Recognize Gain on Deemed Sale of PFIC.** I, a shareholder of a former PFIC or a PFIC to which section 1297(d) applies, elect to treat as an excess distribution the gain recognized on the deemed sale of my interest in the PFIC on the last day of its last tax year as a PFIC under section 1297(a). Enter gain on line 15f of Part V.
- G **Deemed Dividend Election With Respect to a Section 1297(e) PFIC.** I, a shareholder of a section 1297(e) PFIC, within the meaning of Regulations section 1.1297-3(a), elect to make a deemed dividend election with respect to the Section 1297(e) PFIC. My holding period in the stock of the Section 1297(e) PFIC includes the CFC qualification date, as defined in Regulations section 1.1297-3(d). Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.
- H **Deemed Dividend Election With Respect to a Former PFIC.** I, a shareholder of a former PFIC, within the meaning of Regulations section 1.1298-3(a), elect to make a deemed dividend election with respect to the former PFIC. My holding period in the stock of the former PFIC includes the termination date, as defined in Regulations section 1.1298-3(d). Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.

Part III Income From a Qualified Electing Fund (QEF). All QEF shareholders complete lines 6a through 7c. If you are making Election B, also complete lines 8a through 9c. See instructions.

6 a	Enter your pro rata share of the ordinary earnings of the QEF	6a	28,577.		
b	Enter the portion of line 6a that is included in income under section 951 or that may be excluded under section 1293(g)	6b			
c	Subtract line 6b from line 6a. Enter this amount on your tax return as ordinary income	6c		28,577.	
7 a	Enter your pro rata share of the total net capital gain of the QEF	7a	11,822.		
b	Enter the portion of line 7a that is included in income under section 951 or that may be excluded under section 1293(g)	7b			
c	Subtract line 7b from line 7a. This amount is a net long-term capital gain. Enter this amount in Part II of the Schedule D used for your income tax return. See instructions	7c		11,822.	

Complete lines 8 and 9 only if you are making a section 1294 election (Election B) for the current tax year.

8 a	Add lines 6c and 7c	8a			
b	Enter the total amount of cash and the fair market value of other property distributed or deemed distributed to you during the tax year of the QEF. See instructions	8b			
c	Enter the portion of line 8a not already included in line 8b that is attributable to shares in the QEF that you disposed of, pledged, or otherwise transferred during the tax year	8c			
d	Add lines 8b and 8c	8d			
e	Subtract line 8d from line 8a, and enter the difference (if zero or less, enter amount in brackets)	8e			
Important: If line 8e is greater than zero, and no portion of line 6a or 7a is includible in income under section 951, you may make Election B with respect to the amount on line 8e.					
9 a	Enter the total tax for the tax year. See instructions	9a			
b	Enter the total tax for the tax year determined without regard to the amount entered on line 8e	9b			
c	Subtract line 9b from line 9a. This is the deferred tax, the time for payment of which is extended by making Election B	9c			

Part IV Gain or (Loss) From Mark-to-Market Election (see instructions)

10a	Enter the fair market value of your PFIC stock at the end of the tax year	10a			
b	Enter your adjusted basis in the stock at the end of the tax year	10b			
c	Subtract line 10b from line 10a. If a gain, do not complete lines 11 and 12. Include this amount as ordinary income on your tax return. If a loss, go to line 11	10c			
11	Enter any unreversed inclusions (as defined in section 1296(d))	11			
12	Enter the loss from line 10c, but only to the extent of unreversed inclusions on line 11. Include this amount as an ordinary loss on your tax return	12			
13	If you sold or otherwise disposed of any section 1296 stock (see instructions) during the tax year:				
a	Enter the fair market value of the stock on the date of sale or disposition	13a			
b	Enter the adjusted basis of the stock on the date of sale or disposition	13b			
c	Subtract line 13b from line 13a. If a gain, do not complete line 14. Include this amount as ordinary income on your tax return. If a loss, go to line 14	13c			
14a	Enter any unreversed inclusions (as defined in section 1296(d))	14a			
b	Enter the loss from line 13c, but only to the extent of unreversed inclusions on line 14a. Include this amount as an ordinary loss on your tax return. If the loss on line 13c exceeds unreversed inclusions on line 14a, complete line 14c	14b			
c	Enter the amount by which the loss on line 13c exceeds unreversed inclusions on line 14a. Include this amount on your tax return according to the rules generally applicable for losses provided elsewhere in the Code and regulations	14c			

Note: See instructions in case of multiple sales or dispositions.

Part V Distributions From and Dispositions of Stock of a Section 1291 Fund (see instructions)

Complete a separate Part V for each excess distribution and disposition. See instructions.

<p>15 a Enter your total distributions from the section 1291 fund during the current tax year with respect to the applicable stock. If the holding period of the stock began in the current tax year, see instructions</p>	<p>15a</p>	
<p>b Enter the total distributions (reduced by the portions of such distributions that were excess distributions but not included in income under section 1291(a)(1)(B)) made by the fund with respect to the applicable stock for each of the 3 years preceding the current tax year (or if shorter, the portion of the shareholder's holding period before the current tax year)</p>	<p>15b</p>	
<p>c Divide line 15b by 3.0. (See instructions if the number of preceding tax years is less than 3.)</p>	<p>15c</p>	
<p>d Multiply line 15c by 125% (1.25)</p>	<p>15d</p>	
<p>e Subtract line 15d from line 15a. This amount, if more than zero, is the excess distribution with respect to the applicable stock. If there is an excess distribution, complete line 16. If zero or less and you did not dispose of stock during the tax year, do not complete the rest of Part V. See instructions if you received more than one distribution during the current tax year. Also, see instructions for rules for reporting a nonexcess distribution on your income tax return</p>	<p>15e</p>	
<p>f Enter gain or loss from the disposition of stock of a section 1291 fund or former section 1291 fund. If a gain, complete line 16. If a loss, show it in brackets and do not complete line 16</p>	<p>15f</p>	
<p>16 a If there is a positive amount on line 15e or 15f (or both), attach a statement for each excess distribution and disposition. Show your holding period for each share of stock or block of shares held. Allocate the excess distribution or gain to each day in your holding period. Add all amounts that are allocated to days in each tax year.</p>		
<p>b Enter the total of the amounts determined in line 16a that are allocable to the current tax year and tax years before the foreign corporation became a PFIC (pre-PFIC years). Enter these amounts on your income tax return as other income</p>	<p>16b</p>	
<p>c Enter the aggregate increases in tax (before credits) for each tax year in your holding period (other than the current tax year and pre-PFIC years). See instructions</p>	<p>16c</p>	
<p>d Foreign tax credit (see instructions)</p>	<p>16d</p>	
<p>e Subtract line 16d from line 16c. Enter this amount on your income tax return as "additional tax." See instructions</p>	<p>16e</p>	
<p>f Determine interest on each net increase in tax determined on line 16e using the rates and methods of section 6621. Enter the aggregate amount of interest here. See instructions</p>	<p>16f</p>	

Part VI Status of Prior Year Section 1294 Elections and Termination of Section 1294 Elections

Complete a separate column for each outstanding election.

Complete lines 17 through 20 to report the status of outstanding prior year section 1294 elections.						
	(i)	(ii)	(iii)	(iv)	(v)	(vi)
17 Tax year of outstanding election						
18 Undistributed earnings to which the election relates						
19 Deferred tax						
20 Interest accrued on deferred tax (line 19) as of the filing date						
Complete lines 21 through 24 only if a section 1294 election is terminated in the current year.						
21 Event terminating election						
22 Earnings distributed or deemed distributed during the tax year						
23 Deferred tax due with this return						
24 Accrued interest due with this return						
Complete lines 25 and 26 only if there is a partial termination of a section 1294 election in the current tax year.						
25 Deferred tax outstanding after partial termination of election. Subtract line 23 from line 19						
26 Interest accrued after partial termination of election. Subtract line 24 from line 20						

FORM 8621

ADDITIONAL INFORMATION

STATEMENT 4

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				3,196.000	195,341.00

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.	Employer identification number (EIN) or 59-2396243
	Number, street, and room or suite no. If a P.O. box, see instructions. 1110 PINE RIDGE ROAD, NO. 200	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NAPLES, FL 34108	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

LISETTE HOLMES

- The books are in the care of ▶ **1110 PINE RIDGE ROAD, NO. 200 - NAPLES, FL 34108**
Telephone No. ▶ **239-649-5000** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2018**, and ending **JUN 30, 2019**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.	Employer identification number (EIN) or 59-2396243
	Number, street, and room or suite no. If a P.O. box, see instructions. 1110 PINE RIDGE ROAD, NO. 200	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NAPLES, FL 34108	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

LISETTE HOLMES

- The books are in the care of ▶ **1110 PINE RIDGE ROAD, NO. 200 - NAPLES, FL 34108**
Telephone No. ▶ **239-649-5000** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2018**, and ending **JUN 30, 2019**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	350.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	350.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

TAX RETURN FILING INSTRUCTIONS

FLORIDA FORM F-1120

FOR THE YEAR ENDING

JUNE 30, 2019

PREPARED FOR:

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

PREPARED BY:

HILL, BARTH & KING LLC
3838 TAMiami TRAIL NORTH, SUITE 200
NAPLES, FL 34103

TO BE SIGNED AND DATED BY:

NOT APPLICABLE

AMOUNT OF TAX:

TOTAL TAX	\$	0
LESS: PAYMENTS AND CREDITS	\$	0
PLUS: OTHER AMOUNT		0
PLUS: INTEREST AND PENALTIES	\$	0
NO PAYMENT REQUIRED	\$	

OVERPAYMENT:

CREDITED TO YOUR ESTIMATED TAX	\$	0
OTHER AMOUNT	\$	0
REFUNDED TO YOU	\$	0

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE FLORIDA DOR, PLEASE CONTACT OUR OFFICE. WE WILL THEN SUBMIT YOUR ELECTRONIC RETURN TO THE FLORIDA DOR. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FLORIDA DOR.

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

**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 01/17

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.floridarevenue.com

Penalties - 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. There is also a penalty for late-file return when no tax is due.

Signature - A person authorized by the taxpayer must sign Florida Form F-7004. They must be an officer or partner of the taxpayer; a person currently enrolled to practice before the Internal Revenue Service (IRS); or 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.

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
 Contact Person email address: LHOLMES@CFCOLLIER.OR

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** .

Make checks payable and mail to:

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

844961
09-14-18

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

1019
F-7004
R. 01/17

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

FEIN **59-2396243**
 Taxable Year End **06/30/19**
 FILING STATUS Partnership S-corporation
 All other federal returns to be filed **X**
 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
3	0	0	0
20190630	0	0	0
0	0	0	0
012	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0



Florida Corporate Income/Franchise Tax Return

F-1120, R. 01/19 1019

FEIN 59-2396243

For calendar year 2018 or tax year beginning

JUL 1

, 2018 ending

JUN 30, 2019

Rule 12C-1.051 Florida Administrative Code Effective 01/19 Page 1 of 6

893302019063000020050371359239624300006

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 3 columns: Description, Check here if negative, Amount. Rows include Federal taxable income, State income taxes, Additions, Subtractions, Adjusted federal income, Florida portion, Nonbusiness income, Florida exemption, Florida net income, Tax due, Credits, Total corporate income, Payment credits, Total amount due, Credit, Refund.

844081 09-17-18

Payment Coupon for Florida Corporate Income Tax Return

1019 F-1120 R. 01/19

Do Not Detach

YEAR ENDING 06/30/19

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, Amount, Amount. Rows include 592396243, 20180701, 20190630, 00000000, 012, 202, -1274600, 0.

0

8933 0 20190630 0002005037 1 3592396243 0000 6



COMMUNITY FOUNDATION OF COLLIER COUN

FEIN 59-2396243

1019
F-1120
R. 01/19
Page 2 of 6
06/30/19

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, Title CEO, Preparer's signature BARRY F. HOLES, Date 02/05/20, Preparer's PTIN P00055337, Firm's name HILL, BARTH & KING LLC, Address 3838 TAMiami TRAIL NORTH, SUITE 200 NAPLES, FL, FEIN 34-1897225, ZIP 34103

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 (final federal return filed)
E. Principal Business Activity Code (as pertains to Florida) 525990
F. A Florida extension of time was timely filed? YES X NO
G-1. Corporation is a member of a controlled group? YES NO X
G-2. Part of a federal consolidated return? YES NO X
G-3. The federal common parent has sales, property, or payroll in Florida? YES NO X
H. Location of corporate books: 1110 PINE RIDGE ROAD, NO. 200 NAPLES, FL 34108
I. Taxpayer is a member of a Florida partnership or joint venture? YES NO X
J. Enter date of latest IRS audit:
K. Contact person concerning this return: EILEEN CONNOLLY-KEES
L. 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 COLLIER FEIN 59-2396243 TAXABLE YEAR ENDING 06/30/19

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

Schedule II - Subtractions from Federal Taxable Income	
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 \$ _____ <p style="text-align: right;">Total ►</p>	1.
2. Gross subpart F income less attributable expenses (a) Enter s. 951, IRC subpart F income \$ _____ (b) less direct and indirect expenses \$ _____ <p style="text-align: right;">Total ►</p>	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.
4. Florida net capital loss carryover deduction (see instructions)	4.
5. Florida excess charitable contribution carryover (see instructions)	5.
6. Florida employee benefit plan contribution carryover (see instructions)	6.
7. Nonbusiness income (from Schedule R, Line 3)	7.
8. Eligible net income of an international banking facility (see instructions)	8.
9. s. 179, IRC expense (see instructions)	9.
10. s. 168(k), IRC special bonus depreciation (see instructions)	10.
11. Other subtractions (attach statement)	11.
12. Total Lines 1 through 11. Enter total on Line 12 and on Page 1, Line 5.	12.



NAME COMMUNITY FOUNDATION OF COLLIER FEIN 59-2396243 TAXABLE YEAR ENDING 06/30/19

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 If any factor in Column (b) is zero, see note on Pg 9 of the instructions.	(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	
1. Apportionable adjusted federal income from Page 1, Line 6	1.
2. Florida apportionment fraction (Schedule III-A, Line 4)	2.
3. Tentative apportioned adjusted federal income (multiply Line 1 by Line 2)	3.
4. Net operating loss carryover apportioned to Florida (attach schedule; see instructions)	4.
5. Net capital loss carryover apportioned to Florida (attach schedule; see instructions)	5.
6. Excess charitable contribution carryover apportioned to Florida (attach schedule; see instructions)	6.
7. Employee benefit plan contribution carryover apportioned to Florida (attach schedule; see instructions)	7.
8. Total carryovers apportioned to Florida (add Lines 4 through 7)	8.
9. Adjusted federal income apportioned to Florida (Line 3 less Line 8; see instructions)	9.



NAME COMMUNITY FOUNDATION OF COLLIER FEIN 59-2396243 TAXABLE YEAR ENDING 06/30/19

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. Hazardous waste facility tax credit	8.
9. Florida alternative minimum tax (AMT) credit	9.
10. Contaminated site rehabilitation tax credit (attach tax credit certificate)	10.
11. State housing tax credit (attach certification letter)	11.
12. Florida Tax Credit: Scholarship Program Credits. (attach certificate)	12.
13. Florida renewable energy technologies investment tax credit	13.
14. Florida renewable energy production tax credit	14.
15. New markets tax credit	15.
16. Entertainment industry tax credit	16.
17. Research and Development tax credit	17.
18. Energy Economic Zone tax credit	18.
19. Other credits (attach schedule)	19.
20. Total credits against the tax (sum of Lines 1 through 19 not to exceed the amount on Page 1, Line 11). Enter total credits on Page 1, Line 12	20.

Schedule R - Nonbusiness Income

Line 1. Nonbusiness income (loss) allocated to Florida

<u>Type</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
Total allocated to Florida 1.	_____
(Enter here and on Page 1, Line 8)	

Line 2. Nonbusiness income (loss) allocated elsewhere

<u>Type</u>	<u>State/country allocated to</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
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)	



NAME COMMUNITY FOUNDATION OF COLLIER FEIN 59-2396243 TAXABLE YEAR ENDING 06/30/19

**Estimated Tax Worksheet
For Taxable Years Beginning On or After January 1, 2018**

1. Florida income expected in taxable year	1.	\$	<u>-12,746.00</u>
2. Florida exemption \$50,000 (Members of a controlled group, see instructions on Page 14 of Florida Form F-1120N)	2.	\$	_____
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.	\$	_____
5. Computation of installments:			
Payment due dates and			
payment amounts:			
If 6/30 year end, last day of 4th month,			
otherwise last day of 5th month - Enter 0.25 of Line 4	5a.		_____
Last day of 6th month - Enter 0.25 of Line 4	5b.		_____
Last day of 9th month - Enter 0.25 of Line 4	5c.		_____
Last day of fiscal year - Enter 0.25 of Line 4	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.	\$	_____

References

The following documents were mentioned in this form and are incorporated by reference in the rules indicated below. The forms are available online at floridarevenue.com/forms.

Form F-2220	Underpayment of Estimated Tax on Florida Corporate Income/Franchise Tax	Rule 12C-1.051, F.A.C.
Form F-7004	Florida Tentative Income/Franchise Tax Return and Application for Extension of Time to File Return	Rule 12C-1.051, F.A.C.
Form F-1156Z	Florida Enterprise Zone Jobs Credit Certificate of Eligibility for Corporate Income Tax	Rule 12C-1.051, F.A.C.
Form F-1158Z	Enterprise Zone Property Tax Credit	Rule 12C-1.051, F.A.C.
Form F-1120N	Instructions for Corporate Income/Franchise Tax Return	Rule 12C-1.051, F.A.C.
Form F-1120ES	Declaration/Installment of Florida Estimated	Rule 12C-1.051, F.A.C.



COMMUNITY FOUNDATION OF COLLIER COUNTY,

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FEIN 59-2396243

DATA Page 1 of 2

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COMMUNITY FOUNDATION OF COLLIER COUNTY,

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DATA Page 2 of 2

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