

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990 (Rev. January 2020) Department of the Treasury Internal Revenue Service

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

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

2019 Open to Public Inspection

A For the 2019 calendar year, or tax year beginning JUL 1, 2019 and ending JUN 30, 2020

Form 990 header section containing organization name (COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.), address (1110 PINE RIDGE ROAD, NAPLES, FL 34108), EIN (59-2396243), and other identifying information.

Part I Summary

Table with 3 main columns: Description, Prior Year, and Current Year. Rows include Activities & Governance (mission statement, membership counts), Revenue (total revenue: 48,461,607), Expenses (total expenses: 28,465,221), and Net Assets or Fund Balances (total assets: 218,053,316).

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.

Signature block section with fields for officer signature (EILEEN CONNOLLY-KEESLER, CEO), preparer name (BARRY F. HOLES), preparer signature, date (02/17/21), and firm information (HILL, BARTH & KING LLC).

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

COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.

Form 990 (2019)

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 \$ 25,621,762. including grants of \$ 25,257,543.) (Revenue \$ 213,385.) DONOR SERVICES SEE SCHEDULE O.

4b (Code:) (Expenses \$ 1,301,729. including grants of \$ 733,056.) (Revenue \$) COMMUNITY GRANTMAKING SEE SCHEDULE O.

4c (Code:) (Expenses \$ 133,544. including grants of \$ 55,800.) (Revenue \$) WOMEN'S FOUNDATION OF COLLIER COUNTY SEE SCHEDULE O.

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

4e Total program service expenses 27,057,035.

**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 donor-restricted endowments or in 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 (2019)

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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <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?	38 X	

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

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	31
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		17
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
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 on 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		1
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?	X	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

Form 990 (2019)

59-2396243 Page 6

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 on 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 on Schedule O.	19	
b	Enter the number of voting members included on line 1a, above, who are independent	19	
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, 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 on 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 on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **L**
LISETTE HOLMES - 239-649-5000
1110 PINE RIDGE ROAD, NO. 200, NAPLES, FL 34108

COMMUNITY FOUNDATION OF COLLIER
COUNTY, INC.

Form 990 (2019)

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

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. GEORGE ABOUNADER TREASURER	2.00	X		X			0.	0.	0.	
(4) MR. JAMES F. MOREY CHAIR-ELECT	2.00	X		X			0.	0.	0.	
(5) MR. JERROL TOSTRUD CHAIR	4.00 1.00	X		X			0.	0.	0.	
(6) MR. JOHN COSTIGAN DIRECTOR	1.00	X					0.	0.	0.	
(7) MR. JOHN K. PAUL DIRECTOR	1.00 1.00	X					0.	0.	0.	
(8) MR. JORGE CAMINA DIRECTOR	1.00	X					0.	0.	0.	
(9) MR. ROBERT FUNDERBURG SECRETARY	2.00 1.00	X		X			0.	0.	0.	
(10) MR. TODD BRADLEY DIRECTOR	1.00	X					0.	0.	0.	
(11) MS. LYNN MARTIN DIRECTOR	1.00	X					0.	0.	0.	
(12) MS. MARSHA MURPHY DIRECTOR	1.00	X					0.	0.	0.	
(13) MS. MARY BETH JOHNS DIRECTOR	1.00	X					0.	0.	0.	
(14) MS. MARY LYNN MYERS IMMEDIATE PAST CHAIR	2.00	X		X			0.	0.	0.	
(15) MS. MYRA WILLIAMS DIRECTOR	1.00	X					0.	0.	0.	
(16) MS. PATRICIA AIKEN-O'NEILL DIRECTOR	1.00	X					0.	0.	0.	
(17) MS. ALLYSON RICHARDS DIRECTOR	1.00	X					0.	0.	0.	

COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MR. BRAD RIGOR DIRECTOR	1.00	X					0.	0.	0.	
(19) MR. MICHAEL SCHROEDER DIRECTOR	1.00	X					0.	0.	0.	
(20) MS. EILEEN CONNOLLY-KEESLER PRESIDENT & CEO	40.00 2.00			X			216,696.	0.	36,280.	
(21) MS. LISETTE HOLMES CFO	40.00			X			134,950.	0.	27,260.	
(22) MS. LAURA SIMMELINK SENIOR DIRECTOR OF PROGRAMS	40.00			X			105,704.	0.	9,655.	
1b Subtotal							457,350.	0.	73,195.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							457,350.	0.	73,195.	

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, 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 (2019)

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)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	132,392.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	43,608,887.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 19,172,592.			
	h Total. Add lines 1a-1f			43,741,279.			
Program Service Revenue			Business Code				
	2 a	ADMINISTRATIVE FEES	812900	213,385.	213,385.		
	b						
	c						
	d						
	e						
	g Total. Add lines 2a-2f			213,385.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		3,921,294.		3,921,294.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real	156,317.			
			(ii) Personal				
	6 b	Less: rental expenses		77,930.			
	6 c	Rental income or (loss)		78,387.			
	d Net rental income or (loss)			78,387.		78,387.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	64,709,362.			
			(ii) Other				
	7 b	Less: cost or other basis and sales expenses		64,221,719.			
	7 c	Gain or (loss)		487,643.			
d Net gain or (loss)			487,643.		487,643.		
8 a	Gross income from fundraising events (not including \$ 132,392. of contributions reported on line 1c). See Part IV, line 18	8a	58,890.				
8 b	Less: direct expenses	8b	55,847.				
c Net income or (loss) from fundraising events			3,043.		3,043.		
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
9 b	Less: direct expenses	9b					
c Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	10a					
10 b	Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
	11 a	OTHER EXCLUDED REVENUE	812900	19,828.		19,828.	
	b	UBI FROM INVESTMENT K-1'S	900099	-3,252.	-3,252.		
	c						
	d All other revenue						
e Total. Add lines 11a-11d			16,576.				
12 Total revenue. See instructions			48,461,607.	213,385.	-3,252.	4,510,195.	

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

Form 990 (2019)

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	23,801,791.	23,801,791.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,404,601.	1,404,601.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	840,007.	840,007.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	457,350.	245,560.	119,132.	92,658.
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	765,348.	417,975.	195,397.	151,976.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	75,767.	39,977.	20,132.	15,658.
9 Other employee benefits	139,390.	75,369.	36,012.	28,009.
10 Payroll taxes	91,116.	49,495.	23,412.	18,209.
11 Fees for services (nonemployees):				
a Management				
b Legal	585.		585.	
c Accounting	28,500.		28,500.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	355,740.		355,740.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	6,800.	2,000.	3,360.	1,440.
12 Advertising and promotion	57,911.	11,138.		46,773.
13 Office expenses	70,612.	36,876.	19,376.	14,360.
14 Information technology	149,065.	78,131.	39,901.	31,033.
15 Royalties				
16 Occupancy	39,404.	20,490.	10,639.	8,275.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	38,984.	20,705.	10,282.	7,997.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	92,201.		92,201.	
23 Insurance	22,934.	11,926.	6,193.	4,815.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DUES & SUBSCRIPTIONS	26,164.	500.	12,832.	12,832.
b LICENSES/TAXES/FEES	951.	494.	257.	200.
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	28,465,221.	27,057,035.	973,951.	434,235.
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 (2019)

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	29,774,560.	2	19,649,405.
	3 Pledges and grants receivable, net	4,710.	3	1,592,513.
	4 Accounts receivable, net	705,176.	4	266,551.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	105,303.	9	213,241.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,197,109.		
	b Less: accumulated depreciation	10b 532,583.	10c	3,664,526.
	11 Investments - publicly traded securities	117,529,276.	11	135,189,596.
	12 Investments - other securities. See Part IV, line 11	47,901,879.	12	57,332,931.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	231,435.	15	144,553.
16 Total assets. Add lines 1 through 15 (must equal line 33)	199,975,672.	16	218,053,316.	
Liabilities	17 Accounts payable and accrued expenses	196,331.	17	281,374.
	18 Grants payable	138,781.	18	183,272.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	219,460.
	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	62,380,529.	25	63,188,123.
	26 Total liabilities. Add lines 17 through 25	62,715,641.	26	63,872,229.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	136,885,592.	27	154,024,644.
	28 Net assets with donor restrictions	374,439.	28	156,443.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	137,260,031.	32	154,181,087.
	33 Total liabilities and net assets/fund balances	199,975,672.	33	218,053,316.

Form **990** (2019)

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

Form 990 (2019)

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	48,461,607.
2	Total expenses (must equal Part IX, column (A), line 25)	2	28,465,221.
3	Revenue less expenses. Subtract line 2 from line 1	3	19,996,386.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	137,260,031.
5	Net unrealized gains (losses) on investments	5	-2,971,024.
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 on Schedule O)	9	-109,387.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	154,176,006.

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? 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		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form **990** (2019)

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15364524.	15328216.	20136670.	36888134.	43741279.	131458823
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	15364524.	15328216.	20136670.	36888134.	43741279.	131458823
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)						35487122.
6 Public support. Subtract line 5 from line 4.						95971701.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	15364524.	15328216.	20136670.	36888134.	43741279.	131458823
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1766282.	2514553.	3436763.	3133514.	4077611.	14928723.
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.)	16,690.	22,935.	32,527.	23,022.	19,830.	115,004.
11 Total support. Add lines 7 through 10						146506181
12 Gross receipts from related activities, etc. (see instructions)					12	697,519.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	65.51 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	65.78 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶ <input checked="" type="checkbox"/>	
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	▶ <input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

Part IV Supporting Organizations

(Complete only if you checked a box 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) 2019 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 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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

2019

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	211	
2 Aggregate value of contributions to (during year)	25,532,874.	
3 Aggregate value of grants from (during year)	19,401,425.	
4 Aggregate value at end of year	84,540,373.	
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 (for example, 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?

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)?

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 FASB 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 FASB 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 FASB ASC 958 relating to these items:

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

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2019

COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	51,864,626.	46,497,485.	42,382,939.	38,013,814.	39,450,027.
b Contributions	19,248,675.	10,579,673.	8,340,548.	3,731,249.	4,117,870.
c Net investment earnings, gains, and losses	340,978.	1,773,073.	3,225,688.	4,548,831.	-1,119,554.
d Grants or scholarships	5,738,899.	5,465,169.	5,707,297.	2,998,181.	3,411,564.
e Other expenditures for facilities and programs	838,285.	804,441.	1,069,239.	315,710.	419,865.
f Administrative expenses	755,835.	715,995.	675,154.	597,064.	603,100.
g End of year balance	64,121,260.	51,864,626.	46,497,485.	42,382,939.	38,013,814.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 100.00 %
 - b Permanent endowment .00 %
 - c Term endowment .00 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,267,310.		1,267,310.
b Buildings		2,689,356.	407,256.	2,282,100.
c Leasehold improvements				
d Equipment		240,443.	125,327.	115,116.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,664,526.

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

Schedule D (Form 990) 2019

59-2396243 Page **3**

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) PRIVATE EQUITY	6,413,117.	END-OF-YEAR MARKET VALUE
(B) HEDGE FUNDS	4,248,281.	END-OF-YEAR MARKET VALUE
(C) FIXED INCOME	14,967,080.	END-OF-YEAR MARKET VALUE
(D) REAL ESTATE INVESTMENT		
(E) FUNDS	1,070,293.	END-OF-YEAR MARKET VALUE
(F) COMMINGLED FUNDS	30,614,160.	END-OF-YEAR MARKET VALUE
(G) PRIVATELY HELD STOCK	20,000.	END-OF-YEAR MARKET VALUE
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	57,332,931.	

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	62,879,072.
(3) ANNUITY OBLIGATIONS	309,051.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	63,188,123.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Schedule D (Form 990) 2019

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	45,035,027.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-2,971,024.	
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	-2,971,024.	
3	Subtract line 2e from line 1	3	48,006,051.	
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	355,740.	
b	Other (Describe in Part XIII.)	4b	104,897.	
c	Add lines 4a and 4b	4c	460,637.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	48,466,688.	

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	28,109,481.
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	28,109,481.	
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	355,740.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	355,740.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	28,465,221.	

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

PART X, LINE 2:

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

**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

2019

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		352,054.
EAST ASIA & THE PACIFIC	0	0	GRANTS		34,400.
EUROPE	0	0	GRANTS		1,500.
MIDDLE EAST & NORTH AFRICA	0	0	GRANTS		152,500.
SOUTH AMERICA	0	0	GRANTS		18,300.
SOUTH ASIA	0	0	GRANTS		13,200.
SUB-SAHARAN AFRICA	0	0	GRANTS		268,053.
3 a Subtotal	0	0			840,007.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			840,007.

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Schedule F (Form 990) 2019

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)
		SUB-SAHARAN AFRICA	GENERAL SUPPORT	110,500.	CHECK	0.		
		CENTRAL AMERICA & CARIBBEAN	GENERAL SUPPORT	107,554.	CHECK	0.		
		CENTRAL AMERICA & CARIBBEAN	GENERAL SUPPORT	105,000.	CHECK	0.		
		CENTRAL AMERICA & CARIBBEAN	GENERAL SUPPORT	100,000.	CHECK	0.		
		MIDDLE EAST & NORTH AFRICA	GENERAL SUPPORT	100,000.	CHECK	0.		
		SUB-SAHARAN AFRICA	GENERAL SUPPORT	80,000.	CHECK	0.		
		MIDDLE EAST & NORTH AFRICA	GENERAL SUPPORT	23,000.	CHECK	0.		
		MIDDLE EAST & NORTH AFRICA	GENERAL SUPPORT	20,000.	CHECK	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **21**

3 Enter total number of other organizations or entities **21**

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)
		EAST ASIA & THE PACIFIC	GENERAL SUPPORT	17,200.	CHECK	0.		
		EAST ASIA & THE PACIFIC	GENERAL SUPPORT	17,200.	CHECK	0.		
		SUB-SAHARAN AFRICA	GENERAL SUPPORT	13,000.	CHECK	0.		
		SUB-SAHARAN AFRICA	GENERAL SUPPORT	11,500.	CHECK	0.		
		CENTRAL AMERICA & CARIBBEAN	GENERAL SUPPORT	10,000.	CHECK	0.		
		CENTRAL AMERICA & CARIBBEAN	GENERAL SUPPORT	10,000.	CHECK	0.		
		SOUTH AMERICA	GENERAL SUPPORT	10,000.	CHECK	0.		
		CENTRAL AMERICA & CARIBBEAN	GENERAL SUPPORT	8,750.	CHECK	0.		
		SUB-SAHARAN AFRICA	GENERAL SUPPORT	6,000.	CHECK	0.		

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)
		SUB-SAHARAN AFRICA	GENERAL SUPPORT	5,000.	CHECK	0.		
		SOUTH ASIA	GENERAL SUPPORT	5,000.	CHECK	0.		
		SUB-SAHARAN AFRICA	GENERAL SUPPORT	5,000.	CHECK	0.		
		SOUTH ASIA	GENERAL SUPPORT	5,000.	CHECK	0.		

COMMUNITY FOUNDATION OF COLLIER
COUNTY, INC.

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; 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))
		POWER OF THE PURSE (event type)	CELEBRATION OF PHILANTHR (event type)	NONE (total number)	
Revenue	1	Gross receipts	137,132.	54,150.	191,282.
	2	Less: Contributions	95,717.	36,675.	132,392.
	3	Gross income (line 1 minus line 2)	41,415.	17,475.	58,890.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	8,141.	4,833.	12,974.
	7	Food and beverages	27,960.	11,590.	39,550.
	8	Entertainment	2,813.		2,813.
	9	Other direct expenses		510.	510.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			55,847.
11	Net income summary. Subtract line 10 from line 3, column (d)			3,043.	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

**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
A CALL TO COLLEGE P.O. BOX 4145 NEWARK, OH 43058	31-1333812	501(C)(3)	25,000.	0.			UNRESTRICTED USE
ABBOTT NORTHWESTERN HOSPITAL FOUNDATION - 800 EAST 28TH STREET - MINNEAPOLIS, MN 55407	04-3643816	501(C)(3)	60,000.	0.			SCHOLARSHIPS
ABILITY BEYOND DISABILITY 4 BERKSHIRE BLVD. BETHEL, CT 06801	06-0776594	501(C)(3)	452,113.	0.			UNRESTRICTED USE
ADOPT-A-NATIVE-ELDER P.O. BOX 3401 PARK CITY, UT 84060	87-0490211	501(C)(3)	22,000.	0.			FOOD RUN
ADOPT-A-NATIVE-ELDER P.O. BOX 3401 PARK CITY, UT 84060	87-0490211	501(C)(3)	22,000.	0.			FOOD RUN
ALLIANCE FOR PERIOD SUPPLIES OF SWFL - 20110 RIVERBROOKE RUN - ESTERO, FL 33928	83-3151463	501(C)(3)	5,000.	0.			UNRESTRICTED USE

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **282.**
- 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) (2019)

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
ALLIANCE FOR THE SHENANDOAH VALLEY P.O. BOX 674 NEW MARKET, VA 22844	41-2233874	501(C)(3)	10,000.	0.			GENERAL SUPPORT
ALLIANCE FOR THE SHENANDOAH VALLEY P.O. BOX 674 NEW MARKET, VA 22844	41-2233874	501(C)(3)	10,000.	0.			GENERAL SUPPORT
ALZHEIMER'S ASSOCIATION - NATIONAL OFFICE - 225 N. MICHIGAN AVENUE, FL 17 - CHICAGO, IL 60601	13-3039601	501(C)(3)	10,799.	0.			UNRESTRICTED USE
ALZHEIMER'S ASSOCIATION - NATIONAL OFFICE - 225 N. MICHIGAN AVENUE, FL 17 - CHICAGO, IL 60601	13-3039601	501(C)(3)	2,000.	0.			RESEARCH
ALZHEIMER'S ASSOCIATION - NATIONAL OFFICE - 225 N. MICHIGAN AVENUE, FL 17 - CHICAGO, IL 60601	13-3039601	501(C)(3)	500.	0.			RIDE TO REMEMBER 2020
ALZHEIMER'S ASSOCIATION - NATIONAL OFFICE - 225 N. MICHIGAN AVENUE, FL 17 - CHICAGO, IL 60601	13-3039601	501(C)(3)	500.	0.			UNRESTRICTED USE
ALZHEIMER'S ASSOCIATION - NATIONAL OFFICE - 225 N. MICHIGAN AVENUE, FL 17 - CHICAGO, IL 60601	13-3039601	501(C)(3)	250.	0.			UNRESTRICTED USE
ALZHEIMER'S ASSOCIATION - NATIONAL OFFICE - 225 N. MICHIGAN AVENUE, FL 17 - CHICAGO, IL 60601	13-3039601	501(C)(3)	100.	0.			MILWAUKEE, WI CHAPTER
AMERICAN BATTLEFIELD TRUST 1140 PROFESSIONAL COURT HAGERSTOWN, MD 21740	54-1426643	501(C)(3)	9,000.	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.)

(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 BATTLEFIELD TRUST 1140 PROFESSIONAL COURT HAGERSTOWN, MD 21740	54-1426643	501(C)(3)	9,000.	0.			GENERAL SUPPORT
AMERICAN CANCER SOCIETY 583 TALLWOOD STREET, #101 MARCO ISLAND, FL 34145	13-1788491	501(C)(3)	15,000.	0.			IMAGINATION BALL SUPPORT
AMERICAN CANCER SOCIETY 5020 TAMIAMI TRAIL N., #108 NAPLES, FL 34103	13-1788491	501(C)(3)	13,677.	0.			UNRESTRICTED USE
AMERICAN CANCER SOCIETY 5020 TAMIAMI TRAIL N., #108 NAPLES, FL 34103	13-1788491	501(C)(3)	10,000.	0.			RESEARCH
AMERICAN CANCER SOCIETY 5020 TAMIAMI TRAIL N., #108 NAPLES, FL 34103	13-1788491	501(C)(3)	3,808.	0.			UNRESTRICTED USE
AMERICAN CANCER SOCIETY 5020 TAMIAMI TRAIL N., #108 NAPLES, FL 34103	13-1788491	501(C)(3)	1,000.	0.			RESEARCH
AMERICAN CANCER SOCIETY 5020 TAMIAMI TRAIL N., #108 NAPLES, FL 34103	13-1788491	501(C)(3)	250.	0.			UNRESTRICTED USE
AMERICAN CANCER SOCIETY, SOUTH ATLANTIC DIVISION - 250 WILLIAMS STREET NW - ATLANTA, GA 30303	13-1788491	501(C)(3)	8,950,000.	0.			CHALLENGE GRANT
AMERICAN DIABETES ASSOCIATION, INC. - 1511 N. WEST SHORE BLVD., #980 - TAMPA, FL 33607	13-1623888	501(C)(3)	13,677.	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
AMERICAN DIABETES ASSOCIATION, INC. - P.O. BOX 15829 - ARLINGTON, VA 22215	13-1623888	501(C)(3)	5,000.	0.			MATCHING CHALLENGE
AMERICAN DIABETES ASSOCIATION, INC. - P.O. BOX 15829 - ARLINGTON, VA 22215	13-1623888	501(C)(3)	250.	0.			UNRESTRICTED USE
AMERICAN HEART ASSOCIATION NATIONAL BEQUEST CENTER - P.O. BOX 22035 - ST. PETERSBURG, FL 33742	13-5613797	501(C)(3)	13,677.	0.			UNRESTRICTED USE
AMERICAN HEART ASSOCIATION NATIONAL BEQUEST CENTER - P.O. BOX 22035 - ST. PETERSBURG, FL 33742	13-5613797	501(C)(3)	10,799.	0.			HEART RESEARCH ONLY
AMERICAN RED CROSS NATIONAL PROCESSING CENTER BOONE, IA 50037	53-0196605	501(C)(3)	5,000.	0.			HURRICANE DORIAN RELIEF
AMERICAN RED CROSS NATIONAL PROCESSING CENTER BOONE, IA 50037	53-0196605	501(C)(3)	616.	0.			EMERGENCY RELIEF SERVICES
AMERICAN RED CROSS NATIONAL PROCESSING CENTER BOONE, IA 50037	53-0196605	501(C)(3)	500.	0.			UNRESTRICTED USE
AMERICAN RED CROSS NATIONAL PROCESSING CENTER BOONE, IA 50037	53-0196605	501(C)(3)	500.	0.			UNRESTRICTED USE
AMERICAN RED CROSS NATIONAL PROCESSING CENTER BOONE, IA 50037	53-0196605	501(C)(3)	100.	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
ANTIQUE BOAT MUSEUM 750 MARY STREET CLAYTON, NY 13624	22-2319606	501(C)(3)	5,000.	0.			UNRESTRICTED USE
ART INSTITUTE OF CHICAGO 111 SOUTH MICHIGAN AVENUE CHICAGO, IL 60603	36-2167725	501(C)(3)	25,000.	0.			2020 SUSTAINING FELLOWS SUPPORT
ART LEAGUE OF MARCO ISLAND, INC. 1010 WINTERBERRY DRIVE MARCO ISLAND, FL 34145	59-1754367	501(C)(3)	20,000.	0.			MARCO ISLAND TIME CAPSULE
ART LEAGUE OF MARCO ISLAND, INC. 1010 WINTERBERRY DRIVE MARCO ISLAND, FL 34145	59-1754367	501(C)(3)	10,000.	0.			TIME CAPSULE
ARTHRITIS RESEARCH INSTITUTE OF AMERICA - 1055 NORTH HERCULES AVENUE - CLEARWATER, FL 33765	59-2438325	501(C)(3)	10,799.	0.			UNRESTRICTED USE
ARTIS-NAPLES, INC. 5833 PELICAN BAY BLVD. NAPLES, FL 34108	59-2322926	501(C)(3)	500,000.	0.			NEW GARDEN D
ARTIS-NAPLES, INC. 5833 PELICAN BAY BLVD. NAPLES, FL 34108	59-2322926	501(C)(3)	50,000.	0.			BAKER MUSEUM CAPITAL CAMPAIGN
ARTIS-NAPLES, INC. 5833 PELICAN BAY BLVD. NAPLES, FL 34108	59-2322926	501(C)(3)	16,800.	0.			UNDERWRITING OF GLENN LOONTJENS
ARTIS-NAPLES, INC. 5833 PELICAN BAY BLVD. NAPLES, FL 34108	59-2322926	501(C)(3)	25,000.	0.			UNDERWRITING FOR A PIANIST

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.			UNRESTRICTED USE
ARTIS-NAPLES, INC. 5833 PELICAN BAY BLVD. NAPLES, FL 34108	59-2322926	501(C)(3)	7,500.	0.			UNRESTRICTED USE
ARTIS-NAPLES, INC. 5833 PELICAN BAY BLVD. NAPLES, FL 34108	59-2322926	501(C)(3)	5,000.	0.			UNRESTRICTED USE
ARTIS-NAPLES, INC. 5833 PELICAN BAY BLVD. NAPLES, FL 34108	59-2322926	501(C)(3)	5,000.	0.			UNRESTRICTED USE
ARTIS-NAPLES, INC. 5833 PELICAN BAY BLVD. NAPLES, FL 34108	59-2322926	501(C)(3)	5,000.	0.			ANNUAL FUND
ARTIS-NAPLES, INC. 5833 PELICAN BAY BLVD. NAPLES, FL 34108	59-2322926	501(C)(3)	5,000.	0.			UNRESTRICTED USE
ARTIS-NAPLES, INC. 5833 PELICAN BAY BLVD. NAPLES, FL 34108	59-2322926	501(C)(3)	3,502.	0.			UNRESTRICTED USE
ARTIS-NAPLES, INC. 5833 PELICAN BAY BLVD. NAPLES, FL 34108	59-2322926	501(C)(3)	2,500.	0.			UNRESTRICTED ANNUAL GIFT
ARTIS-NAPLES, INC. 5833 PELICAN BAY BLVD. NAPLES, FL 34108	59-2322926	501(C)(3)	2,500.	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
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)	2,500.	0.			2019-2020 ANNUAL CONTRIBUTION
ARTIS-NAPLES, INC. 5833 PELICAN BAY BLVD. NAPLES, FL 34108	59-2322926	501(C)(3)	2,500.	0.			UNRESTRICTED USE
ARTIS-NAPLES, INC. 5833 PELICAN BAY BLVD. NAPLES, FL 34108	59-2322926	501(C)(3)	2,000.	0.			UNRESTRICTED
ARTIS-NAPLES, INC. 5833 PELICAN BAY BLVD. NAPLES, FL 34108	59-2322926	501(C)(3)	1,000.	0.			2020 GALA FUND-A-NEED
ARTIS-NAPLES, INC. 5833 PELICAN BAY BLVD. NAPLES, FL 34108	59-2322926	501(C)(3)	250.	0.			UNRESTRICTED USE
ARTIS-NAPLES, INC. 5833 PELICAN BAY BLVD. NAPLES, FL 34108	59-2322926	501(C)(3)	100.	0.			UNRESTRICTED USE
AUBURN COMMUNITY HOSPITAL 17 LANSING STREET AUBURN, NY 13021	15-0532054	501(C)(3)	5,000.	0.			OPERATIONS
AUDUBON OF FLORIDA/CORKSCREW SWAMP SANCTUARY - 375 SANCTUARY ROAD WEST - NAPLES, FL 34120	59-0245495	501(C)(3)	25,000.	0.			ENVIRONMENTAL EDUCATION

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 FLORIDA/CORKSCREW SWAMP SANCTUARY - 375 SANCTUARY ROAD WEST - NAPLES, FL 34120	59-0245495	501(C)(3)	5,000.	0.			UNRESTRICTED USE
AUDUBON OF FLORIDA/CORKSCREW SWAMP SANCTUARY - 375 SANCTUARY ROAD WEST - NAPLES, FL 34120	59-0245495	501(C)(3)	2,000.	0.			UNRESTRICTED USE
AUDUBON OF FLORIDA/CORKSCREW SWAMP SANCTUARY - 375 SANCTUARY ROAD WEST - NAPLES, FL 34120	59-0245495	501(C)(3)	1,000.	0.			ANNUAL FUND
AUDUBON OF THE WESTERN EVERGLADES P.O. BOX 1738 NAPLES, FL 34106	23-7030698	501(C)(3)	5,000.	0.			UNRESTRICTED USE
AUDUBON OF THE WESTERN EVERGLADES P.O. BOX 1738 NAPLES, FL 34106	23-7030698	501(C)(3)	2,500.	0.			WINTER SHOREBIRD STEWARDSHIP
AUDUBON OF THE WESTERN EVERGLADES P.O. BOX 1738 NAPLES, FL 34106	23-7030698	501(C)(3)	1,000.	0.			UNRESTRICTED USE
AUDUBON OF THE WESTERN EVERGLADES P.O. BOX 1738 NAPLES, FL 34106	23-7030698	501(C)(3)	1,000.	0.			CONSERVATION IN COLLIER COUNTY
AUDUBON OF THE WESTERN EVERGLADES P.O. BOX 1738 NAPLES, FL 34106	23-7030698	501(C)(3)	314.	0.			UNRESTRICTED USE
AVE MARIA SCHOOL OF LAW OFFICE OF ADVANCEMENT NAPLES, FL 34119	38-3519708	501(C)(3)	20,000.	0.			LAW SCHOOL SCHOLARSHIP

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
AVE MARIA UNIVERSITY 5050 AVE MARIA BLVD. AVE MARIA, FL 34142	03-0482006	501(C)(3)	5,000.	0.			SCHOLARSHIPS
AVOW HOSPICE INC. 1095 WHIPPOORWILL LANE NAPLES, FL 34105	59-2201250	501(C)(3)	11,220.	0.			UNRESTRICTED USE
AVOW HOSPICE INC. 1095 WHIPPOORWILL LANE NAPLES, FL 34105	59-2201250	501(C)(3)	9,194.	0.			UNRESTRICTED USE
AVOW HOSPICE INC. 1095 WHIPPOORWILL LANE NAPLES, FL 34105	59-2201250	501(C)(3)	5,000.	0.			UNRESTRICTED USE IN COLLIER COUNTY.
AVOW HOSPICE INC. 1095 WHIPPOORWILL LANE NAPLES, FL 34105	59-2201250	501(C)(3)	2,818.	0.			UNRESTRICTED USE
AVOW HOSPICE INC. 1095 WHIPPOORWILL LANE NAPLES, FL 34105	59-2201250	501(C)(3)	2,641.	0.			UNRESTRICTED USE
AVOW HOSPICE INC. 1095 WHIPPOORWILL LANE NAPLES, FL 34105	59-2201250	501(C)(3)	1,500.	0.			UNRESTRICTED USE
AVOW HOSPICE INC. 1095 WHIPPOORWILL LANE NAPLES, FL 34105	59-2201250	501(C)(3)	1,000.	0.			UNRESTRICTED USE
AVOW HOSPICE INC. 1095 WHIPPOORWILL LANE NAPLES, FL 34105	59-2201250	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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AVOW HOSPICE INC. 1095 WHIPPOORWILL LANE NAPLES, FL 34105	59-2201250	501(C)(3)	1,000.	0.			UNRESTRICTED USE
AVOW HOSPICE INC. 1095 WHIPPOORWILL LANE NAPLES, FL 34105	59-2201250	501(C)(3)	623.	0.			UNRESTRICTED USE
AVOW HOSPICE INC. 1095 WHIPPOORWILL LANE NAPLES, FL 34105	59-2201250	501(C)(3)	446.	0.			UNRESTRICTED USE
AVOW HOSPICE INC. 1095 WHIPPOORWILL LANE NAPLES, FL 34105	59-2201250	501(C)(3)	400.	0.			UNRESTRICTED USE
AVOW HOSPICE INC. 1095 WHIPPOORWILL LANE NAPLES, FL 34105	59-2201250	501(C)(3)	314.	0.			UNRESTRICTED USE
AVOW HOSPICE INC. 1095 WHIPPOORWILL LANE NAPLES, FL 34105	59-2201250	501(C)(3)	250.	0.			UNRESTRICTED USE
AVOW HOSPICE INC. 1095 WHIPPOORWILL LANE NAPLES, FL 34105	59-2201250	501(C)(3)	200.	0.			UNRESTRICTED USE
AVOW HOSPICE INC. 1095 WHIPPOORWILL LANE NAPLES, FL 34105	59-2201250	501(C)(3)	100.	0.			UNRESTRICTED USE
BABY BASICS OF COLLIER COUNTY, INC. - PMB 132- P.O. BOX 413005 - NAPLES, FL 34101	20-1498596	501(C)(3)	2,500.	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
BABY BASICS OF COLLIER COUNTY, INC. - PMB 132- P.O. BOX 413005 - NAPLES, FL 34101	20-1498596	501(C)(3)	800.	0.			TO PROVIDE DIAPERS
BABY BASICS OF COLLIER COUNTY, INC. - PMB 132- P.O. BOX 413005 - NAPLES, FL 34101	20-1498596	501(C)(3)	400.	0.			HAND SANITIZER
BASCOM PALMER EYE INSTITUTE 3880 TAMIAMI TRAIL N. NAPLES, FL 34103	59-0624458	501(C)(3)	25,000.	0.			UNRESTRICTED USE
BASCOM PALMER EYE INSTITUTE 3880 TAMIAMI TRAIL N. NAPLES, FL 34103	59-0624458	501(C)(3)	100.	0.			UNRESTRICTED USE
BATTEN DISEASE SUPPORT AND RESEARCH ASSOCIATION - 2780 AIRPORT DRIVE, #342 - COLUMBUS, OH 43219	91-1397792	501(C)(3)	5,000.	0.			UNRESTRICTED USE
BAY PORT HIGH SCHOOL 2710 LINEVILLE ROAD GREEN BAY, WI 54313	39-6031599	501(C)(3)	12,500.	0.			PROGRAM SUPPORT
BELLA MENTE QUANTUM RACING DBA NEW YORK YACHT CLUB AMERICAN MAGIC - 333 SOUTH 7TH STREET, #3100 - MINNEAPOLIS, MN 55420	82-2576323	501(C)(3)	10,000.	0.			SUPPORT THE AMERICAN MAGIC TEAM
BELLA MENTE QUANTUM RACING DBA NEW YORK YACHT CLUB AMERICAN MAGIC - 333 SOUTH 7TH STREET, #3100 - MINNEAPOLIS, MN 55420	82-2576323	501(C)(3)	10,000.	0.			SUPPORT THE AMERICAN MAGIC TEAM
BEST BUDDIES OF SWFL 5237 SUMMERLIN COMMONS BLVS., #105 FORT MYERS, FL 33907	52-1614576	501(C)(3)	5,000.	0.			STUDENT ONE-TO-ONE FRIENDSHIPS 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.)

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BEVERLY'S ANGELS 5080 POST OAK LANE NAPLES, FL 34105	83-2678523	501(C)(3)	5,000.	0.			UNRESTRICTED USE
BEVERLY'S ANGELS 5080 POST OAK LANE NAPLES, FL 34105	83-2678523	501(C)(3)	500.	0.			UNRESTRICTED USE
BIG BROTHERS BIG SISTERS OF THE SUN COAST, INC. - 1016 COLLIER CENTER WAY - NAPLES, FL 34110	59-1361826	501(C)(3)	5,531.	0.			UNRESTRICTED USE
BIG BROTHERS BIG SISTERS OF THE SUN COAST, INC. - 1016 COLLIER CENTER WAY - NAPLES, FL 34110	59-1361826	501(C)(3)	2,000.	0.			STAFF SALARIES
BIG BROTHERS BIG SISTERS OF THE SUN COAST, INC. - 1016 COLLIER CENTER WAY - NAPLES, FL 34110	59-1361826	501(C)(3)	1,000.	0.			KIDS PROGRAMS
BISHOP NOLL INSTITUTE 1519 HOFFMAN STREET HAMMOND, IN 46327	35-1007097	501(C)(3)	15,000.	0.			BNI HOCKEY CLUB
BLOOMINGTON HEALTHFOUNDATION, INC. P.O. BOX 249 BLOOMINGTON, IN 47402	35-1720795	501(C)(3)	2,500.	0.			UNRESTRICTED USE
BLOOMINGTON HEALTHFOUNDATION, INC. P.O. BOX 249 BLOOMINGTON, IN 47402	35-1720795	501(C)(3)	2,500.	0.			UNRESTRICTED USE
BONITA BAY VETERANS COUNCIL, INC. 26660 COUNTRY CLUB DRIVE BONITA SPRINGS, FL 34134	47-3563908	501(C)(3)	5,000.	0.			FUNDING FOR VETERANS 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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BONITA SPRINGS ASSISTANCE OFFICE P.O. BOX 16 BONITA SPRINGS, FL 34133	59-2337909	501(C)(3)	7,880.	0.			CARE & SHARE PROGRAM
BOOKS FOR COLLIER KIDS INC. P.O. BOX 10811 NAPLES, FL 34101	82-1078351	501(C)(3)	14,400.	0.			OPERATIONS
BOOKS FOR COLLIER KIDS INC. P.O. BOX 10811 NAPLES, FL 34101	82-1078351	501(C)(3)	2,500.	0.			SOCIAL MEDIA PROJECT
BOOKS FOR COLLIER KIDS INC. P.O. BOX 10811 NAPLES, FL 34101	82-1078351	501(C)(3)	2,000.	0.			PURCHASE BOOKS
BORODINO METHODIST CHURCH 1820 NY-174 SKANEATELES, NY 13152	16-1084854	501(C)(3)	7,000.	0.			UNRESTRICTED USE
BOYS & GIRLS CLUB OF COLLIER COUNTY - 7500 DAVIS BLVD. - NAPLES, FL 34104	65-0279110	501(C)(3)	6,000.	0.			SMART GIRLS & PASSPORT TO MANHOOD
BOYS & GIRLS CLUB OF COLLIER COUNTY - 7500 DAVIS BLVD. - NAPLES, FL 34104	65-0279110	501(C)(3)	5,000.	0.			CAPITAL EXPENDITURES
BOYS & GIRLS CLUB OF COLLIER COUNTY - 7500 DAVIS BLVD. - NAPLES, FL 34104	65-0279110	501(C)(3)	3,000.	0.			YOUTH IMPROVEMENT
BOYS & GIRLS CLUB OF COLLIER COUNTY - 7500 DAVIS BLVD. - NAPLES, FL 34104	65-0279110	501(C)(3)	2,846.	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
BOYS & GIRLS CLUB OF COLLIER COUNTY - 7500 DAVIS BLVD. - NAPLES, FL 34104	65-0279110	501(C)(3)	1,000.	0.			SPRING TENNIS TOURNAMENT
BOYS & GIRLS CLUB OF COLLIER COUNTY - 7500 DAVIS BLVD. - NAPLES, FL 34104	65-0279110	501(C)(3)	1,000.	0.			UNRESTRICTED USE
BOYS & GIRLS CLUB OF COLLIER COUNTY - 7500 DAVIS BLVD. - NAPLES, FL 34104	65-0279110	501(C)(3)	200.	0.			UNRESTRICTED USE
BRAINERD LAKES COMMUNITY FOUNDATION - P.O. BOX 94 - NISSWA, MN 56468	36-3412544	501(C)(3)	5,000.	0.			AWAIT FURTHER DIRECTION FROM JOHN ALLEN
BRIDGE FUND OF NEW YORK, INC. 271 MADISON AVENUE, #907 NEW YORK, NY 10016	13-3824852	501(C)(3)	5,000.	0.			UNRESTRICTED USE
BRIGHTER BITES P.O. BOX 25456 HOUSTON, TX 77265	47-4070026	501(C)(3)	15,000.	0.			OPERATIONS
BRIGHTER BITES P.O. BOX 25456 HOUSTON, TX 77265	47-4070026	501(C)(3)	5,000.	0.			WINN DIXIE PRODUCE PROGRAM
BRIGHTFOCUS FOUNDATION 22512 GATEWAY CENTER DRIVE CLARKSBURG, MD 30982	23-7337229	501(C)(3)	10,799.	0.			UNRESTRICTED USE
BRIGHTFOCUS FOUNDATION 22512 GATEWAY CENTER DRIVE CLARKSBURG, MD 30982	23-7337229	501(C)(3)	1,000.	0.			MACULAR DEGENERATION 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.)

(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
BRIGHTFOCUS FOUNDATION 22512 GATEWAY CENTER DRIVE CLARKSBURG, MD 30982	23-7337229	501(C)(3)	1,000.	0.			UNRESTRICTED USE
BRIGHTFOCUS FOUNDATION 22512 GATEWAY CENTER DRIVE CLARKSBURG, MD 30982	23-7337229	501(C)(3)	500.	0.			MACULAR DEGENERATION RESEARCH
CAMPUS CRUSADE FOR CHRIST, INC. P. O. BOX 628222 ORLANDO, FL 32832	95-6006173	501(C)(3)	2,000.	0.			UNRESTRICTED USE
CAMPUS CRUSADE FOR CHRIST, INC. P. O. BOX 628222 ORLANDO, FL 32832	95-6006173	501(C)(3)	1,000.	0.			IN SUPPORT OF MISSION WORK
CAMPUS CRUSADE FOR CHRIST, INC. P. O. BOX 628222 ORLANDO, FL 32832	95-6006173	501(C)(3)	1,000.	0.			IN SUPPORT OF MISSION WORK
CAMPUS CRUSADE FOR CHRIST, INC. P. O. BOX 628222 ORLANDO, FL 32832	95-6006173	501(C)(3)	1,000.	0.			IN SUPPORT OF MISSION WORK
CAMPUS CRUSADE FOR CHRIST, INC. P. O. BOX 628222 ORLANDO, FL 32832	95-6006173	501(C)(3)	1,000.	0.			IN SUPPORT OF MISSION WORK
CAMPUS CRUSADE FOR CHRIST, INC. P. O. BOX 628222 ORLANDO, FL 32832	95-6006173	501(C)(3)	900.	0.			IN SUPPORT OF MISSION WORK
CAMPUS CRUSADE FOR CHRIST, INC. P. O. BOX 628222 ORLANDO, FL 32832	95-6006173	501(C)(3)	800.	0.			IN SUPPORT OF MISSION WORK

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)	600.	0.			TO SUPPORT THE MISSION WORK
CAMPUS CRUSADE FOR CHRIST, INC. P. O. BOX 628222 ORLANDO, FL 32832	95-6006173	501(C)(3)	500.	0.			TO SUPPORT THE MISSION WORK
CAPRI CHRISTIAN CHURCH 111 EAST HILO STREET NAPLES, FL 34113	59-1956870	501(C)(3)	1,500.	0.			OPERATIONS
CAPRI CHRISTIAN CHURCH 111 EAST HILO STREET NAPLES, FL 34113	59-1956870	501(C)(3)	1,500.	0.			OPERATIONS
CAPRI CHRISTIAN CHURCH 111 EAST HILO STREET NAPLES, FL 34113	59-1956870	501(C)(3)	1,500.	0.			OPERATIONS
CAPRI CHRISTIAN CHURCH 111 EAST HILO STREET NAPLES, FL 34113	59-1956870	501(C)(3)	1,500.	0.			OPERATIONS
CAPRI CHRISTIAN CHURCH 111 EAST HILO STREET NAPLES, FL 34113	59-1956870	501(C)(3)	1,500.	0.			OPERATIONS
CAPRI CHRISTIAN CHURCH 111 EAST HILO STREET NAPLES, FL 34113	59-1956870	501(C)(3)	1,500.	0.			OPERATIONS
CAPRI CHRISTIAN CHURCH 111 EAST HILO STREET NAPLES, FL 34113	59-1956870	501(C)(3)	850.	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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CAPRI CHRISTIAN CHURCH 111 EAST HILO STREET NAPLES, FL 34113	59-1956870	501(C)(3)	850.	0.			UNRESTRICTED USE
CAPRI CHRISTIAN CHURCH 111 EAST HILO STREET NAPLES, FL 34113	59-1956870	501(C)(3)	850.	0.			UNRESTRICTED USE
CAPRI CHRISTIAN CHURCH 111 EAST HILO STREET NAPLES, FL 34113	59-1956870	501(C)(3)	850.	0.			UNRESTRICTED USE
CAPRI CHRISTIAN CHURCH 111 EAST HILO STREET NAPLES, FL 34113	59-1956870	501(C)(3)	850.	0.			UNRESTRICTED USE
CAPTAINS FOR CLEAN WATER 2031 JACKSON STREET FT. MYERS, FL 33901	81-1789969	501(C)(3)	7,500.	0.			SUPPORTING CLEANUP OF THE MANGROVES AND GULF
CATHEDRAL OF THE ASSUMPTION 433 SOUTH 5TH STREET, #101 LOUISVILLE, KY 40202	61-0447247	501(C)(3)	50,000.	0.			RENOVATION PROJECT
CATHEDRAL OF THE ASSUMPTION 433 SOUTH 5TH STREET, #101 LOUISVILLE, KY 40202	61-0447247	501(C)(3)	50,000.	0.			RENOVATION PROJECT
CATHEDRAL OF THE ASSUMPTION 433 SOUTH 5TH STREET, #101 LOUISVILLE, KY 40202	61-0447247	501(C)(3)	1,000.	0.			FEED MY NEIGHBOR PROGRAM
CATHEDRAL OF THE ASSUMPTION 433 SOUTH 5TH STREET, #101 LOUISVILLE, KY 40202	61-0447247	501(C)(3)	100.	0.			DAILY LUNCH 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.)

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CATHOLIC CHARITIES OF COLLIER COUNTY - 2210 SANTA BARBARA BLVD. - NAPLES, FL 34116	53-0196617	501(C)(3)	10,000.	0.			FOOD FOR IMMOKALEE
CATHOLIC CHARITIES OF COLLIER COUNTY - 2210 SANTA BARBARA BLVD. - NAPLES, FL 34116	53-0196617	501(C)(3)	5,000.	0.			BASIC NEEDS ASSISTANCE FOR COVID-19
CATHOLIC CHARITIES OF COLLIER COUNTY - 2210 SANTA BARBARA BLVD. - NAPLES, FL 34116	53-0196617	501(C)(3)	5,000.	0.			FOOD BANK/COVID NEEDS
CATHOLIC CHARITIES OF COLLIER COUNTY - 2210 SANTA BARBARA BLVD. - NAPLES, FL 34116	53-0196617	501(C)(3)	3,752.	0.			SERVICES RENDERED BY CATHOLIC CHARITIES
CATHOLIC CHARITIES OF COLLIER COUNTY - 2210 SANTA BARBARA BLVD. - NAPLES, FL 34116	53-0196617	501(C)(3)	2,500.	0.			EMERALD BALL
CATHOLIC CHARITIES OF COLLIER COUNTY - 2210 SANTA BARBARA BLVD. - NAPLES, FL 34116	53-0196617	501(C)(3)	2,000.	0.			UNRESTRICTED USE
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.			CORONAVIRUS RELIEF
CATHOLIC CHARITIES OF COLLIER COUNTY - 2210 SANTA BARBARA BLVD. - NAPLES, FL 34116	53-0196617	501(C)(3)	200.	0.			SOUP KITCHEN IN IMMOKALEE

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 ST. PAUL AND MINNEAPOLIS - 1200 2ND AVENUE SOUTH - MINNEAPOLIS, MN 55403	41-1302487	501(C)(3)	10,000.	0.			SAINT NICHOLAS DINNER SUPPORT
CEDAR CREEK BATTLEFIELD FOUNDATION P.O. BOX 229 MIDDLETOWN, VA 22645	54-1474233	501(C)(3)	2,500.	0.			PRESERVATION & PROTECTION OF THE BATTLEFIELD
CEDAR CREEK BATTLEFIELD FOUNDATION P.O. BOX 229 MIDDLETOWN, VA 22645	54-1474233	501(C)(3)	2,500.	0.			CEDAR CREEK BATTLEFIELD
CHAPEL BY THE SEA 6712 EMERALD DRIVE EMERALD ISLE, NC 28594		501(C)(3)	5,000.	0.			UNRESTRICTED USE
CHAPEL BY THE SEA 6712 EMERALD DRIVE EMERALD ISLE, NC 28594		501(C)(3)	2,000.	0.			OPERATING EXPENSES
CHAPEL BY THE SEA 6712 EMERALD DRIVE EMERALD ISLE, NC 28594		501(C)(3)	2,000.	0.			YOUTH GROUP
CHARITY FOR CHANGE, LLC 10681 AIRPORT ROAD, #23 NAPLES, FL 34109	26-2139488	501(C)(3)	2,500.	0.			PROGRAM PLATFORM AND CURRICULUM UPDATE
CHARITY FOR CHANGE, LLC 10681 AIRPORT ROAD, #23 NAPLES, FL 34109	26-2139488	501(C)(3)	1,500.	0.			UNRESTRICTED USE
CHARITY FOR CHANGE, LLC 10681 AIRPORT ROAD, #23 NAPLES, FL 34109	26-2139488	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
CHARLEVOIX COUNTY COMMUNITY FOUNDATION - P.O. BOX 718 - EAST JORDAN, MI 49727	38-3033739	501(C)(3)	10,000.	0.			URGENT NEEDS FUND
CHICAGO BOTANICAL GARDEN 1000 LAKE COOK ROAD GLENCOE, IL 60022	36-2225482	501(C)(3)	5,000.	0.			UNRESTRICTED USE
CHILDREN'S ADVOCACY CENTER OF COLLIER COUNTY - 1036 6TH AVENUE N. - NAPLES, FL 34102	65-0049492	501(C)(3)	5,000.	0.			REDUCTION OF CHILDHOOD TRAUMA INITIATIVE
CHILDREN'S HOSPITAL FOUNDATION, INC. - M.S. 3050 P.O. BOX 1997 - MILWAUKEE, WI 53201	39-1500075	501(C)(3)	5,000.	0.			UNRESTRICTED USE
CHILD'S PATH 2335 TAMiami TRAIL N., #504 NAPLES, FL 34103	26-2646032	501(C)(3)	5,000.	0.			CAPITAL EXPENDITURES
CHOWAN UNIVERSITY OFFICE OF DEVELOPMENT MURFREESBURO, NC 27855	56-0554199	501(C)(3)	20,000.	0.			LOUISE C GILLESPIE SCHOLARSHIP
CHRIST EPISCOPAL CHURCH 220 40TH STREET, NE CEDAR RAPIDS, IA 52402		501(C)(3)	6,000.	0.			\$5,000 FOR THE BACKPACK PROGRAM AND \$1,000 FOR SWAZILAND MISSION
CHRISTMAS IN JULY FOUNDATION P.O. BOX 7997 NAPLES, FL 34101	83-1606042	501(C)(3)	10,000.	0.			SUPPLIES FOR PROGRAM
CLARKSON UNIVERSITY 8 CLARKSON AVENUE POTSDAM, NY 13676	15-0543659	501(C)(3)	15,000.	0.			CHEEL 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.)

(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
CLASSIC CHAMBER CONCERTS, INC. P.O. BOX 7854 NAPLES, FL 34101	59-3459770	501(C)(3)	244.	0.			OPERATIONS
CLEVELAND BALLET 23030 MILES ROAD BEDFORD HEIGHTS, OH 44128	38-3945001	501(C)(3)	10,000.	0.			UNRESTRICTED USE
CLEVELAND BALLET 23030 MILES ROAD BEDFORD HEIGHTS, OH 44128	38-3945001	501(C)(3)	5,000.	0.			MATCHING GRANT
COLLEGE OF WOOSTER 1189 BEALL AVENUE WOOSTER, OH 44691	34-0714654	501(C)(3)	10,000.	0.			ANNUAL EXPENSES
COLLIER COUNTY - BOARD OF COUNTY COMMISSIONERS - 3299 TAMIAMI TRAIL EAST, #303 - NAPLES, FL 34112	59-6000558	501(C)(3)	10,500.	0.			PLAYGROUND SHADE STRUCTURE
COLLIER COUNTY - BOARD OF COUNTY COMMISSIONERS - 3299 TAMIAMI TRAIL EAST, #303 - NAPLES, FL 34112	59-6000558	501(C)(3)	9,924.	0.			TREES FOR IMMOKALEE PARKS
COLLIER COUNTY HUNGER AND HOMELESS COALITION - P.O. BOX 9202 - NAPLES, FL 34101	04-3610154	501(C)(3)	10,000.	0.			COVID-19 ASSISTANCE
COLLIER COUNTY HUNGER AND HOMELESS COALITION - P.O. BOX 9202 - NAPLES, FL 34101	04-3610154	501(C)(3)	10,000.	0.			COVID-19 ASSISTANCE
COLLIER COUNTY HUNGER AND HOMELESS COALITION - P.O. BOX 9202 - NAPLES, FL 34101	04-3610154	501(C)(3)	2,500.	0.			HHC JUMPSTART

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 COUNTY PUBLIC SCHOOLS 5775 OSCEOLA TRAIL NAPLES, FL 34109	59-2663954		35,000.	0.			COVID-19 RELIEF EFFORTS
COLLIER COUNTY PUBLIC SCHOOLS 5775 OSCEOLA TRAIL NAPLES, FL 34109	59-2663954		30,000.	0.			INTERNET AND FOOD FOR TEACHERS
COLLIER COUNTY PUBLIC SCHOOLS 5775 OSCEOLA TRAIL NAPLES, FL 34109	59-2663954		10,600.	0.			LELY ELEMENTARY
COLLIER COUNTY PUBLIC SCHOOLS 5775 OSCEOLA TRAIL NAPLES, FL 34109	59-2663954		10,000.	0.			BASIC NEEDS FUND
COLLIER COUNTY PUBLIC SCHOOLS 5775 OSCEOLA TRAIL NAPLES, FL 34109	59-2663954		10,000.	0.			IMMOKALEE PUBLIC SCHOOLS
COLLIER COUNTY PUBLIC SCHOOLS 5775 OSCEOLA TRAIL NAPLES, FL 34109	59-2663954		8,750.	0.			GIFT CARDS FOR CORONAVIRUS RELIEF
COLLIER COUNTY PUBLIC SCHOOLS 5775 OSCEOLA TRAIL NAPLES, FL 34109	59-2663954		7,625.	0.			2019-2020 LAWS OF LIFE
COLLIER COUNTY PUBLIC SCHOOLS 5775 OSCEOLA TRAIL NAPLES, FL 34109	59-2663954		4,990.	0.			TUTORING PROGRAM
COLLIER COUNTY PUBLIC SCHOOLS 5775 OSCEOLA TRAIL NAPLES, FL 34109	59-2663954		3,844.	0.			CALUSA PARK ELEMENTARY

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		3,146.	0.			CUB'S CLUB TUTOR
COLLIER COUNTY PUBLIC SCHOOLS 5775 OSCEOLA TRAIL NAPLES, FL 34109	59-2663954		2,500.	0.			SCIENCE FAIR ATTENDANCE COSTS
COLLIER COUNTY PUBLIC SCHOOLS 5775 OSCEOLA TRAIL NAPLES, FL 34109	59-2663954		1,100.	0.			COVID-19 ASSISTANCE
COLLIER COUNTY PUBLIC SCHOOLS 5775 OSCEOLA TRAIL NAPLES, FL 34109	59-2663954		500.	0.			GIFT CARDS FOR CORONAVIRUS RELIEF
COLLIER COUNTY SENIOR RESOURCE CENTER INC - 4898 CORONADO PARKWAY - NAPLES, FL 34116	27-0946278	501(C)(3)	50,000.	0.			UPLIDE PROGRAM
COLLIER COUNTY SENIOR RESOURCE CENTER INC - 4898 CORONADO PARKWAY - NAPLES, FL 34116	27-0946278	501(C)(3)	16,025.	0.			PURCHASE OF FOOD FOR FOOD PANTRY
COLLIER COUNTY SENIOR RESOURCE CENTER INC - 4898 CORONADO PARKWAY - NAPLES, FL 34116	27-0946278	501(C)(3)	13,000.	0.			DIRECT ASSISTANCE FOR NEEDED SENIORS
COLLIER COUNTY SENIOR RESOURCE CENTER INC - 4898 CORONADO PARKWAY - NAPLES, FL 34116	27-0946278	501(C)(3)	3,000.	0.			FIFTH ANNIVERSARY CHALLENGE
COLLIER COUNTY SENIOR RESOURCE CENTER INC - 4898 CORONADO PARKWAY - NAPLES, FL 34116	27-0946278	501(C)(3)	2,000.	0.			CORONAVIRUS RELIEF

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 COUNTY SENIOR RESOURCE CENTER INC - 4898 CORONADO PARKWAY - NAPLES, FL 34116	27-0946278	501(C)(3)	2,000.	0.			CELEBRATING SENIORS ANNIVERSARY CHALLENGE
COLLIER COUNTY SENIOR RESOURCE CENTER INC - 4898 CORONADO PARKWAY - NAPLES, FL 34116	27-0946278	501(C)(3)	2,000.	0.			UNRESTRICTED USE
COLLIER COUNTY SENIOR RESOURCE CENTER INC - 4898 CORONADO PARKWAY - NAPLES, FL 34116	27-0946278	501(C)(3)	1,250.	0.			GIFT CARDS FOR CORONAVIRUS RELIEF
COLLIER COUNTY SENIOR RESOURCE CENTER INC - 4898 CORONADO PARKWAY - NAPLES, FL 34116	27-0946278	501(C)(3)	1,000.	0.			UNRESTRICTED USE
COLLIER COUNTY SENIOR RESOURCE CENTER INC - 4898 CORONADO PARKWAY - NAPLES, FL 34116	27-0946278	501(C)(3)	1,000.	0.			UNRESTRICTED USE
COLLIER COUNTY SENIOR RESOURCE CENTER INC - 4898 CORONADO PARKWAY - NAPLES, FL 34116	27-0946278	501(C)(3)	1,000.	0.			ANNIVERSARY CHALLENGE
COLLIER COUNTY SENIOR RESOURCE CENTER INC - 4898 CORONADO PARKWAY - NAPLES, FL 34116	27-0946278	501(C)(3)	500.	0.			UNRESTRICTED USE
COLLIER HARVEST FOUNDATION P. O. BOX 11143 NAPLES, FL 34101	65-0307084	501(C)(3)	49,264.	0.			UNRESTRICTED USE
COLLIER HARVEST FOUNDATION P. O. BOX 11143 NAPLES, FL 34101	65-0307084	501(C)(3)	48,743.	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 HARVEST FOUNDATION P. O. BOX 11143 NAPLES, FL 34101	65-0307084	501(C)(3)	16,025.	0.			PURCHASE OF FOOD FOR FOOD PANTRY
COLLIER HARVEST FOUNDATION P. O. BOX 11143 NAPLES, FL 34101	65-0307084	501(C)(3)	1,130.	0.			OPERATIONS
COLLIER RESOURCE CENTER, INC. P.O. BOX 110905 NAPLES, FL 34108	47-3120388	501(C)(3)	1,000.	0.			UNRESTRICTED USE
COLLIER RESOURCE CENTER, INC. P.O. BOX 110905 NAPLES, FL 34108	47-3120388	501(C)(3)	1,000.	0.			UNRESTRICTED USE
COLLIER RESOURCE CENTER, INC. P.O. BOX 110905 NAPLES, FL 34108	47-3120388	501(C)(3)	1,000.	0.			UNRESTRICTED USE
COLLIER RESOURCE CENTER, INC. P.O. BOX 110905 NAPLES, FL 34108	47-3120388	501(C)(3)	1,000.	0.			UNRESTRICTED USE
COLLIER RESOURCE CENTER, INC. P.O. BOX 110905 NAPLES, FL 34108	47-3120388	501(C)(3)	500.	0.			TECHNOLOGY NEEDS
COLLIER RESOURCE CENTER, INC. P.O. BOX 110905 NAPLES, FL 34108	47-3120388	501(C)(3)	250.	0.			TECHNOLOGY NEEDS
COLLIER RESOURCE CENTER, INC. P.O. BOX 110905 NAPLES, FL 34108	47-3120388	501(C)(3)	250.	0.			TECHNOLOGY NEEDS

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
COMMUNITY FOUNDATION SERVING SOUTHWEST COLORADO - P.O. BOX 1673 - DURANGO, CO 81301	84-1474900	501(C)(3)	13,537.	0.			EVEN KEEL FUND
COMMUNITY FOUNDATION SERVING SOUTHWEST COLORADO - P.O. BOX 1673 - DURANGO, CO 81301	84-1474900	501(C)(3)	554.	0.			EVEN KEEL FUND
COMMUNITY SCHOOL OF NAPLES 13275 LIVINGSTON ROAD NAPLES, FL 34109	59-1920297	501(C)(3)	1,000,000.	0.			ALL SPORTS STADIUM
COMMUNITY SCHOOL OF NAPLES 13275 LIVINGSTON ROAD NAPLES, FL 34109	59-1920297	501(C)(3)	25,000.	0.			ANNUAL FUND
COMMUNITY SCHOOL OF NAPLES 13275 LIVINGSTON ROAD NAPLES, FL 34109	59-1920297	501(C)(3)	20,000.	0.			ANGEL BALL SCHOLARSHIP FUND
COMMUNITY SCHOOL OF NAPLES 13275 LIVINGSTON ROAD NAPLES, FL 34109	59-1920297	501(C)(3)	10,000.	0.			COMMUNITY SCHOOL SCHOLARSHIP PROGRAM
COMMUNITY SCHOOL OF NAPLES 13275 LIVINGSTON ROAD NAPLES, FL 34109	59-1920297	501(C)(3)	4,212.	0.			SCHOLARSHIPS
CONSERVANCY OF SOUTHWEST FLORIDA, INC. - 1495 SMITH PRESERVE WAY - NAPLES, FL 34102	59-1157084	501(C)(3)	50,000.	0.			GROWING CLIMATE SOLUTIONS
CONSERVANCY OF SOUTHWEST FLORIDA, INC. - 1495 SMITH PRESERVE WAY - NAPLES, FL 34102	59-1157084	501(C)(3)	25,000.	0.			GROWING CLIMATE SOLUTIONS

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)	25,000.	0.			GROWING CLIMATE SOLUTIONS
CONSERVANCY OF SOUTHWEST FLORIDA, INC. - 1495 SMITH PRESERVE WAY - NAPLES, FL 34102	59-1157084	501(C)(3)	10,000.	0.			CONSERVATION COLLIER RESEARCH
CONSERVANCY OF SOUTHWEST FLORIDA, INC. - 1495 SMITH PRESERVE WAY - NAPLES, FL 34102	59-1157084	501(C)(3)	5,046.	0.			UNRESTRICTED USE
CONSERVANCY OF SOUTHWEST FLORIDA, INC. - 1495 SMITH PRESERVE WAY - NAPLES, FL 34102	59-1157084	501(C)(3)	5,000.	0.			ANNUAL FUND
CONSERVANCY OF SOUTHWEST FLORIDA, INC. - 1495 SMITH PRESERVE WAY - NAPLES, FL 34102	59-1157084	501(C)(3)	5,000.	0.			UNRESTRICTED USE
CONSERVANCY OF SOUTHWEST FLORIDA, INC. - 1495 SMITH PRESERVE WAY - NAPLES, FL 34102	59-1157084	501(C)(3)	2,500.	0.			FUND A NEED
CONSERVANCY OF SOUTHWEST FLORIDA, INC. - 1495 SMITH PRESERVE WAY - NAPLES, FL 34102	59-1157084	501(C)(3)	2,500.	0.			PYTHON REMOVAL
CONSERVANCY OF SOUTHWEST FLORIDA, INC. - 1495 SMITH PRESERVE WAY - NAPLES, FL 34102	59-1157084	501(C)(3)	2,000.	0.			UNRESTRICTED USE
CONSERVANCY OF SOUTHWEST FLORIDA, INC. - 1495 SMITH PRESERVE WAY - NAPLES, FL 34102	59-1157084	501(C)(3)	1,976.	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
CONSERVANCY OF SOUTHWEST FLORIDA, INC. - 1495 SMITH PRESERVE WAY - NAPLES, FL 34102	59-1157084	501(C)(3)	1,250.	0.			FUND A NEED
CONSERVANCY OF SOUTHWEST FLORIDA, INC. - 1495 SMITH PRESERVE WAY - NAPLES, FL 34102	59-1157084	501(C)(3)	1,250.	0.			FUND A NEED
CONSERVANCY OF SOUTHWEST FLORIDA, INC. - 1495 SMITH PRESERVE WAY - NAPLES, FL 34102	59-1157084	501(C)(3)	1,200.	0.			UNRESTRICTED USE
CONSERVANCY OF SOUTHWEST FLORIDA, INC. - 1495 SMITH PRESERVE WAY - NAPLES, FL 34102	59-1157084	501(C)(3)	1,000.	0.			UNRESTRICTED USE
CONSERVANCY OF SOUTHWEST FLORIDA, INC. - 1495 SMITH PRESERVE WAY - NAPLES, FL 34102	59-1157084	501(C)(3)	1,000.	0.			STEM-BASED ENVIRONMENTAL EDUCATION FOR SCHOOLCHILDREN
CONSERVANCY OF SOUTHWEST FLORIDA, INC. - 1495 SMITH PRESERVE WAY - NAPLES, FL 34102	59-1157084	501(C)(3)	637.	0.			UNRESTRICTED USE
CONSERVANCY OF SOUTHWEST FLORIDA, INC. - 1495 SMITH PRESERVE WAY - NAPLES, FL 34102	59-1157084	501(C)(3)	500.	0.			UNRESTRICTED USE
CONSERVANCY OF SOUTHWEST FLORIDA, INC. - 1495 SMITH PRESERVE WAY - NAPLES, FL 34102	59-1157084	501(C)(3)	446.	0.			UNRESTRICTED USE
CONSERVANCY OF SOUTHWEST FLORIDA, INC. - 1495 SMITH PRESERVE WAY - NAPLES, FL 34102	59-1157084	501(C)(3)	400.	0.			TO PROVIDE MEDICAL CARE

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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COUNCIL FOR NATIVE HAWAIIAN ADVANCEMENT - 91-1270 KINOIKI STREET, BLDG. #1 - KAPOLEI, HI 96707	91-0313383	501(C)(3)	5,500.	0.			HAWAIIAN WAY FUND
COUNCIL FOR NATIVE HAWAIIAN ADVANCEMENT - 91-1270 KINOIKI STREET, BLDG. #1 - KAPOLEI, HI 96707	91-0313383	501(C)(3)	5,500.	0.			HAWAIIAN WAY FUND PROGRAM
COVENANT CHURCH OF NAPLES 6926 TRAIL BLVD. NAPLES, FL 34108	59-1098689	501(C)(3)	5,000.	0.			OPERATING EXPENSES
COVENANT CHURCH OF NAPLES 6926 TRAIL BLVD. NAPLES, FL 34108	59-1098689	501(C)(3)	2,000.	0.			MISSION PROGRAMS
CRETIN-DERHAM HALL HIGH SCHOOL 550 S. ALBERT STREET ST. PAUL, MN 55116	41-1570394	501(C)(3)	10,000.	0.			COVID-19 EMERGENCY RELIEF FUND
CRETIN-DERHAM HALL HIGH SCHOOL 550 S. ALBERT STREET ST. PAUL, MN 55116	41-1570394	501(C)(3)	500.	0.			UNRESTRICTED USE
DANNY & RON'S RESCUE P.O. BOX 604 CAMDEN, SC 29021	77-0720063	501(C)(3)	5,000.	0.			UNRESTRICTED USE
DAVID LAWRENCE MENTAL HEALTH CENTER, INC. - 6075 BATHEY LANE - NAPLES, FL 34116	59-2206025	501(C)(3)	24,600.	0.			RECOVERY HOPE HOME
DAVID LAWRENCE MENTAL HEALTH CENTER, INC. - 6075 BATHEY LANE - NAPLES, FL 34116	59-2206025	501(C)(3)	20,000.	0.			COVID-19 RELIEF

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)	10,000.	0.			CHILDREN'S SERVICES
DAVID LAWRENCE MENTAL HEALTH CENTER, INC. - 6075 BATHEY LANE - NAPLES, FL 34116	59-2206025	501(C)(3)	10,000.	0.			COVID-19 ASSISTANCE
DAVID LAWRENCE MENTAL HEALTH CENTER, INC. - 6075 BATHEY LANE - NAPLES, FL 34116	59-2206025	501(C)(3)	5,000.	0.			UNRESTRICTED USE
DAVID LAWRENCE MENTAL HEALTH CENTER, INC. - 6075 BATHEY LANE - NAPLES, FL 34116	59-2206025	501(C)(3)	5,000.	0.			UNRESTRICTED USE
DAVID LAWRENCE MENTAL HEALTH CENTER, INC. - 6075 BATHEY LANE - NAPLES, FL 34116	59-2206025	501(C)(3)	500.	0.			UNRESTRICTED USE
DAVID LAWRENCE MENTAL HEALTH CENTER, INC. - 6075 BATHEY LANE - NAPLES, FL 34116	59-2206025	501(C)(3)	500.	0.			UNRESTRICTED USE
DAVID LAWRENCE MENTAL HEALTH CENTER, INC. - 6075 BATHEY LANE - NAPLES, FL 34116	59-2206025	501(C)(3)	250.	0.			HOPE HOUSE
DIOCESE OF VENICE IN FLORIDA 1000 PINEBROOK ROAD VENICE, FL 34285	59-2434603	501(C)(3)	5,000.	0.			2020 CATHOLIC FAITH APPEAL
DIOCESE OF VENICE IN FLORIDA 1000 PINEBROOK ROAD VENICE, FL 34285	59-2434603	501(C)(3)	250.	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
DR. PIPER CENTER FOR SOCIAL SERVICES, INC. - 2607 DR. ELLA PIPER WAY - FT. MYERS, FL 33916	65-0788551	501(C)(3)	20,000.	0.			SENIOR COMPANION 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
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 PROGRAM
DRESSEMBER FOUNDATION P.O. BOX 1092 ASHLAND, OR 97520	46-4704743	501(C)(3)	5,000.	0.			LOVE FOR HUMANITY DRESSEMBER TEAM
EARN TO LEARN FL 27911CROWN LAKE BLVD., #223 BONITA SPRINGS, FL 34135	45-2514055	501(C)(3)	1,596.	0.			OPERATIONS
EDUCATION FOUNDATION - CHAMPIONS FOR LEARNING - 3606 ENTERPRISE AVENUE, #150 - NAPLES, FL 34104	65-0230582	501(C)(3)	50,030.	0.			FUTURE READY COLLIER
EDUCATION FOUNDATION - CHAMPIONS FOR LEARNING - 3606 ENTERPRISE AVENUE, #150 - NAPLES, FL 34104	65-0230582	501(C)(3)	50,000.	0.			FUTURE READY COLLIER
EDUCATION FOUNDATION - CHAMPIONS FOR LEARNING - 3606 ENTERPRISE AVENUE, #150 - NAPLES, FL 34104	65-0230582	501(C)(3)	49,999.	0.			FUTURE READY COLLIER
EDUCATION FOUNDATION - CHAMPIONS FOR LEARNING - 3606 ENTERPRISE AVENUE, #150 - NAPLES, FL 34104	65-0230582	501(C)(3)	30,000.	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.)

(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)	30,000.	0.			SUPPORT OF THE MISSION
EDUCATION FOUNDATION - CHAMPIONS FOR LEARNING - 3606 ENTERPRISE AVENUE, #150 - NAPLES, FL 34104	65-0230582	501(C)(3)	22,663.	0.			TO SUPPORT AND ENHANCE MUSIC EDUCATION IN COLLIER COUNTY PUBLIC SCHOOLS
EDUCATION FOUNDATION - CHAMPIONS FOR LEARNING - 3606 ENTERPRISE AVENUE, #150 - NAPLES, FL 34104	65-0230582	501(C)(3)	12,000.	0.			FUTURE READY COLLIER
EDUCATION FOUNDATION - CHAMPIONS FOR LEARNING - 3606 ENTERPRISE AVENUE, #150 - NAPLES, FL 34104	65-0230582	501(C)(3)	6,000.	0.			FUTURE READY COLLIER
EDUCATION FOUNDATION - CHAMPIONS FOR LEARNING - 3606 ENTERPRISE AVENUE, #150 - NAPLES, FL 34104	65-0230582	501(C)(3)	5,000.	0.			CLASSROOM GRANTS
EDUCATION FOUNDATION - CHAMPIONS FOR LEARNING - 3606 ENTERPRISE AVENUE, #150 - NAPLES, FL 34104	65-0230582	501(C)(3)	5,000.	0.			STUDENT SCHOLARSHIPS
EDUCATION FOUNDATION - CHAMPIONS FOR LEARNING - 3606 ENTERPRISE AVENUE, #150 - NAPLES, FL 34104	65-0230582	501(C)(3)	5,000.	0.			COLLEGE & CAREER PREP PROGRAM
EDUCATION FOUNDATION - CHAMPIONS FOR LEARNING - 3606 ENTERPRISE AVENUE, #150 - NAPLES, FL 34104	65-0230582	501(C)(3)	5,000.	0.			FUTURE READY COLLIER
EDUCATION FOUNDATION - CHAMPIONS FOR LEARNING - 3606 ENTERPRISE AVENUE, #150 - NAPLES, FL 34104	65-0230582	501(C)(3)	2,500.	0.			GLASS SLIPPER SCHOLARSHIP 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
EDUCATION FOUNDATION - CHAMPIONS FOR LEARNING - 3606 ENTERPRISE AVENUE, #150 - NAPLES, FL 34104	65-0230582	501(C)(3)	2,500.	0.			SCHOLARSHIP
EDUCATION FOUNDATION - CHAMPIONS FOR LEARNING - 3606 ENTERPRISE AVENUE, #150 - NAPLES, FL 34104	65-0230582	501(C)(3)	2,324.	0.			FUTURE READY COLLIER PROGRAM
EDUCATION FOUNDATION - CHAMPIONS FOR LEARNING - 3606 ENTERPRISE AVENUE, #150 - NAPLES, FL 34104	65-0230582	501(C)(3)	2,000.	0.			FUTURE READY COLLIER
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)	100.	0.			UNRESTRICTED USE
ETERNAL PERSPECTIVE MINISTRIES 39085 PIONEER BLVD., #206 SANDY, OR 97055	94-3125475	501(C)(3)	5,000.	0.			UNRESTRICTED USE
EVANS SCHOLARS FOUNDATION 2501 PATRIOT BLVD. GLENVIEW, IL 60026	36-2518129	501(C)(3)	10,000.	0.			UNRESTRICTED USE
EVANS SCHOLARS FOUNDATION 2501 PATRIOT BLVD. GLENVIEW, IL 60026	36-2518129	501(C)(3)	500.	0.			UNRESTRICTED USE
EVANS SCHOLARS FOUNDATION 2501 PATRIOT BLVD. GLENVIEW, IL 60026	36-2518129	501(C)(3)	250.	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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EVERGLADES COMMUNITY CHURCH - FOOD PANTRY - 1010 COPELAND AVENUE S. - EVERGLADES CITY, FL 34139		501(C)(3)	16,025.	0.			PURCHASE OF FOOD FOR FOOD PANTRY
EVERGLADES COMMUNITY CHURCH - FOOD PANTRY - 1010 COPELAND AVENUE S. - EVERGLADES CITY, FL 34139		501(C)(3)	10,000.	0.			FOOD
FARM AID 501 CAMBRIDGE STREET, 3RD FL CAMBRIDGE, MA 02141	36-3383233	501(C)(3)	30,000.	0.			FAMILY FARM DISASTER FUND
FARM AID 501 CAMBRIDGE STREET, 3RD FL CAMBRIDGE, MA 02141	36-3383233	501(C)(3)	30,000.	0.			COVID-19 RECOVERY
FEEDING AMERICA P.O. BOX 96749 WASHINGTON, DC 20090	36-3673599	501(C)(3)	5,000.	0.			OPERATING EXPENSES
FEEDING AMERICA P.O. BOX 96749 WASHINGTON, DC 20090	36-3673599	501(C)(3)	2,000.	0.			UNRESTRICTED USE
FEEDING AMERICA P.O. BOX 96749 WASHINGTON, DC 20090	36-3673599	501(C)(3)	500.	0.			ANNUAL FUND
FINGER LAKES LAND TRUST 202 EAST COURT STREET ITHACA, NY 14850	22-2983688	501(C)(3)	5,000.	0.			UNRESTRICTED USE
FIRST PRESBYTERIAN CHURCH OF SKANEATELES, NY - 97 EAST GENESEE STREET - SKANEATELES, NY 13152	15-0549304	501(C)(3)	10,000.	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.)

(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
FIRST PRESBYTERIAN CHURCH OF SKANEATELES, NY - 97 EAST GENESEE STREET - SKANEATELES, NY 13152	15-0549304	501(C)(3)	5,000.	0.			OPERATIONS
FLORIDA GULF COAST UNIVERSITY FOUNDATION, INC. - 10501 FGCU BLVD. S. - FT. MYERS, FL 33965	65-0403969	501(C)(3)	23,750.	0.			ROOTS OF COMPASSION AND KINDNESS OF THE HEART MINDED CHILD
FLORIDA GULF COAST UNIVERSITY FOUNDATION, INC. - 10501 FGCU BLVD. S. - FT. MYERS, FL 33965	65-0403969	501(C)(3)	19,946.	0.			TWO SCHOLARSHIPS
FLORIDA GULF COAST UNIVERSITY FOUNDATION, INC. - 10501 FGCU BLVD. S. - FT. MYERS, FL 33965	65-0403969	501(C)(3)	18,750.	0.			HEART MINDED CHILD PROJECT
FLORIDA GULF COAST UNIVERSITY FOUNDATION, INC. - 10501 FGCU BLVD. S. - FT. MYERS, FL 33965	65-0403969	501(C)(3)	13,750.	0.			ROOTS OF COMPASSION AND KINDNESS PROJECT
FLORIDA GULF COAST UNIVERSITY FOUNDATION, INC. - 10501 FGCU BLVD. S. - FT. MYERS, FL 33965	65-0403969	501(C)(3)	10,000.	0.			RESEARCH INCENTIVE FUND
FLORIDA GULF COAST UNIVERSITY FOUNDATION, INC. - 10501 FGCU BLVD. S. - FT. MYERS, FL 33965	65-0403969	501(C)(3)	10,000.	0.			ENTREPRENEURSHIP BUILDING CAMPAIGN
FLORIDA GULF COAST UNIVERSITY FOUNDATION, INC. - 10501 FGCU BLVD. S. - FT. MYERS, FL 33965	65-0403969	501(C)(3)	5,000.	0.			2019 VITAL SIGNS REPORT
FLORIDA GULF COAST UNIVERSITY FOUNDATION, INC. - 10501 FGCU BLVD. S. - FT. MYERS, FL 33965	65-0403969	501(C)(3)	5,000.	0.			2019 VITAL SIGNS

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
FLORIDA GULF COAST UNIVERSITY FOUNDATION, INC. - 10501 FGCU BLVD. S. - FT. MYERS, FL 33965	65-0403969	501(C)(3)	1,800.	0.			FGCU SCHOOL OF MUSIC
FLORIDA GULF COAST UNIVERSITY FOUNDATION, INC. - 10501 FGCU BLVD. S. - FT. MYERS, FL 33965	65-0403969	501(C)(3)	1,500.	0.			MOBILITY MANIPULATION REHABILITATION AND ENGINEERING LABORATORY
FLORIDA GULF COAST UNIVERSITY FOUNDATION, INC. - 10501 FGCU BLVD. S. - FT. MYERS, FL 33965	65-0403969	501(C)(3)	1,000.	0.			BOWER SCHOOL OF MUSIC & ARTS CHOIR
FLORIDA LIONS EYE CLINIC 10322 PENNSYLVANIA AVE BONITA SPRINGS, FL 34135	45-0560906	501(C)(3)	7,000.	0.			SCREENINGS AND SUPPLIES
FLORIDA LIONS EYE CLINIC 10322 PENNSYLVANIA AVE BONITA SPRINGS, FL 34135	45-0560906	501(C)(3)	750.	0.			MARKETING & DEVELOPMENT TECHNOLOGY
FLORIDA LIONS EYE CLINIC 10322 PENNSYLVANIA AVE BONITA SPRINGS, FL 34135	45-0560906	501(C)(3)	500.	0.			UNRESTRICTED USE
FREE WHEELCHAIR MISSION 15279 ALTON PARKWAY, #300 IRVINE, CA 92618	31-1781635	501(C)(3)	10,000.	0.			ANNUAL FUND
FREE WHEELCHAIR MISSION 15279 ALTON PARKWAY, #300 IRVINE, CA 92618	31-1781635	501(C)(3)	2,000.	0.			UNRESTRICTED USE
FRIENDS OF ASCENSION CATHOLIC GRADE SCHOOL - 1723 BRYANT AVE N. - MINNEAPOLIS, MN 55411	27-1530388	501(C)(3)	100,000.	0.			MICHAEL J. O'CONNELL SCHOLARSHIP 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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FRIENDS OF FOSTER CHILDREN FOREVER 2675 HORSESHOE DRIVE S., #402 NAPLES, FL 34104	59-3598933	501(C)(3)	20,000.	0.			GIFT CARDS FOR CORONAVIRUS RELIEF
FRIENDS OF FOSTER CHILDREN FOREVER 2675 HORSESHOE DRIVE S., #402 NAPLES, FL 34104	59-3598933	501(C)(3)	10,000.	0.			FOSTERING CHANGE THROUGH ACADEMIC SUCCESS
FRIENDS OF FOSTER CHILDREN FOREVER 2675 HORSESHOE DRIVE S., #402 NAPLES, FL 34104	59-3598933	501(C)(3)	5,000.	0.			ANNUAL GIFT
FRIENDS OF FOSTER CHILDREN FOREVER 2675 HORSESHOE DRIVE S., #402 NAPLES, FL 34104	59-3598933	501(C)(3)	5,000.	0.			UNRESTRICTED USE
FRIENDS OF FOSTER CHILDREN FOREVER 2675 HORSESHOE DRIVE S., #402 NAPLES, FL 34104	59-3598933	501(C)(3)	5,000.	0.			BUSCH GARDENS TRANSPORTATION AND FOOD
FRIENDS OF FOSTER CHILDREN FOREVER 2675 HORSESHOE DRIVE S., #402 NAPLES, FL 34104	59-3598933	501(C)(3)	1,500.	0.			UNRESTRICTED USE
FRIENDS OF FOSTER CHILDREN FOREVER 2675 HORSESHOE DRIVE S., #402 NAPLES, FL 34104	59-3598933	501(C)(3)	1,000.	0.			UNRESTRICTED USE
FRIENDS OF FOSTER CHILDREN FOREVER 2675 HORSESHOE DRIVE S., #402 NAPLES, FL 34104	59-3598933	501(C)(3)	1,000.	0.			UNRESTRICTED USE
FRIENDS OF FOSTER CHILDREN FOREVER 2675 HORSESHOE DRIVE S., #402 NAPLES, FL 34104	59-3598933	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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FRIENDS OF FOSTER CHILDREN FOREVER 2675 HORSESHOE DRIVE S., #402 NAPLES, FL 34104	59-3598933	501(C)(3)	500.	0.			OPERATIONS
FRIENDS OF ROOKERY BAY 300 TOWER ROAD NAPLES, FL 34113	65-0094703	501(C)(3)	10,000.	0.			YOUTH EDUCATION PROGRAMS
FUN TIME EARLY CHILDHOOD ACADEMY, INC. - 102 12TH ST N - NAPLES, FL 34102	59-1039978	501(C)(3)	14,000.	0.			SCHOLARSHIPS FOR DISADVANTAGED AFRICAN AMERICAN STUDENTS
FUN TIME EARLY CHILDHOOD ACADEMY, INC. - 102 12TH ST N - NAPLES, FL 34102	59-1039978	501(C)(3)	10,000.	0.			2019 ANNUAL APPEAL
FUN TIME EARLY CHILDHOOD ACADEMY, INC. - 102 12TH ST N - NAPLES, FL 34102	59-1039978	501(C)(3)	10,000.	0.			PROGRAM ASSISTANCE
FUN TIME EARLY CHILDHOOD ACADEMY, INC. - 102 12TH ST N - NAPLES, FL 34102	59-1039978	501(C)(3)	5,000.	0.			CAPITAL EXPENDITURES
FUN TIME EARLY CHILDHOOD ACADEMY, INC. - 102 12TH ST N - NAPLES, FL 34102	59-1039978	501(C)(3)	2,500.	0.			TO BENEFIT 2020 FUN TIME EVENT
FUN TIME EARLY CHILDHOOD ACADEMY, INC. - 102 12TH ST N - NAPLES, FL 34102	59-1039978	501(C)(3)	2,000.	0.			ANNUAL GIFT
FUN TIME EARLY CHILDHOOD ACADEMY, INC. - 102 12TH ST N - NAPLES, FL 34102	59-1039978	501(C)(3)	2,000.	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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FUN TIME EARLY CHILDHOOD ACADEMY, INC. - 102 12TH ST N - NAPLES, FL 34102	59-1039978	501(C)(3)	2,000.	0.			ANNUAL APPEAL
FUN TIME EARLY CHILDHOOD ACADEMY, INC. - 102 12TH ST N - NAPLES, FL 34102	59-1039978	501(C)(3)	1,000.	0.			UNRESTRICTED USE
FUN TIME EARLY CHILDHOOD ACADEMY, INC. - 102 12TH ST N - NAPLES, FL 34102	59-1039978	501(C)(3)	1,000.	0.			EDUCATION
FUN TIME EARLY CHILDHOOD ACADEMY, INC. - 102 12TH ST N - NAPLES, FL 34102	59-1039978	501(C)(3)	1,000.	0.			UNRESTRICTED USE
FUN TIME EARLY CHILDHOOD ACADEMY, INC. - 102 12TH ST N - NAPLES, FL 34102	59-1039978	501(C)(3)	600.	0.			EDUCATION AND CARE
FUN TIME EARLY CHILDHOOD ACADEMY, INC. - 102 12TH ST N - NAPLES, FL 34102	59-1039978	501(C)(3)	500.	0.			UNRESTRICTED USE
FUN TIME EARLY CHILDHOOD ACADEMY, INC. - 102 12TH ST N - NAPLES, FL 34102	59-1039978	501(C)(3)	500.	0.			ANNUAL FUND
FUN TIME EARLY CHILDHOOD ACADEMY, INC. - 102 12TH ST N - NAPLES, FL 34102	59-1039978	501(C)(3)	300.	0.			UNRESTRICTED USE
FUN TIME EARLY CHILDHOOD ACADEMY, INC. - 102 12TH ST N - NAPLES, FL 34102	59-1039978	501(C)(3)	250.	0.			ANNUAL APPEAL

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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GARGIULO EDUCATION CENTER 1414 RAIL HEAD BLVD. NAPLES, FL 34110	46-5416212	501(C)(3)	1,000.	0.			UNRESTRICTED USE
GIDEONS CRY MINISTRY INTERNATIONAL 252 STATE ROUTE 1035 KITANNING, PA 16201	30-0108166	501(C)(3)	3,000.	0.			OPERATING EXPENSES
GIDEONS CRY MINISTRY INTERNATIONAL 252 STATE ROUTE 1035 KITANNING, PA 16201	30-0108166	501(C)(3)	3,000.	0.			BIBLES AROUND THE WORLD
GIST CANCER RESEARCH FUND 3905 N.E. 167TH STREET NORTH MIAMI BEACH, FL 33160	13-4182988	501(C)(3)	200,000.	0.			UNRESTRICTED USE
GOLISANO CHILDREN'S HOSPITAL OF SOUTHWEST FLORIDA - 3361 PINE RIDGE ROAD, SUITE 100 - NAPLES, FL 34109	65-0645343	501(C)(3)	6,038.	0.			UNRESTRICTED USE
GOLISANO CHILDREN'S HOSPITAL OF SOUTHWEST FLORIDA - 3361 PINE RIDGE ROAD, SUITE 100 - NAPLES, FL 34109	65-0645343	501(C)(3)	5,000.	0.			CHILDREN'S HEALTH CENTER
GOLISANO CHILDREN'S HOSPITAL OF SOUTHWEST FLORIDA - 3361 PINE RIDGE ROAD, SUITE 100 - NAPLES, FL 34109	65-0645343	501(C)(3)	500.	0.			KIDS MINDS MATTER
GOLISANO CHILDREN'S HOSPITAL OF SOUTHWEST FLORIDA - 3361 PINE RIDGE ROAD, SUITE 100 - NAPLES, FL 34109	65-0645343	501(C)(3)	500.	0.			UNRESTRICTED USE
GRACE PLACE FOR CHILDREN AND FAMILIES, INC. - P.O. BOX 990531 - NAPLES, FL 34116	65-1229558	501(C)(3)	16,025.	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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GRACE PLACE FOR CHILDREN AND FAMILIES, INC. - P.O. BOX 990531 - NAPLES, FL 34116	65-1229558	501(C)(3)	11,488.	0.			LEADER IN ME SYMPOSIUM, NAPLES 2020
GRACE PLACE FOR CHILDREN AND FAMILIES, INC. - P.O. BOX 990531 - NAPLES, FL 34116	65-1229558	501(C)(3)	10,000.	0.			FOOD ASSISTANCE
GRACE PLACE FOR CHILDREN AND FAMILIES, INC. - P.O. BOX 990531 - NAPLES, FL 34116	65-1229558	501(C)(3)	10,000.	0.			FOOD PANTRY
GRACE PLACE FOR CHILDREN AND FAMILIES, INC. - P.O. BOX 990531 - NAPLES, FL 34116	65-1229558	501(C)(3)	5,000.	0.			ANNUAL GIFT
GRACE PLACE FOR CHILDREN AND FAMILIES, INC. - P.O. BOX 990531 - NAPLES, FL 34116	65-1229558	501(C)(3)	5,000.	0.			GIFT CARDS
GRACE PLACE FOR CHILDREN AND FAMILIES, INC. - P.O. BOX 990531 - NAPLES, FL 34116	65-1229558	501(C)(3)	5,000.	0.			UNRESTRICTED USE
GRACE PLACE FOR CHILDREN AND FAMILIES, INC. - P.O. BOX 990531 - NAPLES, FL 34116	65-1229558	501(C)(3)	5,000.	0.			BRIGHT BEGINNINGS FAMILY LITERACY
GRACE PLACE FOR CHILDREN AND FAMILIES, INC. - P.O. BOX 990531 - NAPLES, FL 34116	65-1229558	501(C)(3)	5,000.	0.			GIFT CARDS FOR CORONAVIRUS RELIEF
GRACE PLACE FOR CHILDREN AND FAMILIES, INC. - P.O. BOX 990531 - NAPLES, FL 34116	65-1229558	501(C)(3)	5,000.	0.			CAPITAL EXPENDITURES

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
GRACE PLACE FOR CHILDREN AND FAMILIES, INC. - P.O. BOX 990531 - NAPLES, FL 34116	65-1229558	501(C)(3)	3,000.	0.			FOOD PANTRY
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)	1,282.	0.			UNRESTRICTED USE
GRACE PLACE FOR CHILDREN AND FAMILIES, INC. - P.O. BOX 990531 - NAPLES, FL 34116	65-1229558	501(C)(3)	1,000.	0.			UNRESTRICTED USE
GRACE PLACE FOR CHILDREN AND FAMILIES, INC. - P.O. BOX 990531 - NAPLES, FL 34116	65-1229558	501(C)(3)	1,000.	0.			UNRESTRICTED USE
GRACE PLACE FOR CHILDREN AND FAMILIES, INC. - P.O. BOX 990531 - NAPLES, FL 34116	65-1229558	501(C)(3)	1,000.	0.			FOOD PANTRY
GRACE PLACE FOR CHILDREN AND FAMILIES, INC. - P.O. BOX 990531 - NAPLES, FL 34116	65-1229558	501(C)(3)	1,000.	0.			UNRESTRICTED USE
GRACE PLACE FOR CHILDREN AND FAMILIES, INC. - P.O. BOX 990531 - NAPLES, FL 34116	65-1229558	501(C)(3)	1,000.	0.			UNRESTRICTED USE
GRACE PLACE FOR CHILDREN AND FAMILIES, INC. - P.O. BOX 990531 - NAPLES, FL 34116	65-1229558	501(C)(3)	701.	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
GRACE PLACE FOR CHILDREN AND FAMILIES, INC. - P.O. BOX 990531 - NAPLES, FL 34116	65-1229558	501(C)(3)	500.	0.			UNRESTRICTED USE
GRACE PLACE FOR CHILDREN AND FAMILIES, INC. - P.O. BOX 990531 - NAPLES, FL 34116	65-1229558	501(C)(3)	250.	0.			UNRESTRICTED USE
GRACE PLACE FOR CHILDREN AND FAMILIES, INC. - P.O. BOX 990531 - NAPLES, FL 34116	65-1229558	501(C)(3)	100.	0.			UNRESTRICTED USE
GREAT COMMISSION FOUNDATION OF CAMPUS CRUSADE FOR CHRIST - 100 LAKE HART DRIVE, #3600 - ORLANDO, FL 32832	95-2814920	501(C)(3)	25,534.	0.			WARREN AND BRENDA PFOHL GIVING FUND
GREAT LAKES CENTER FOR THE ARTS 800 BAY HARBOR DRIVE BAY HARBOR, MI 49770	46-4121514	501(C)(3)	5,000.	0.			CAPITAL CAMPAIGN
GREAT LAKES CENTER FOR THE ARTS 800 BAY HARBOR DRIVE BAY HARBOR, MI 49770	46-4121514	501(C)(3)	1,000.	0.			ANNUAL GIVING CONTRIBUTION
GREAT LAKES CENTER FOR THE ARTS 800 BAY HARBOR DRIVE BAY HARBOR, MI 49770	46-4121514	501(C)(3)	500.	0.			ANNUAL FUND
GREAT LAKES CHRISTIAN COLLEGE 6211 W. WILLOW HIGHWAY LANSING, MI 48917	38-6080947	501(C)(3)	10,799.	0.			UNRESTRICTED USE
GREATER NAPLES YMCA, INC. 5450 YMCA ROAD NAPLES, FL 34109	23-7039993	501(C)(3)	10,000.	0.			CHILDREN'S PROGRAMMING

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
GREATER NAPLES YMCA, INC. 5450 YMCA ROAD NAPLES, FL 34109	23-7039993	501(C)(3)	5,000.	0.			CAPITAL EXPENDITURES
GREATER NAPLES YMCA, INC. 5450 YMCA ROAD NAPLES, FL 34109	23-7039993	501(C)(3)	500.	0.			CHILDREN'S AFTER SCHOOL PROGRAMS
GUADALUPE CENTER, INC. 509 HOPE CIRCLE IMMOKALEE, FL 34142	59-2617151	501(C)(3)	20,000.	0.			CAMERON AND SUSAN STOKKA EDUCATION SCHOLARSHIP
GUADALUPE CENTER, INC. 509 HOPE CIRCLE IMMOKALEE, FL 34142	59-2617151	501(C)(3)	16,500.	0.			GIFT CARDS FOR CORONAVIRUS RELIEF
GUADALUPE CENTER, INC. 509 HOPE CIRCLE IMMOKALEE, FL 34142	59-2617151	501(C)(3)	12,500.	0.			GIFT CARDS FOR CORONAVIRUS RELIEF
GUADALUPE CENTER, INC. 509 HOPE CIRCLE IMMOKALEE, FL 34142	59-2617151	501(C)(3)	12,259.	0.			UNRESTRICTED USE
GUADALUPE CENTER, INC. 509 HOPE CIRCLE IMMOKALEE, FL 34142	59-2617151	501(C)(3)	10,000.	0.			UNRESTRICTED USE
GUADALUPE CENTER, INC. 509 HOPE CIRCLE IMMOKALEE, FL 34142	59-2617151	501(C)(3)	5,000.	0.			CAPITAL EXPENDITURES
GUADALUPE CENTER, INC. 509 HOPE CIRCLE IMMOKALEE, FL 34142	59-2617151	501(C)(3)	5,000.	0.			ANNUAL GIFT

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)	5,000.	0.			EARLY CHILDHOOD EDUCATION PROGRAM
GUADALUPE CENTER, INC. 509 HOPE CIRCLE IMMOKALEE, FL 34142	59-2617151	501(C)(3)	4,000.	0.			SCHOLARSHIP SUPPORT
GUADALUPE CENTER, INC. 509 HOPE CIRCLE IMMOKALEE, FL 34142	59-2617151	501(C)(3)	2,500.	0.			GIFT CARDS FOR CORONAVIRUS RELIEF
GUADALUPE CENTER, INC. 509 HOPE CIRCLE IMMOKALEE, FL 34142	59-2617151	501(C)(3)	2,000.	0.			CORONAVIRUS RELIEF
GUADALUPE CENTER, INC. 509 HOPE CIRCLE IMMOKALEE, FL 34142	59-2617151	501(C)(3)	500.	0.			UNRESTRICTED USE
GUADALUPE CENTER, INC. 509 HOPE CIRCLE IMMOKALEE, FL 34142	59-2617151	501(C)(3)	487.	0.			BENEFIT THE AFTERSCHOOL PROGRAM
GUADALUPE CENTER, INC. 509 HOPE CIRCLE IMMOKALEE, FL 34142	59-2617151	501(C)(3)	200.	0.			2020 & BEYOND CAMPAIGN
GULFSHORE OPERA, INC. 3281 GOLDEN GATE BLVD. WEST NAPLES, FL 34120	47-0989874	501(C)(3)	5,000.	0.			ARTIST IN RESIDENCE PROGRAM
GULFSHORE OPERA, INC. 3281 GOLDEN GATE BLVD. WEST NAPLES, FL 34120	47-0989874	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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GULFSHORE PLAYHOUSE 1010 FIFTH AVENUE SOUTH, #205 NAPLES, FL 34102	90-0178566	501(C)(3)	33,000.	0.			CAPITAL CAMPAIGN FOR NEW THEATER COMPLEX
GULFSHORE PLAYHOUSE 1010 FIFTH AVENUE SOUTH, #205 NAPLES, FL 34102	90-0178566	501(C)(3)	30,000.	0.			MUSIC AND EDUCATION PROGRAMS
GULFSHORE PLAYHOUSE 1010 FIFTH AVENUE SOUTH, #205 NAPLES, FL 34102	90-0178566	501(C)(3)	30,000.	0.			MUSIC AND EDUCATION PROGRAMS
GULFSHORE PLAYHOUSE 1010 FIFTH AVENUE SOUTH, #205 NAPLES, FL 34102	90-0178566	501(C)(3)	2,500.	0.			UNRESTRICTED USE
HABITAT FOR HUMANITY OF COLLIER COUNTY - 11145 TAMIAMI TRAIL E. - NAPLES, FL 34113	59-1834379	501(C)(3)	200,000.	0.			GIVE TO THE MAX
HABITAT FOR HUMANITY OF COLLIER COUNTY - 11145 TAMIAMI TRAIL E. - NAPLES, FL 34113	59-1834379	501(C)(3)	75,000.	0.			GIVE TO THE MAX
HABITAT FOR HUMANITY OF COLLIER COUNTY - 11145 TAMIAMI TRAIL E. - NAPLES, FL 34113	59-1834379	501(C)(3)	25,000.	0.			GIVE TO THE MAX
HABITAT FOR HUMANITY OF COLLIER COUNTY - 11145 TAMIAMI TRAIL E. - NAPLES, FL 34113	59-1834379	501(C)(3)	10,000.	0.			UNRESTRICTED USE
HABITAT FOR HUMANITY OF COLLIER COUNTY - 11145 TAMIAMI TRAIL E. - NAPLES, FL 34113	59-1834379	501(C)(3)	5,000.	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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HABITAT FOR HUMANITY OF COLLIER COUNTY - 11145 TAMIAMI TRAIL E. - NAPLES, FL 34113	59-1834379	501(C)(3)	5,000.	0.			BUILDING OF A HOME
HABITAT FOR HUMANITY OF COLLIER COUNTY - 11145 TAMIAMI TRAIL E. - NAPLES, FL 34113	59-1834379	501(C)(3)	5,000.	0.			UNRESTRICTED USE
HABITAT FOR HUMANITY OF COLLIER COUNTY - 11145 TAMIAMI TRAIL E. - NAPLES, FL 34113	59-1834379	501(C)(3)	5,000.	0.			BUILDING OF A HOME
HABITAT FOR HUMANITY OF COLLIER COUNTY - 11145 TAMIAMI TRAIL E. - NAPLES, FL 34113	59-1834379	501(C)(3)	5,000.	0.			GIVE TO THE MAX
HABITAT FOR HUMANITY OF COLLIER COUNTY - 11145 TAMIAMI TRAIL E. - NAPLES, FL 34113	59-1834379	501(C)(3)	5,000.	0.			UNRESTRICTED USE
HABITAT FOR HUMANITY OF COLLIER COUNTY - 11145 TAMIAMI TRAIL E. - NAPLES, FL 34113	59-1834379	501(C)(3)	5,000.	0.			HOUSING IN COLLIER COUNTY
HABITAT FOR HUMANITY OF COLLIER COUNTY - 11145 TAMIAMI TRAIL E. - NAPLES, FL 34113	59-1834379	501(C)(3)	5,000.	0.			UNRESTRICTED USE
HABITAT FOR HUMANITY OF COLLIER COUNTY - 11145 TAMIAMI TRAIL E. - NAPLES, FL 34113	59-1834379	501(C)(3)	5,000.	0.			TWO CHILDREN'S BEDROOMS
HABITAT FOR HUMANITY OF COLLIER COUNTY - 11145 TAMIAMI TRAIL E. - NAPLES, FL 34113	59-1834379	501(C)(3)	2,500.	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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HABITAT FOR HUMANITY OF COLLIER COUNTY - 11145 TAMIAMI TRAIL E. - NAPLES, FL 34113	59-1834379	501(C)(3)	2,500.	0.			UNRESTRICTED USE
HABITAT FOR HUMANITY OF COLLIER COUNTY - 11145 TAMIAMI TRAIL E. - NAPLES, FL 34113	59-1834379	501(C)(3)	2,000.	0.			UNRESTRICTED USE
HABITAT FOR HUMANITY OF COLLIER COUNTY - 11145 TAMIAMI TRAIL E. - NAPLES, FL 34113	59-1834379	501(C)(3)	1,678.	0.			UNRESTRICTED USE
HABITAT FOR HUMANITY OF COLLIER COUNTY - 11145 TAMIAMI TRAIL E. - NAPLES, FL 34113	59-1834379	501(C)(3)	1,180.	0.			UNRESTRICTED USE
HABITAT FOR HUMANITY OF COLLIER COUNTY - 11145 TAMIAMI TRAIL E. - NAPLES, FL 34113	59-1834379	501(C)(3)	1,000.	0.			UNRESTRICTED USE
HABITAT FOR HUMANITY OF COLLIER COUNTY - 11145 TAMIAMI TRAIL E. - NAPLES, FL 34113	59-1834379	501(C)(3)	1,000.	0.			UNRESTRICTED USE
HABITAT FOR HUMANITY OF COLLIER COUNTY - 11145 TAMIAMI TRAIL E. - NAPLES, FL 34113	59-1834379	501(C)(3)	1,000.	0.			DOORS FOR A NEW HABITAT HOUSE
HABITAT FOR HUMANITY OF COLLIER COUNTY - 11145 TAMIAMI TRAIL E. - NAPLES, FL 34113	59-1834379	501(C)(3)	1,000.	0.			UNRESTRICTED USE
HABITAT FOR HUMANITY OF COLLIER COUNTY - 11145 TAMIAMI TRAIL E. - NAPLES, FL 34113	59-1834379	501(C)(3)	1,000.	0.			GIVE TO THE MAX

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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HABITAT FOR HUMANITY OF COLLIER COUNTY - 11145 TAMIAMI TRAIL E. - NAPLES, FL 34113	59-1834379	501(C)(3)	1,000.	0.			UNRESTRICTED USE
HABITAT FOR HUMANITY OF COLLIER COUNTY - 11145 TAMIAMI TRAIL E. - NAPLES, FL 34113	59-1834379	501(C)(3)	1,000.	0.			UNRESTRICTED USE
HABITAT FOR HUMANITY OF COLLIER COUNTY - 11145 TAMIAMI TRAIL E. - NAPLES, FL 34113	59-1834379	501(C)(3)	1,000.	0.			UNRESTRICTED USE
HABITAT FOR HUMANITY OF COLLIER COUNTY - 11145 TAMIAMI TRAIL E. - NAPLES, FL 34113	59-1834379	501(C)(3)	800.	0.			TO BUILD HOMES
HABITAT FOR HUMANITY OF COLLIER COUNTY - 11145 TAMIAMI TRAIL E. - NAPLES, FL 34113	59-1834379	501(C)(3)	500.	0.			UNRESTRICTED USE
HABITAT FOR HUMANITY OF COLLIER COUNTY - 11145 TAMIAMI TRAIL E. - NAPLES, FL 34113	59-1834379	501(C)(3)	467.	0.			UNRESTRICTED USE
HABITAT FOR HUMANITY OF COLLIER COUNTY - 11145 TAMIAMI TRAIL E. - NAPLES, FL 34113	59-1834379	501(C)(3)	376.	0.			UNRESTRICTED USE
HABITAT FOR HUMANITY OF COLLIER COUNTY - 11145 TAMIAMI TRAIL E. - NAPLES, FL 34113	59-1834379	501(C)(3)	250.	0.			UNRESTRICTED USE
HABITAT FOR HUMANITY OF COLLIER COUNTY - 11145 TAMIAMI TRAIL E. - NAPLES, FL 34113	59-1834379	501(C)(3)	200.	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
HARRY CHAPIN FOOD BANK 3760 FOWLER STREET FT. MYERS, FL 33901	59-2332120	501(C)(3)	20,000.	0.			CARE & SHARE
HARRY CHAPIN FOOD BANK 3760 FOWLER STREET FT. MYERS, FL 33901	59-2332120	501(C)(3)	16,025.	0.			PURCHASE OF FOOD FOR FOOD PANTRY
HARRY CHAPIN FOOD BANK 3760 FOWLER STREET FT. MYERS, FL 33901	59-2332120	501(C)(3)	10,000.	0.			FOOD
HARRY CHAPIN FOOD BANK 3760 FOWLER STREET FT. MYERS, FL 33901	59-2332120	501(C)(3)	10,000.	0.			UNRESTRICTED USE
HARRY CHAPIN FOOD BANK 3760 FOWLER STREET FT. MYERS, FL 33901	59-2332120	501(C)(3)	10,000.	0.			UNRESTRICTED USE
HARRY CHAPIN FOOD BANK 3760 FOWLER STREET FT. MYERS, FL 33901	59-2332120	501(C)(3)	5,000.	0.			COLLIER COUNTY NEEDS
HARRY CHAPIN FOOD BANK 3760 FOWLER STREET FT. MYERS, FL 33901	59-2332120	501(C)(3)	5,000.	0.			UNRESTRICTED USE
HARRY CHAPIN FOOD BANK 3760 FOWLER STREET FT. MYERS, FL 33901	59-2332120	501(C)(3)	4,000.	0.			FOOD BANK
HARRY CHAPIN FOOD BANK 3760 FOWLER STREET FT. MYERS, FL 33901	59-2332120	501(C)(3)	2,500.	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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HARRY CHAPIN FOOD BANK 3760 FOWLER STREET FT. MYERS, FL 33901	59-2332120	501(C)(3)	2,000.	0.			UNRESTRICTED USE
HARRY CHAPIN FOOD BANK 3760 FOWLER STREET FT. MYERS, FL 33901	59-2332120	501(C)(3)	2,000.	0.			CORONAVIRUS RELIEF
HARRY CHAPIN FOOD BANK 3760 FOWLER STREET FT. MYERS, FL 33901	59-2332120	501(C)(3)	2,000.	0.			UNRESTRICTED USE
HARRY CHAPIN FOOD BANK 3760 FOWLER STREET FT. MYERS, FL 33901	59-2332120	501(C)(3)	2,000.	0.			UNRESTRICTED USE
HARRY CHAPIN FOOD BANK 3760 FOWLER STREET FT. MYERS, FL 33901	59-2332120	501(C)(3)	2,000.	0.			OPERATING EXPENSES
HARRY CHAPIN FOOD BANK 3760 FOWLER STREET FT. MYERS, FL 33901	59-2332120	501(C)(3)	1,500.	0.			FOOD BANK
HARRY CHAPIN FOOD BANK 3760 FOWLER STREET FT. MYERS, FL 33901	59-2332120	501(C)(3)	1,500.	0.			UNRESTRICTED USE
HARRY CHAPIN FOOD BANK 3760 FOWLER STREET FT. MYERS, FL 33901	59-2332120	501(C)(3)	1,000.	0.			UNRESTRICTED USE
HARRY CHAPIN FOOD BANK 3760 FOWLER STREET FT. MYERS, FL 33901	59-2332120	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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HARRY CHAPIN FOOD BANK 3760 FOWLER STREET FT. MYERS, FL 33901	59-2332120	501(C)(3)	1,000.	0.			UNRESTRICTED USE
HARRY CHAPIN FOOD BANK 3760 FOWLER STREET FT. MYERS, FL 33901	59-2332120	501(C)(3)	1,000.	0.			UNRESTRICTED USE
HARRY CHAPIN FOOD BANK 3760 FOWLER STREET FT. MYERS, FL 33901	59-2332120	501(C)(3)	1,000.	0.			UNRESTRICTED USE
HARRY CHAPIN FOOD BANK 3760 FOWLER STREET FT. MYERS, FL 33901	59-2332120	501(C)(3)	500.	0.			UNRESTRICTED USE
HARRY CHAPIN FOOD BANK 3760 FOWLER STREET FT. MYERS, FL 33901	59-2332120	501(C)(3)	100.	0.			UNRESTRICTED USE
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)	25,000.	0.			SUPPORT OF IMMOKALEE DENTAL
HEALTHCARE NETWORK OF SOUTHWEST FLORIDA FOUNDATION - 3555 KRAFT ROAD, #100 - NAPLES, FL 34105	26-0229508	501(C)(3)	25,000.	0.			MOBILE HEALTHY SMILES
HEALTHCARE NETWORK OF SOUTHWEST FLORIDA FOUNDATION - 3555 KRAFT ROAD, #100 - NAPLES, FL 34105	26-0229508	501(C)(3)	20,000.	0.			BEHAVIORAL HEALTHCARE FOR IMPOVERISHED RESIDENTS

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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HEALTHCARE NETWORK OF SOUTHWEST FLORIDA FOUNDATION - 3555 KRAFT ROAD, #100 - NAPLES, FL 34105	26-0229508	501(C)(3)	15,000.	0.			COVID-19 RELIEF
HEALTHCARE NETWORK OF SOUTHWEST FLORIDA FOUNDATION - 3555 KRAFT ROAD, #100 - NAPLES, FL 34105	26-0229508	501(C)(3)	10,000.	0.			UNRESTRICTED USE
HEALTHCARE NETWORK OF SOUTHWEST FLORIDA FOUNDATION - 3555 KRAFT ROAD, #100 - NAPLES, FL 34105	26-0229508	501(C)(3)	10,000.	0.			COVID-19 RELIEF
HEALTHCARE NETWORK OF SOUTHWEST FLORIDA FOUNDATION - 3555 KRAFT ROAD, #100 - NAPLES, FL 34105	26-0229508	501(C)(3)	5,000.	0.			ANNUAL FUND
HEALTHCARE NETWORK OF SOUTHWEST FLORIDA FOUNDATION - 3555 KRAFT ROAD, #100 - NAPLES, FL 34105	26-0229508	501(C)(3)	5,000.	0.			CAPITAL CONTRIBUTION
HEALTHCARE NETWORK OF SOUTHWEST FLORIDA FOUNDATION - 3555 KRAFT ROAD, #100 - NAPLES, FL 34105	26-0229508	501(C)(3)	1,000.	0.			COVID-19 RELIEF
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)	500.	0.			UNRESTRICTED USE
HELP A DIABETIC CHILD, INC. P. O. BOX 110161 NAPLES, FL 34108	46-1652118	501(C)(3)	4,887.	0.			DIABETES SUPPLIES AND 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.)

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HELP A DIABETIC CHILD, INC. P. O. BOX 110161 NAPLES, FL 34108	46-1652118	501(C)(3)	3,000.	0.			TESTING SUPPLIES AND INSULIN
HELP A DIABETIC CHILD, INC. P. O. BOX 110161 NAPLES, FL 34108	46-1652118	501(C)(3)	2,500.	0.			DIABETES SUPPLIES & SERVICE INITIATIVE
HELP A DIABETIC CHILD, INC. P. O. BOX 110161 NAPLES, FL 34108	46-1652118	501(C)(3)	500.	0.			ANNUAL DONATION
HERITAGE FOUNDATION 214 MASSACHUSETTES AVE., NE WASHINGTON, DC 20002	23-7327730	501(C)(3)	5,000.	0.			UNRESTRICTED USE
HIDDEN HARBOR MARINE ENVIRONMENT DBA TURTLE HOSPITAL - 2396 OVERSEAS HIGHWAY - MARATHON, FL 33050	65-0306516	501(C)(3)	3,000.	0.			GENERAL SUPPORT
HIDDEN HARBOR MARINE ENVIRONMENT DBA TURTLE HOSPITAL - 2396 OVERSEAS HIGHWAY - MARATHON, FL 33050	65-0306516	501(C)(3)	3,000.	0.			GENERAL SUPPORT
HIDDEN HARBOR MARINE ENVIRONMENT DBA TURTLE HOSPITAL - 2396 OVERSEAS HIGHWAY - MARATHON, FL 33050	65-0306516	501(C)(3)	2,000.	0.			UNRESTRICTED USE FOR THE GENERAL OPERATING FUND
HILLSDALE COLLEGE 33 EAST COLLEGE STREET HILLSDALE, MI 49242	38-1374230	501(C)(3)	5,000.	0.			UNRESTRICTED USE
HILLSDALE COLLEGE 33 EAST COLLEGE STREET HILLSDALE, MI 49242	38-1374230	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
HILLSDALE COLLEGE 33 EAST COLLEGE STREET HILLSDALE, MI 49242	38-1374230	501(C)(3)	1,000.	0.			LIBERTY WALK
HISTORICAL SOCIETY OF WESTERN PENNSYLVANIA - 1212 SMALLMAN STREET - PITTSBURGH, PA 15222	25-0965391	501(C)(3)	63,498.	0.			MEADOWCROFT MUSEUM
HOLLINS UNIVERSITY BOX 9629 ROANOKE, VA 24020	54-0506314	501(C)(3)	5,000.	0.			HOLLINS FUND
HOLLINS UNIVERSITY BOX 9629 ROANOKE, VA 24020	54-0506314	501(C)(3)	1,000.	0.			HOLLINS FUND
HOOD COLLEGE OF FREDERICK MARYLAND OFFICE OF INSTITUTIONAL ADVANCEMENT FREDERICK, MD 21701	52-0591608	501(C)(3)	20,000.	0.			MATH AND SCIENCE SCHOLARSHIPS
HOPE 4 KIDS INCORPORATED 16440 S. TAMiami TRAIL, #1 FT. MYERS, FL 33908	81-5332157	501(C)(3)	10,000.	0.			UNRESTRICTED USE
HOWARD-SUAMICO EDUCATION FOUNDATION - 2706 LINEVILLE ROAD - GREEN BAY, WI 54313	39-1731704	501(C)(3)	200,000.	0.			LEVEL UP CAMPAIGN
HUMANE SOCIETY OF COLLIER COUNTY, INC. - 370 AIRPORT PULLING ROAD NORTH - NAPLES, FL 34104	59-1033966	501(C)(3)	23,842.	0.			UNRESTRICTED USE
HUMANE SOCIETY OF COLLIER COUNTY, INC. - 370 AIRPORT PULLING ROAD NORTH - NAPLES, FL 34104	59-1033966	501(C)(3)	10,000.	0.			GALA DONATION

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)	2,500.	0.			UNRESTRICTED USE
HUMANE SOCIETY OF COLLIER COUNTY, INC. - 370 AIRPORT PULLING ROAD NORTH - NAPLES, FL 34104	59-1033966	501(C)(3)	2,000.	0.			DOUBLE THE IMPACT MATCHING GRANT
HUMANE SOCIETY OF COLLIER COUNTY, INC. - 370 AIRPORT PULLING ROAD NORTH - NAPLES, FL 34104	59-1033966	501(C)(3)	1,000.	0.			WISH LIST NEEDS
HUMANE SOCIETY OF COLLIER COUNTY, INC. - 370 AIRPORT PULLING ROAD NORTH - NAPLES, FL 34104	59-1033966	501(C)(3)	1,000.	0.			PET FOOD
HUMANE SOCIETY OF COLLIER COUNTY, INC. - 370 AIRPORT PULLING ROAD NORTH - NAPLES, FL 34104	59-1033966	501(C)(3)	1,000.	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
HUMANE SOCIETY OF COLLIER COUNTY, INC. - 370 AIRPORT PULLING ROAD NORTH - NAPLES, FL 34104	59-1033966	501(C)(3)	500.	0.			UNRESTRICTED USE
HUMANE SOCIETY OF COLLIER COUNTY, INC. - 370 AIRPORT PULLING ROAD NORTH - NAPLES, FL 34104	59-1033966	501(C)(3)	500.	0.			UNRESTRICTED USE
IDSA EDUCATION AND RESEARCH FOUNDATION - 4040 WILSON BLVD., #300 - ARLINGTON, VA 22209	31-1765388	501(C)(3)	129,500.	0.			2020 ALZHEIMER'S RESEARCH GRANTS

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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IN TOUCH MINISTRIES INC P.O. BOX 7900 ATLANTA, GA 30357	58-1495310	501(C)(3)	5,000.	0.			UNRESTRICTED USE
IN TOUCH MINISTRIES INC P.O. BOX 7900 ATLANTA, GA 30357	58-1495310	501(C)(3)	3,000.	0.			OUTREACH
INDIANA UNIVERSITY FOUNDATION P.O. BOX 6460 INDIANAPOLIS, IN 46206	35-6018940	501(C)(3)	5,000.	0.			IRWIN BORISH SCHOLARSHIP FUND
INDIANA UNIVERSITY FOUNDATION P.O. BOX 6460 INDIANAPOLIS, IN 46206	35-6018940	501(C)(3)	2,000.	0.			WELL HOUSE SOCIETY
INSTITUTE FOR HUMANE STUDIES AT GEORGE MASON UNIVERSITY - VERNON SMITH HALL, 1ST FL - ARLINGTON, VA 22201	94-1623852	501(C)(3)	36,975.	0.			SCHOLARSHIP FUND ADMINISTERED BY IHS
IRAQ & AFGHANISTAN VETERANS OF AMERICA FOUNDATION, INC. - 85 BROAD STREET, 16TH FLOOR - NEW YORK, NY 10004	20-1664531	501(C)(3)	4,000.	0.			GENERAL SUPPORT
IRAQ & AFGHANISTAN VETERANS OF AMERICA FOUNDATION, INC. - 85 BROAD STREET, 16TH FLOOR - NEW YORK, NY 10004	20-1664531	501(C)(3)	4,000.	0.			GENERAL SUPPORT
J. B. SPEED ART MUSEUM 2035 SOUTH THIRD STREET LOUISVILLE, KY 40208	61-0444823	501(C)(3)	15,000.	0.			ANNUAL FUND
J. B. SPEED ART MUSEUM 2035 SOUTH THIRD STREET LOUISVILLE, KY 40208	61-0444823	501(C)(3)	12,500.	0.			SUPPORT OF WARHOL EXHIBITION

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
JACKSONVILLE STATE UNIVERSITY FOUNDATION - ROOM #231BIBB GRAVES HALL - JACKSONVILLE, FL 36265	59-0790962	501(C)(3)	5,000.	0.			INTERNATIONAL HOUSE
JOHNSON UNIVERSITY FLORIDA 1011 BILL BECK BLVD. KISSIMMEE, FL 34744	62-6001104	501(C)(3)	10,799.	0.			UNRESTRICTED USE
JUDICIAL WATCH, INC. 425 THIRD STREET SW, #800 WASHINGTON, DC 20024	52-1885088	501(C)(3)	5,000.	0.			UNRESTRICTED USE
JUDICIAL WATCH, INC. 425 THIRD STREET SW, #800 WASHINGTON, DC 20024	52-1885088	501(C)(3)	1,000.	0.			CHALLENGE GRANT
JUDICIAL WATCH, INC. 425 THIRD STREET SW, #800 WASHINGTON, DC 20024	52-1885088	501(C)(3)	1,000.	0.			UNRESTRICTED USE
JUDICIAL WATCH, INC. 425 THIRD STREET SW, #800 WASHINGTON, DC 20024	52-1885088	501(C)(3)	500.	0.			UNRESTRICTED USE
JUDICIAL WATCH, INC. 425 THIRD STREET SW, #800 WASHINGTON, DC 20024	52-1885088	501(C)(3)	500.	0.			UNRESTRICTED USE
KNOTHOLE FOUNDATION P.O. BOX 38035 CHARLOTTE, NC 28278	82-4726399	501(C)(3)	10,000.	0.			BUILDING THE TUCKASEEGEE DREAM FIELDS
KNOTHOLE FOUNDATION P.O. BOX 38035 CHARLOTTE, NC 28278	82-4726399	501(C)(3)	10,000.	0.			BUILDING THE TUCKASEEGEE DREAM FIELDS

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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LAKE BEULAH SAILING SCHOOL INC. P.O. BOX 729 EAST TROY, WI 53120	39-1172460	501(C)(3)	13,283.	0.			UNRESTRICTED USE
LEGAL AID SERVICE OF COLLIER COUNTY - 4436 TAMIAMI TRAIL EAST - NAPLES, FL 34112	59-1547191	501(C)(3)	70,000.	0.			HIRING AN ATTORNEY FOR COVID LEGAL SERVICES
LEGAL AID SERVICE OF COLLIER COUNTY - 4436 TAMIAMI TRAIL EAST - NAPLES, FL 34112	59-1547191	501(C)(3)	20,000.	0.			GRAY LIGHT SENIOR HEALTH PROJECT
LEGAL AID SERVICE OF COLLIER COUNTY - 4436 TAMIAMI TRAIL EAST - NAPLES, FL 34112	59-1547191	501(C)(3)	20,000.	0.			LEGAL PROJECT
LEGAL AID SERVICE OF COLLIER COUNTY - 4436 TAMIAMI TRAIL EAST - NAPLES, FL 34112	59-1547191	501(C)(3)	10,000.	0.			CHILDREN'S LEGAL SERVICES
LEGAL AID SERVICE OF COLLIER COUNTY - 4436 TAMIAMI TRAIL EAST - NAPLES, FL 34112	59-1547191	501(C)(3)	1,000.	0.			UNRESTRICTED USE
LEIGH LECKERMAN SCHOLARSHIP FUND 230 ANVIL LANE FEASTERVILLE TREVOSSE, PA 19053	83-3474381	501(C)(3)	5,000.	0.			SCHOLARSHIP FUND
LIBERTY YOUTH RANCH P. O. BOX 366206 BONITA SPRINGS, FL 34136	38-3674666	501(C)(3)	10,000.	0.			UNRESTRICTED USE
LIBERTY YOUTH RANCH P. O. BOX 366206 BONITA SPRINGS, FL 34136	38-3674666	501(C)(3)	2,000.	0.			YOUTH 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.)

(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
LIBERTY YOUTH RANCH P. O. BOX 366206 BONITA SPRINGS, FL 34136	38-3674666	501(C)(3)	1,000.	0.			UNRESTRICTED USE
LIGHTHOUSE OF COLLIER, INC. 2685 HORSESHOE DRIVE S., #211 NAPLES, FL 34104	27-0401702	501(C)(3)	25,000.	0.			PROGRAMS AND OPERATIONS
LIGHTHOUSE OF COLLIER, INC. 2685 HORSESHOE DRIVE S., #211 NAPLES, FL 34104	27-0401702	501(C)(3)	10,000.	0.			CHILDREN'S SUMMER CAMPS
LIGHTHOUSE OF COLLIER, INC. 2685 HORSESHOE DRIVE S., #211 NAPLES, FL 34104	27-0401702	501(C)(3)	5,000.	0.			UNRESTRICTED USE
LIGHTHOUSE OF COLLIER, INC. 2685 HORSESHOE DRIVE S., #211 NAPLES, FL 34104	27-0401702	501(C)(3)	5,000.	0.			UNRESTRICTED USE
LIGHTHOUSE OF COLLIER, INC. 2685 HORSESHOE DRIVE S., #211 NAPLES, FL 34104	27-0401702	501(C)(3)	3,000.	0.			UNRESTRICTED USE
LIGHTHOUSE OF COLLIER, INC. 2685 HORSESHOE DRIVE S., #211 NAPLES, FL 34104	27-0401702	501(C)(3)	400.	0.			UNRESTRICTED USE
LIGHTHOUSE OF COLLIER, INC. 2685 HORSESHOE DRIVE S., #211 NAPLES, FL 34104	27-0401702	501(C)(3)	250.	0.			UNRESTRICTED USE
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.)

(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
LITERACY VOLUNTEERS OF COLLIER COUNTY - 8833 TAMiami TRAIL E. - NAPLES, FL 34113	65-0181251	501(C)(3)	1,000.	0.			UNRESTRICTED USE
LITTLE TRAVERSE CONSERVANCY, INC. 3264 POWELL ROAD HARBOR SPRINGS, MI 49740	23-7267810	501(C)(3)	2,500.	0.			UNRESTRICTED USE
LITTLE TRAVERSE CONSERVANCY, INC. 3264 POWELL ROAD HARBOR SPRINGS, MI 49740	23-7267810	501(C)(3)	2,500.	0.			UNRESTRICTED USE
LITTLE TRAVERSE CONSERVANCY, INC. 3264 POWELL ROAD HARBOR SPRINGS, MI 49740	23-7267810	501(C)(3)	1,000.	0.			GOLF COURSE LAND PURCHASE
LITTLE TRAVERSE CONSERVANCY, INC. 3264 POWELL ROAD HARBOR SPRINGS, MI 49740	23-7267810	501(C)(3)	1,000.	0.			GOLF COURSE LAND PURCHASE
LOS ANGELES WATERKEEPER 120 BROADWAY, #105 SANTA MONICA, CA 90401	95-4444787	501(C)(3)	10,000.	0.			UNRESTRICTED USE
LUCAS CUP FOUNDATION 6230 LIGHTBOURN WAY NAPLES, FL 34113	30-6509693	501(C)(3)	5,000.	0.			LUCAS CUP LUNCH SUPPORT
MAKE A WISH FOUNDATION OF SOUTH FLORIDA, INC. - 3635 BONITA BEACH ROAD, #3 - BONITA SPRINGS, FL 34134	59-2620322	501(C)(3)	12,000.	0.			TWO WISHES
MANHATTAN BLUES SOCIETY 99 COMMERCIAL STREET, #7 BROOKLYN, NY 11222	83-3231463	501(C)(3)	4,500.	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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MANHATTAN BLUES SOCIETY 99 COMMERCIAL STREET, #7 BROOKLYN, NY 11222	83-3231463	501(C)(3)	4,500.	0.			UNRESTRICTED USE
MARCO ISLAND ACADEMY 2255 SAN MARCO ROAD MARCO ISLAND, FL 34145	27-4411503	501(C)(3)	75,000.	0.			UNRESTRICTED USE
MARCO ISLAND ACADEMY 2255 SAN MARCO ROAD MARCO ISLAND, FL 34145	27-4411503	501(C)(3)	25,000.	0.			UNRESTRICTED USE
MARCO ISLAND ACADEMY 2255 SAN MARCO ROAD MARCO ISLAND, FL 34145	27-4411503	501(C)(3)	10,000.	0.			MATH MATTERS
MARCO ISLAND CHARTER MIDDLE SCHOOL 1401 TRINIDAD AVENUE MARCO ISLAND, FL 34145	59-3506185	501(C)(3)	4,000.	0.			TECHNOLOGY NEEDS
MARCO ISLAND CHARTER MIDDLE SCHOOL 1401 TRINIDAD AVENUE MARCO ISLAND, FL 34145	59-3506185	501(C)(3)	2,500.	0.			STUDENT HEALTHCARE NEEDS
MARCO ISLAND HISTORICAL SOCIETY P. O. BOX 2282 MARCO ISLAND, FL 34146	59-3425001	501(C)(3)	5,000.	0.			UNRESTRICTED USE
MARCO ISLAND ROTARY CLUB FOUNDATION, INC. - P.O. BOX 353 - MARCO ISLAND, FL 34146	59-3188471	501(C)(3)	5,000.	0.			SCHOLARSHIP
MARCO ISLAND ROTARY CLUB FOUNDATION, INC. - P.O. BOX 353 - MARCO ISLAND, FL 34146	59-3188471	501(C)(3)	5,000.	0.			FLAGS FOR HEROES

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
MASSACHUSETTS INSTITUTE OF TECHNOLOGY - MIT ALUMNI FUND - CAMBRIDGE, MA 02139	04-2103594	501(C)(3)	6,000.	0.			1960 CLASS 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)	15,000.	0.			GENERAL SUPPORT FOR HALE HULU MAMO
MAUI ADULT DAY CARE CENTER FOR SENIOR CITIZENS & DISABLED, INC. - 11 MAHAOLO STREET, #B - KAHALUI, HI 96732	99-0216306	501(C)(3)	15,000.	0.			HALE HULU MAMO
MAYO FOUNDATION FOR MEDICAL EDUCATION & RESEARCH - DEPARTMENT OF DEVELOPMENT - ROCHESTER, MN 55905	41-1506440	501(C)(3)	20,000.	0.			SUPPORT THE WORK OF DR. STEPHANIE FAUBION
MAYO FOUNDATION FOR MEDICAL EDUCATION & RESEARCH - DEPARTMENT OF DEVELOPMENT - ROCHESTER, MN 55905	41-1506440	501(C)(3)	10,799.	0.			UNRESTRICTED USE
MCLAREN NORTHERN MICHIGAN FOUNDATION - 360 CONNABLE AVENUE - PETOSKEY, MI 49770	38-2445611	501(C)(3)	10,000.	0.			CAPITAL CAMPAIGN
MCLAREN NORTHERN MICHIGAN FOUNDATION - 360 CONNABLE AVENUE - PETOSKEY, MI 49770	38-2445611	501(C)(3)	1,000.	0.			EMERGENCY RESPONSE FUND
MCLAREN NORTHERN MICHIGAN FOUNDATION - 360 CONNABLE AVENUE - PETOSKEY, MI 49770	38-2445611	501(C)(3)	1,000.	0.			EMERGENCY RESPONSE FUND
MEALS OF HOPE, INC. 2221 CORPORATION BLVD. NAPLES, FL 34109	27-0268307	501(C)(3)	25,000.	0.			FOOD NEEDS

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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MEALS OF HOPE, INC. 2221 CORPORATION BLVD. NAPLES, FL 34109	27-0268307	501(C)(3)	20,000.	0.			FOOD PANTRY
MEALS OF HOPE, INC. 2221 CORPORATION BLVD. NAPLES, FL 34109	27-0268307	501(C)(3)	16,025.	0.			PURCHASE OF FOOD FOR FOOD PANTRY
MEALS OF HOPE, INC. 2221 CORPORATION BLVD. NAPLES, FL 34109	27-0268307	501(C)(3)	11,550.	0.			HAND SANITIZER
MEALS OF HOPE, INC. 2221 CORPORATION BLVD. NAPLES, FL 34109	27-0268307	501(C)(3)	10,000.	0.			FOOD
MEALS OF HOPE, INC. 2221 CORPORATION BLVD. NAPLES, FL 34109	27-0268307	501(C)(3)	4,500.	0.			UNRESTRICTED USE
MEALS OF HOPE, INC. 2221 CORPORATION BLVD. NAPLES, FL 34109	27-0268307	501(C)(3)	2,000.	0.			HURRICANE DORIAN BAHAMAS RELIEF
MEALS OF HOPE, INC. 2221 CORPORATION BLVD. NAPLES, FL 34109	27-0268307	501(C)(3)	1,000.	0.			ADULT BRIEFS
MEALS OF HOPE, INC. 2221 CORPORATION BLVD. NAPLES, FL 34109	27-0268307	501(C)(3)	1,000.	0.			UNRESTRICTED USE
MEALS OF HOPE, INC. 2221 CORPORATION BLVD. NAPLES, FL 34109	27-0268307	501(C)(3)	500.	0.			TO SUPPORT WOMEN AND GIRLS

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
MEDICAL COLLEGE OF WISCONSIN INC. 8701 WATERTOWN PLANK ROAD MILWAUKEE, WI 53226	39-0806261	501(C)(3)	5,000.	0.			STRONGER THAN SARCOMA - SARCOMA RESEARCH
MEMORIAL SLOAN-KETTERING CANCER CENTER - P.O. BOX 5028 - HAGERSTOWN, MD 21741	91-2154267	501(C)(3)	10,799.	0.			UNRESTRICTED USE
MEMORIAL SLOAN-KETTERING CANCER CENTER - P.O. BOX 5028 - HAGERSTOWN, MD 21741	91-2154267	501(C)(3)	100.	0.			TRIPLE MATCH PROGRAM
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)	47,640.	0.			UNRESTRICTED USE
MINNEAPOLIS HEART INSTITUTE FOUNDATION - 920 E. 28TH STREET, #100 - MINNEAPOLIS, MN 55407	41-1426406	501(C)(3)	70,000.	0.			INTERNSHIP PROGAM AND LEADERSHIP AWARD
MOFFITT CANCER CENTER FOUNDATION 12902 MAGNOLIA DRIVE MBC-FOUND TAMPA, FL 33612	59-2451713	501(C)(3)	10,000.	0.			RESEARCH
MOFFITT CANCER CENTER FOUNDATION 12902 MAGNOLIA DRIVE MBC-FOUND TAMPA, FL 33612	59-2451713	501(C)(3)	1,000.	0.			UNRESTRICTED USE
MOFFITT CANCER CENTER FOUNDATION 12902 MAGNOLIA DRIVE MBC-FOUND TAMPA, FL 33612	59-2451713	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.)

(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)	62,500.	0.			WWII EDUCATION PROGRAM
MOORINGS PARK FOUNDATION, INC. 120 MOORINGS PARK DRIVE NAPLES, FL 34105	26-3631295	501(C)(3)	42,000.	0.			CREATION OF A WWII MONUMENT
MOORINGS PARK FOUNDATION, INC. 120 MOORINGS PARK DRIVE NAPLES, FL 34105	26-3631295	501(C)(3)	5,000.	0.			PARTNER HARDSHIP FUND
MOORINGS PARK FOUNDATION, INC. 120 MOORINGS PARK DRIVE NAPLES, FL 34105	26-3631295	501(C)(3)	5,000.	0.			PARTNERS RELIEF FUND
MOORINGS PARK FOUNDATION, INC. 120 MOORINGS PARK DRIVE NAPLES, FL 34105	26-3631295	501(C)(3)	2,556.	0.			SCHOLARSHIP PROGRAM
MOORINGS PARK FOUNDATION, INC. 120 MOORINGS PARK DRIVE NAPLES, FL 34105	26-3631295	501(C)(3)	1,000.	0.			PARTNERS PANDEMIC FUND
MOORINGS PARK FOUNDATION, INC. 120 MOORINGS PARK DRIVE NAPLES, FL 34105	26-3631295	501(C)(3)	1,000.	0.			PARTNER HARDSHIP FUND
MOORINGS PARK FOUNDATION, INC. 120 MOORINGS PARK DRIVE NAPLES, FL 34105	26-3631295	501(C)(3)	1,000.	0.			UNRESTRICTED USE
MOORINGS PRESBYTERIAN CHURCH 791 HARBOUR DRIVE NAPLES, FL 34103	59-1309473	501(C)(3)	5,000.	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
MOORINGS PRESBYTERIAN CHURCH 791 HARBOUR DRIVE NAPLES, FL 34103	59-1309473	501(C)(3)	2,000.	0.			HYACINTH SERIES
MOORINGS PRESBYTERIAN CHURCH 791 HARBOUR DRIVE NAPLES, FL 34103	59-1309473	501(C)(3)	500.	0.			UNRESTRICTED USE
MOORINGS PRESBYTERIAN CHURCH 791 HARBOUR DRIVE NAPLES, FL 34103	59-1309473	501(C)(3)	500.	0.			2019-20 HYACINTH PROGRAM
MOORINGS PRESBYTERIAN CHURCH 791 HARBOUR DRIVE NAPLES, FL 34103	59-1309473	501(C)(3)	411.	0.			TO SUPPORT THE EDUCATION FUND
MOORINGS PRESBYTERIAN CHURCH 791 HARBOUR DRIVE NAPLES, FL 34103	59-1309473	501(C)(3)	200.	0.			UNRESTRICTED USE
MOSBY HERITAGE AREA ASSOCIATION P.O. BOX 1497 MIDDLEBURG, VA 20118	54-1766873	501(C)(3)	2,500.	0.			EDUCATE & ADVOCATE FOR PRESERVATION
MOSBY HERITAGE AREA ASSOCIATION P.O. BOX 1497 MIDDLEBURG, VA 20118	54-1766873	501(C)(3)	2,500.	0.			MOSBY HERITAGE AREA
MUSIC FOUNDATION OF GREATER NAPLES P.O. BOX 112383 NAPLES, FL 34108	59-6213932	501(C)(3)	5,000.	0.			MUSICSCORES PRE-K LITERACY PROGRAM
MUSIC FOUNDATION OF GREATER NAPLES P.O. BOX 112383 NAPLES, FL 34108	59-6213932	501(C)(3)	5,000.	0.			SCHOLARSHIP 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.)

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MUSIC FOUNDATION OF GREATER NAPLES P.O. BOX 112383 NAPLES, FL 34108	59-6213932	501(C)(3)	1,000.	0.			UNRESTRICTED USE
MUSIC FOUNDATION OF GREATER NAPLES P.O. BOX 112383 NAPLES, FL 34108	59-6213932	501(C)(3)	1,000.	0.			SCHOLARSHIPS
NAACP COLLIER COUNTY BRANCH #5117 P.O. BOX 990727 NAPLES, FL 34116	13-1084135	501(C)(3)	20,045.	0.			CORONAVIRUS RELIEF
NAACP COLLIER COUNTY BRANCH #5117 P.O. BOX 990727 NAPLES, FL 34116	13-1084135	501(C)(3)	12,500.	0.			GIFT CARDS FOR CORONVIRUS RELIEF
NAMI COLLIER COUNTY 6216 TRAIL BLVD., BLDG. C NAPLES, FL 34108	65-0047747	501(C)(3)	30,000.	0.			SUPPORTED HOUSING SPECIALIST
NAMI COLLIER COUNTY 6216 TRAIL BLVD., BLDG. C NAPLES, FL 34108	65-0047747	501(C)(3)	10,000.	0.			COVID-19 RELIEF
NAMI COLLIER COUNTY 6216 TRAIL BLVD., BLDG. C NAPLES, FL 34108	65-0047747	501(C)(3)	1,000.	0.			UNRESTRICTED USE
NAPLES ART ASSOCIATION, INC., 585 PARK STREET NAPLES, FL 34102	59-1022882	501(C)(3)	15,000.	0.			COVID-19 RELIEF AND PROGRAMS
NAPLES ART ASSOCIATION, INC., 585 PARK STREET NAPLES, FL 34102	59-1022882	501(C)(3)	500.	0.			ART SCHOOL

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)	15,000.	0.			COMMUNITY FOUNDATION TREE PROJECT
NAPLES BOTANICAL GARDEN, INC. 4820 BAYSHORE DRIVE, #D NAPLES, FL 34112	65-0511429	501(C)(3)	10,000.	0.			UNRESTRICTED ANNUAL GIFT
NAPLES BOTANICAL GARDEN, INC. 4820 BAYSHORE DRIVE, #D NAPLES, FL 34112	65-0511429	501(C)(3)	5,000.	0.			NATURAL AREA MANAGEMENT AND GREEN ROOF RESEARCH
NAPLES BOTANICAL GARDEN, INC. 4820 BAYSHORE DRIVE, #D NAPLES, FL 34112	65-0511429	501(C)(3)	5,000.	0.			CHALLENGE GRANT
NAPLES BOTANICAL GARDEN, INC. 4820 BAYSHORE DRIVE, #D NAPLES, FL 34112	65-0511429	501(C)(3)	2,500.	0.			UNRESTRICTED USE
NAPLES BOTANICAL GARDEN, INC. 4820 BAYSHORE DRIVE, #D NAPLES, FL 34112	65-0511429	501(C)(3)	1,500.	0.			CHILDREN'S EDUCATIONAL PROGRAMS (K - 12)
NAPLES BOTANICAL GARDEN, INC. 4820 BAYSHORE DRIVE, #D NAPLES, FL 34112	65-0511429	501(C)(3)	1,500.	0.			ANNUAL CONTRIBUTION
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)	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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NAPLES BOTANICAL GARDEN, INC. 4820 BAYSHORE DRIVE, #D NAPLES, FL 34112	65-0511429	501(C)(3)	200.	0.			GARDEN FOR ALL
NAPLES BRIDGE CENTER 5865 GOLDEN GATE PARKWAY NAPLES, FL 34116	59-1713376	501(C)(3)	5,000.	0.			CAPITAL CAMPAIGN
NAPLES CHRISTIAN CHURCH 8000 GOODLETTE ROAD NORTH NAPLES, FL 34109	59-6519467	501(C)(3)	10,799.	0.			UNRESTRICTED USE
NAPLES COMMUNITY CHURCH, INC. 849 7TH AVENUE S., #696 NAPLES, FL 34102	20-5956100	501(C)(3)	15,000.	0.			UNRESTRICTED USE
NAPLES COMMUNITY CHURCH, INC. 849 7TH AVENUE S., #696 NAPLES, FL 34102	20-5956100	501(C)(3)	10,000.	0.			MUSIC
NAPLES COMMUNITY CHURCH, INC. 849 7TH AVENUE S., #696 NAPLES, FL 34102	20-5956100	501(C)(3)	10,000.	0.			OPERATIONS
NAPLES COMMUNITY CHURCH, INC. 849 7TH AVENUE S., #696 NAPLES, FL 34102	20-5956100	501(C)(3)	1,000.	0.			UNRESTRICTED USE
NAPLES COUNCIL ON WORLD AFFAIRS 2316 PINE RIDGE ROAD, #361 NAPLES, FL 34109	59-2139347	501(C)(3)	5,000.	0.			MODEL UN PROGRAM
NAPLES HISTORICAL SOCIETY P.O. BOX 201 NAPLES, FL 34106	59-6166907	501(C)(3)	5,000.	0.			MARY S. SMITH CHAIRMAN'S COUNCIL

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 HISTORICAL SOCIETY P.O. BOX 201 NAPLES, FL 34106	59-6166907	501(C)(3)	1,000.	0.			UNRESTRICTED USE
NAPLES HISTORICAL SOCIETY P.O. BOX 201 NAPLES, FL 34106	59-6166907	501(C)(3)	1,000.	0.			UNRESTRICTED ANNUAL GIFT
NAPLES HISTORICAL SOCIETY P.O. BOX 201 NAPLES, FL 34106	59-6166907	501(C)(3)	200.	0.			MATCHING CHALLENGE
NAPLES SENIOR CENTER AT JFCS 5025 CASTELLO DRIVE, #101 NAPLES, FL 34103	45-3980909	501(C)(3)	16,025.	0.			PURCHASE OF FOOD FOR FOOD PANTRY
NAPLES SENIOR CENTER AT JFCS 5025 CASTELLO DRIVE, #101 NAPLES, FL 34103	45-3980909	501(C)(3)	10,000.	0.			COVID-19 RELIEF
NAPLES SENIOR CENTER AT JFCS 5025 CASTELLO DRIVE, #101 NAPLES, FL 34103	45-3980909	501(C)(3)	10,000.	0.			JUST CHECKING
NAPLES SENIOR CENTER AT JFCS 5025 CASTELLO DRIVE, #101 NAPLES, FL 34103	45-3980909	501(C)(3)	1,000.	0.			OPERATIONS
NAPLES SENIOR CENTER AT JFCS 5025 CASTELLO DRIVE, #101 NAPLES, FL 34103	45-3980909	501(C)(3)	1,000.	0.			UNRESTRICTED USE
NAPLES SENIOR CENTER AT JFCS 5025 CASTELLO DRIVE, #101 NAPLES, FL 34103	45-3980909	501(C)(3)	1,000.	0.			SERVICES FOR FEMALE CLIENTS

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)	1,000.	0.			OPERATIONS
NAPLES SENIOR CENTER AT JFCS 5025 CASTELLO DRIVE, #101 NAPLES, FL 34103	45-3980909	501(C)(3)	1,000.	0.			TO SUPPORT SENIORS IN SOUTHWEST FLORIDA
NAPLES THERAPEUTIC RIDING CENTER 206 RIDGE DRIVE NAPLES, FL 34108	65-0793008	501(C)(3)	20,000.	0.			EQUINE-ASSISTED THERAPEUTIC RIDING PROGRAMS
NAPLES THERAPEUTIC RIDING CENTER 206 RIDGE DRIVE NAPLES, FL 34108	65-0793008	501(C)(3)	5,000.	0.			UNRESTRICTED USE
NAPLES THERAPEUTIC RIDING CENTER 206 RIDGE DRIVE NAPLES, FL 34108	65-0793008	501(C)(3)	100.	0.			UNRESTRICTED USE
NAPLES THERAPEUTIC RIDING CENTER 206 RIDGE DRIVE NAPLES, FL 34108	65-0793008	501(C)(3)	50.	0.			UNRESTRICTED USE
NAPLES UNITED CHURCH OF CHRIST 5200 CRAYTON ROAD NAPLES, FL 34103	59-1555020	501(C)(3)	4,500.	0.			2020 OFFERING
NAPLES UNITED CHURCH OF CHRIST 5200 CRAYTON ROAD NAPLES, FL 34103	59-1555020	501(C)(3)	2,500.	0.			GENERAL FUND
NAPLES UNITED CHURCH OF CHRIST 5200 CRAYTON ROAD NAPLES, FL 34103	59-1555020	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.)

(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 YACHT CLUB BLUE GAVEL SCHOLARSHIP FUND, INC. - 700 14TH AVENUE S. - NAPLES, FL 34102	59-3467966	501(C)(3)	2,000.	0.			UNRESTRICTED USE
NAPLES YACHT CLUB BLUE GAVEL SCHOLARSHIP FUND, INC. - 700 14TH AVENUE S. - NAPLES, FL 34102	59-3467966	501(C)(3)	1,000.	0.			UNRESTRICTED USE
NAPLES YACHT CLUB BLUE GAVEL SCHOLARSHIP FUND, INC. - 700 14TH AVENUE S. - NAPLES, FL 34102	59-3467966	501(C)(3)	500.	0.			SCHOLARSHIP FUND
NAPLES YACHT CLUB BLUE GAVEL SCHOLARSHIP FUND, INC. - 700 14TH AVENUE S. - NAPLES, FL 34102	59-3467966	501(C)(3)	500.	0.			SCHOLARSHIP FUND
NAPLES YACHT CLUB BLUE GAVEL SCHOLARSHIP FUND, INC. - 700 14TH AVENUE S. - NAPLES, FL 34102	59-3467966	501(C)(3)	500.	0.			BLUE GAVEL SCHOLARSHIP
NAPLES YACHT CLUB BLUE GAVEL SCHOLARSHIP FUND, INC. - 700 14TH AVENUE S. - NAPLES, FL 34102	59-3467966	501(C)(3)	300.	0.			UNRESTRICTED USE
NAPLES YACHT CLUB BLUE GAVEL SCHOLARSHIP FUND, INC. - 700 14TH AVENUE S. - NAPLES, FL 34102	59-3467966	501(C)(3)	200.	0.			SCHOLARSHIP FUND
NAPLES ZOO 1590 GOODLETTE ROAD N. NAPLES, FL 34102	56-2412630	501(C)(3)	25,000.	0.			ZOO GALA SUPPORT
NAPLES ZOO 1590 GOODLETTE ROAD N. NAPLES, FL 34102	56-2412630	501(C)(3)	10,000.	0.			ZOO VISITS AND 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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NAPLES ZOO 1590 GOODLETTE ROAD N. NAPLES, FL 34102	56-2412630	501(C)(3)	10,000.	0.			EMERGENCY OPERATING FUND
NATIONAL CHRISTIAN FOUNDATION 11625 RAINWATER DRIVE, #500 ALPHARETTA, GA 30009	58-1493949	501(C)(3)	50,000.	0.			GREAT GUANA CAY FOUNDATION
NATIONAL CHRISTIAN FOUNDATION 11625 RAINWATER DRIVE, #500 ALPHARETTA, GA 30009	58-1493949	501(C)(3)	7,500.	0.			GREAT GUANA CAY FOUNDATION
NATURE CONSERVANCY CENTRAL/WESTERN NEW YORK - 274 NORTH GOODMAN STREET, #B261 - ROCHESTER, NY 14607	53-0242652	501(C)(3)	10,000.	0.			UNRESTRICTED USE
NCH CENTER FOR PHILANTHROPY 350 7TH STREET N. NAPLES, FL 34106	59-2314655	501(C)(3)	500,000.	0.			EXCLUSIVELY FOR NURSE EDUCATION PROGRAMS
NCH CENTER FOR PHILANTHROPY 350 7TH STREET N. NAPLES, FL 34106	59-2314655	501(C)(3)	57,000.	0.			POCUS PROJECT
NCH CENTER FOR PHILANTHROPY 350 7TH STREET N. NAPLES, FL 34106	59-2314655	501(C)(3)	53,000.	0.			NEW NCH EMERGENCY ROOM
NCH CENTER FOR PHILANTHROPY 350 7TH STREET N. NAPLES, FL 34106	59-2314655	501(C)(3)	25,000.	0.			MATCHING CHALLENGE GRANT
NCH CENTER FOR PHILANTHROPY 350 7TH STREET N. NAPLES, FL 34106	59-2314655	501(C)(3)	25,000.	0.			MEDICAL EQUIPMENT

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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NCH CENTER FOR PHILANTHROPY 350 7TH STREET N. NAPLES, FL 34106	59-2314655	501(C)(3)	20,000.	0.			NCH BAKER DOWNTOWN EMERGENCY & FUND A NEED SUPPORT
NCH CENTER FOR PHILANTHROPY 350 7TH STREET N. NAPLES, FL 34106	59-2314655	501(C)(3)	16,717.	0.			BENEFIT OF THE NAPLES COMMUNITY HOSPITAL
NCH CENTER FOR PHILANTHROPY 350 7TH STREET N. NAPLES, FL 34106	59-2314655	501(C)(3)	10,000.	0.			MATCHING CHALLENGE
NCH CENTER FOR PHILANTHROPY 350 7TH STREET N. NAPLES, FL 34106	59-2314655	501(C)(3)	7,500.	0.			MEDICAL DIPLOMATS SOCIETY
NCH CENTER FOR PHILANTHROPY 350 7TH STREET N. NAPLES, FL 34106	59-2314655	501(C)(3)	7,500.	0.			UNRESTRICTED USE
NCH CENTER FOR PHILANTHROPY 350 7TH STREET N. NAPLES, FL 34106	59-2314655	501(C)(3)	7,500.	0.			NCH MEDICAL DIPLOMATS
NCH CENTER FOR PHILANTHROPY 350 7TH STREET N. NAPLES, FL 34106	59-2314655	501(C)(3)	7,500.	0.			UNRESTRICTED USE
NCH CENTER FOR PHILANTHROPY 350 7TH STREET N. NAPLES, FL 34106	59-2314655	501(C)(3)	7,500.	0.			MEDICAL DIPLOMATS
NCH CENTER FOR PHILANTHROPY 350 7TH STREET N. NAPLES, FL 34106	59-2314655	501(C)(3)	5,000.	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
NCH CENTER FOR PHILANTHROPY 350 7TH STREET N. NAPLES, FL 34106	59-2314655	501(C)(3)	5,000.	0.			MATCHING CHALLENGE
NCH CENTER FOR PHILANTHROPY 350 7TH STREET N. NAPLES, FL 34106	59-2314655	501(C)(3)	2,556.	0.			UNRESTRICTED USE
NCH CENTER FOR PHILANTHROPY 350 7TH STREET N. NAPLES, FL 34106	59-2314655	501(C)(3)	644.	0.			EDUCATIONAL PURPOSES
NCH CENTER FOR PHILANTHROPY 350 7TH STREET N. NAPLES, FL 34106	59-2314655	501(C)(3)	200.	0.			UNRESTRICTED USE
NCH CENTER FOR PHILANTHROPY 350 7TH STREET N. NAPLES, FL 34106	59-2314655	501(C)(3)	100.	0.			UNRESTRICTED USE
NCH CENTER FOR PHILANTHROPY 350 7TH STREET N. NAPLES, FL 34106	59-2314655	501(C)(3)	100.	0.			UNRESTRICTED USE
NEIGHBORHOOD HEALTH CLINIC 88 12TH STREET NORTH, #100 NAPLES, FL 34102	59-3546884	501(C)(3)	12,500.	0.			CAPITAL CAMPAIGN
NEIGHBORHOOD HEALTH CLINIC 88 12TH STREET NORTH, #100 NAPLES, FL 34102	59-3546884	501(C)(3)	10,000.	0.			SAVE A LIFE
NEIGHBORHOOD HEALTH CLINIC 88 12TH STREET NORTH, #100 NAPLES, FL 34102	59-3546884	501(C)(3)	10,000.	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
NEIGHBORHOOD HEALTH CLINIC 88 12TH STREET NORTH, #100 NAPLES, FL 34102	59-3546884	501(C)(3)	10,000.	0.			UNRESTRICTED USE
NEIGHBORHOOD HEALTH CLINIC 88 12TH STREET NORTH, #100 NAPLES, FL 34102	59-3546884	501(C)(3)	5,687.	0.			UNRESTRICTED USE
NEIGHBORHOOD HEALTH CLINIC 88 12TH STREET NORTH, #100 NAPLES, FL 34102	59-3546884	501(C)(3)	5,000.	0.			UNRESTRICTED USE
NEIGHBORHOOD HEALTH CLINIC 88 12TH STREET NORTH, #100 NAPLES, FL 34102	59-3546884	501(C)(3)	3,500.	0.			UNRESTRICTED USE
NEIGHBORHOOD HEALTH CLINIC 88 12TH STREET NORTH, #100 NAPLES, FL 34102	59-3546884	501(C)(3)	3,065.	0.			UNRESTRICTED USE
NEIGHBORHOOD HEALTH CLINIC 88 12TH STREET NORTH, #100 NAPLES, FL 34102	59-3546884	501(C)(3)	2,420.	0.			UNRESTRICTED USE
NEIGHBORHOOD HEALTH CLINIC 88 12TH STREET NORTH, #100 NAPLES, FL 34102	59-3546884	501(C)(3)	2,000.	0.			CORONAVIRUS RELIEF
NEIGHBORHOOD HEALTH CLINIC 88 12TH STREET NORTH, #100 NAPLES, FL 34102	59-3546884	501(C)(3)	2,000.	0.			UNRESTRICTED USE
NEIGHBORHOOD HEALTH CLINIC 88 12TH STREET NORTH, #100 NAPLES, FL 34102	59-3546884	501(C)(3)	2,000.	0.			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
NEIGHBORHOOD HEALTH CLINIC 88 12TH STREET NORTH, #100 NAPLES, FL 34102	59-3546884	501(C)(3)	2,000.	0.			OPERATING
NEIGHBORHOOD HEALTH CLINIC 88 12TH STREET NORTH, #100 NAPLES, FL 34102	59-3546884	501(C)(3)	1,000.	0.			UNRESTRICTED USE
NEIGHBORHOOD HEALTH CLINIC 88 12TH STREET NORTH, #100 NAPLES, FL 34102	59-3546884	501(C)(3)	1,000.	0.			PROVIDING MEDICAL CARE
NEIGHBORHOOD HEALTH CLINIC 88 12TH STREET NORTH, #100 NAPLES, FL 34102	59-3546884	501(C)(3)	1,000.	0.			UNRESTRICTED USE
NEIGHBORHOOD HEALTH CLINIC 88 12TH STREET NORTH, #100 NAPLES, FL 34102	59-3546884	501(C)(3)	1,000.	0.			WOMEN'S HEALTH SERVICES
NEIGHBORHOOD HEALTH CLINIC 88 12TH STREET NORTH, #100 NAPLES, FL 34102	59-3546884	501(C)(3)	500.	0.			UNRESTRICTED USE
NEIGHBORHOOD HEALTH CLINIC 88 12TH STREET NORTH, #100 NAPLES, FL 34102	59-3546884	501(C)(3)	500.	0.			WOMEN'S HEALTH SERVICES
NEIGHBORHOOD HEALTH CLINIC 88 12TH STREET NORTH, #100 NAPLES, FL 34102	59-3546884	501(C)(3)	300.	0.			UNRESTRICTED USE
NEIGHBORHOOD HEALTH CLINIC 88 12TH STREET NORTH, #100 NAPLES, FL 34102	59-3546884	501(C)(3)	250.	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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NEIGHBORHOOD HEALTH CLINIC 88 12TH STREET NORTH, #100 NAPLES, FL 34102	59-3546884	501(C)(3)	200.	0.			NEIGHBORHOOD BASH SUPPORT
NEIGHBORHOOD HEALTH CLINIC 88 12TH STREET NORTH, #100 NAPLES, FL 34102	59-3546884	501(C)(3)	50.	0.			UNRESTRICTED USE
NEW ENGLAND COLLEGE OF OPTOMETRY DEVELOPMENT OFFICE BOSTON, MA 02115	04-1591060	501(C)(3)	20,000.	0.			HOLMES FUND
NEW HORIZONS OF SOUTHWEST FLORIDA, INC. - P.O. BOX 111833 - NAPLES, FL 34108	11-3678086	501(C)(3)	1,000.	0.			CENTS OF PRIDE
NEW HOUR FOR WOMEN AND CHILDREN - LI - P.O. BOX 213 - BRENTWOOD, NY 11717	47-4718783	501(C)(3)	5,000.	0.			EDUCATION PROGRAMS
NO BARRIERS USA 317 STOVER STREET, #A FORT COLLINS, CO 80524	06-1693441	501(C)(3)	52,871.	0.			TO SUPPORT INDIVIDUALS FROM COLLIER COUNTY
NOAH'S ARK FAMILY SERVICES 11853 COLLIER BLVD. NAPLES, FL 34116	81-2885321	501(C)(3)	5,000.	0.			FOOD FOR FOOD PANTRY
NOAH'S ARK FAMILY SERVICES 11853 COLLIER BLVD. NAPLES, FL 34116	81-2885321	501(C)(3)	2,000.	0.			GARGAGE AND RECYCLING SERVICES
NOAH'S ARK FAMILY SERVICES 11853 COLLIER BLVD. NAPLES, FL 34116	81-2885321	501(C)(3)	1,000.	0.			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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NOAH'S ARK FAMILY SERVICES 11853 COLLIER BLVD. NAPLES, FL 34116	81-2885321	501(C)(3)	500.	0.			FOOD PANTRY
NORTHLAND COLLEGE 1411 ELLIS AVENUE ASHLAND, WI 54806	39-0806428	501(C)(3)	50,000.	0.			LOCKER ROOM PROJECT
NORTHLAND COLLEGE 1411 ELLIS AVENUE ASHLAND, WI 54806	39-0806428	501(C)(3)	50,000.	0.			RESTRICTED TO GYM AND FITNESS
NORTHLAND COLLEGE 1411 ELLIS AVENUE ASHLAND, WI 54806	39-0806428	501(C)(3)	10,000.	0.			DON CHASE ENDOWMENT FUND
OFFICE OF CATHOLIC SCHOOLS P.O. BOX 32279 LOUISVILLE, KY 40232	61-0444670	501(C)(3)	10,000.	0.			2019 CATHOLIC SERVICES APPEAL
OHANA MAKAMAE, INC. P.O. BOX 914 HANA, HI 96713	99-0342126	501(C)(3)	15,000.	0.			GENERAL SUPPORT
OHANA MAKAMAE, INC. P.O. BOX 914 HANA, HI 96713	99-0342126	501(C)(3)	15,000.	0.			GENERAL SUPPORT
ON POINT FOR COLLEGE 488 WEST ONONDAGA STREET SYRACUSE, NY 13202	16-1569356	501(C)(3)	40,000.	0.			STUDENT LAPTOP COMPUTERS
ONE BY ONE LEADERSHIP FOUNDATION, INC. - P.O. BOX 5393 - IMMOKALEE, FL 34143	59-1711633	501(C)(3)	5,000.	0.			TASTE OF IMMOKALEE SCHOLARSHIP 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.)

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ONE BY ONE LEADERSHIP FOUNDATION, INC. - P.O. BOX 5393 - IMMOKALEE, FL 34143	59-1711633	501(C)(3)	500.	0.			UNRESTRICTED USE
OPERA NAPLES, INC. 2408 LINWOOD AVENUE NAPLES, FL 34112	42-1671038	501(C)(3)	26,000.	0.			UNRESTRICTED USE
OPERA NAPLES, INC. 2408 LINWOOD AVENUE NAPLES, FL 34112	42-1671038	501(C)(3)	5,000.	0.			SCHOLARSHIPS AND PERFORMANCES
OPERA NAPLES, INC. 2408 LINWOOD AVENUE NAPLES, FL 34112	42-1671038	501(C)(3)	750.	0.			UNRESTRICTED USE
OPERATION UNDERGROUND RAILROAD 755 SOUTH MAIN STREET, #194 CEDAR CITY, UT 84720	46-3614979	501(C)(3)	5,000.	0.			UNRESTRICTED USE
OUR CHILDREN MN PO BOX 40335 ST. PAUL, MN 55104	84-4222845	501(C)(4)	25,000.	0.			TO SUPPORT 2020 WORK
OUR DAILY BREAD FOOD PANTRY 1450 WINTERBERRY DR. MARCO ISLAND, FL 34145	83-2956050	501(C)(3)	16,025.	0.			PURCHASE OF FOOD FOR FOOD PANTRY
OUR DAILY BREAD FOOD PANTRY 1450 WINTERBERRY DR. MARCO ISLAND, FL 34145	83-2956050	501(C)(3)	15,000.	0.			EXTERNAL GENERATOR
OUR DAILY BREAD FOOD PANTRY 1450 WINTERBERRY DR. MARCO ISLAND, FL 34145	83-2956050	501(C)(3)	10,000.	0.			FOOD PANTRY 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.)

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OUR DAILY BREAD FOOD PANTRY 1450 WINTERBERRY DR. MARCO ISLAND, FL 34145	83-2956050	501(C)(3)	10,000.	0.			FOOD
OUR DAILY BREAD FOOD PANTRY 1450 WINTERBERRY DR. MARCO ISLAND, FL 34145	83-2956050	501(C)(3)	4,500.	0.			UNRESTRICTED USE
OUR DAILY BREAD FOOD PANTRY 1450 WINTERBERRY DR. MARCO ISLAND, FL 34145	83-2956050	501(C)(3)	2,500.	0.			WEBSITE DEVELOPMENT
OUR DAILY BREAD FOOD PANTRY 1450 WINTERBERRY DR. MARCO ISLAND, FL 34145	83-2956050	501(C)(3)	900.	0.			COOL ZONE TRAILER
OUR DAILY BREAD FOOD PANTRY 1450 WINTERBERRY DR. MARCO ISLAND, FL 34145	83-2956050	501(C)(3)	500.	0.			UNRESTRICTED USE
OUR DAILY BREAD FOOD PANTRY 1450 WINTERBERRY DR. MARCO ISLAND, FL 34145	83-2956050	501(C)(3)	250.	0.			UNRESTRICTED USE
OUR NEXT GENERATION 3421 WEST LISBON AVENUE MILWAUKEE, WI 53208	39-1761838	501(C)(3)	5,000.	0.			UNRESTRICTED USE
PACE CENTER FOR GIRLS 160 N. 1ST STREET IMMOKALEE, FL 34142	59-2414492	501(C)(3)	5,150.	0.			UNRESTRICTED USE
PACE CENTER FOR GIRLS 160 N. 1ST STREET IMMOKALEE, FL 34142	59-2414492	501(C)(3)	5,000.	0.			PACE SPIRITED GIRLS! SEX EDUCATION AND PREVENTION

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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PACE CENTER FOR GIRLS 160 N. 1ST STREET IMMOKALEE, FL 34142	59-2414492	501(C)(3)	2,000.	0.			OUTDOOR SPACE/GARDEN IN IMMOKALEE
PACE CENTER FOR GIRLS 160 N. 1ST STREET IMMOKALEE, FL 34142	59-2414492	501(C)(3)	1,000.	0.			UNRESTRICTED USE
PACE CENTER FOR GIRLS 160 N. 1ST STREET IMMOKALEE, FL 34142	59-2414492	501(C)(3)	1,000.	0.			UNRESTRICTED USE
PARKINSON ASSOCIATION OF SOUTHWEST FLORIDA, INC. - 2575 NORTHBROOKE PLAZA DRIVE, #301 - NAPLES, FL 34119	59-3471412	501(C)(3)	16,120.	0.			EXERCISE YOUR MUSCLES
PARKINSON ASSOCIATION OF SOUTHWEST FLORIDA, INC. - 2575 NORTHBROOKE PLAZA DRIVE, #301 - NAPLES, FL 34119	59-3471412	501(C)(3)	1,300.	0.			SIX MONTHS OF FUNDING FOR ONE MOVEMENT CLASS
PARKINSON ASSOCIATION OF SOUTHWEST FLORIDA, INC. - 2575 NORTHBROOKE PLAZA DRIVE, #301 - NAPLES, FL 34119	59-3471412	501(C)(3)	1,000.	0.			UNRESTRICTED USE
PARKINSON ASSOCIATION OF SOUTHWEST FLORIDA, INC. - 2575 NORTHBROOKE PLAZA DRIVE, #301 - NAPLES, FL 34119	59-3471412	501(C)(3)	1,000.	0.			UNRESTRICTED USE
PARKINSON ASSOCIATION OF SOUTHWEST FLORIDA, INC. - 2575 NORTHBROOKE PLAZA DRIVE, #301 - NAPLES, FL 34119	59-3471412	501(C)(3)	411.	0.			UNRESTRICTED USE
PATH2FREEDOM, INC. 1200 GOODLETTE ROAD N., #9916 NAPLES, FL 34101	47-3835818	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.)

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PATH2FREEDOM, INC. 1200 GOODLETTE ROAD N., #9916 NAPLES, FL 34101	47-3835818	501(C)(3)	2,000.	0.			UNRESTRICTED USE
PATHWAYS EARLY EDUCATION CENTER 4060 TAMIAMI TRAIL N., #1 NAPLES, FL 34103	59-1209842	501(C)(3)	10,000.	0.			EARLY EDUCATION - CHANGING THE PATH
PATHWAYS EARLY EDUCATION CENTER 4060 TAMIAMI TRAIL N., #1 NAPLES, FL 34103	59-1209842	501(C)(3)	5,000.	0.			ANNUAL GIFT
PATHWAYS EARLY EDUCATION CENTER 4060 TAMIAMI TRAIL N., #1 NAPLES, FL 34103	59-1209842	501(C)(3)	5,000.	0.			GENERAL SUPPORT
PATHWAYS EARLY EDUCATION CENTER 4060 TAMIAMI TRAIL N., #1 NAPLES, FL 34103	59-1209842	501(C)(3)	5,000.	0.			CAPITAL EXPENDITURES
PATHWAYS EARLY EDUCATION CENTER 4060 TAMIAMI TRAIL N., #1 NAPLES, FL 34103	59-1209842	501(C)(3)	5,000.	0.			GENERAL SUPPORT
PATHWAYS EARLY EDUCATION CENTER 4060 TAMIAMI TRAIL N., #1 NAPLES, FL 34103	59-1209842	501(C)(3)	2,116.	0.			UNRESTRICTED USE
PATHWAYS EARLY EDUCATION CENTER 4060 TAMIAMI TRAIL N., #1 NAPLES, FL 34103	59-1209842	501(C)(3)	1,000.	0.			COVID-19 RELIEF
PATHWAYS EARLY EDUCATION CENTER 4060 TAMIAMI TRAIL N., #1 NAPLES, FL 34103	59-1209842	501(C)(3)	1,000.	0.			ADMIRALTY POINT CHRISTMAS APPEAL

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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PATHWAYS EARLY EDUCATION CENTER 4060 TAMIAMI TRAIL N., #1 NAPLES, FL 34103	59-1209842	501(C)(3)	1,000.	0.			FOUR CHILDREN'S PARTIES
PATHWAYS EARLY EDUCATION CENTER 4060 TAMIAMI TRAIL N., #1 NAPLES, FL 34103	59-1209842	501(C)(3)	250.	0.			UNRESTRICTED USE
PATHWAYS EARLY EDUCATION CENTER 4060 TAMIAMI TRAIL N., #1 NAPLES, FL 34103	59-1209842	501(C)(3)	250.	0.			UNRESTRICTED USE
PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA - 736 CENTRAL AVENUE - SARASOTA, FL 34236	59-1274328	501(C)(3)	6,130.	0.			FAMILY PLANNING SERVICES IN COLLIER COUNTY
PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA - 736 CENTRAL AVENUE - SARASOTA, FL 34236	59-1274328	501(C)(3)	5,046.	0.			UNRESTRICTED USE
PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA - 736 CENTRAL AVENUE - SARASOTA, FL 34236	59-1274328	501(C)(3)	5,000.	0.			UNRESTRICTED USE IN COLLIER COUNTY
PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA - 736 CENTRAL AVENUE - SARASOTA, FL 34236	59-1274328	501(C)(3)	5,000.	0.			UNRESTRICTED USE
PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA - 736 CENTRAL AVENUE - SARASOTA, FL 34236	59-1274328	501(C)(3)	3,000.	0.			UNRESTRICTED USE
PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA - 736 CENTRAL AVENUE - SARASOTA, FL 34236	59-1274328	501(C)(3)	2,500.	0.			ANNUAL CONTRIBUTION

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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PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA - 736 CENTRAL AVENUE - SARASOTA, FL 34236	59-1274328	501(C)(3)	2,000.	0.			UNRESTRICTED USE
PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA - 736 CENTRAL AVENUE - SARASOTA, FL 34236	59-1274328	501(C)(3)	2,000.	0.			UNRESTRICTED USE
PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA - 736 CENTRAL AVENUE - SARASOTA, FL 34236	59-1274328	501(C)(3)	1,900.	0.			SUPPORT FOR NAPLES CHOICE AFFAIR
PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA - 736 CENTRAL AVENUE - SARASOTA, FL 34236	59-1274328	501(C)(3)	1,000.	0.			HEALTH SERVICES
PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA - 736 CENTRAL AVENUE - SARASOTA, FL 34236	59-1274328	501(C)(3)	1,000.	0.			MEDICAL SERVICES
PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA - 736 CENTRAL AVENUE - SARASOTA, FL 34236	59-1274328	501(C)(3)	1,000.	0.			UNRESTRICTED USE
PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA - 736 CENTRAL AVENUE - SARASOTA, FL 34236	59-1274328	501(C)(3)	1,000.	0.			UNRESTRICTED USE
PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA - 736 CENTRAL AVENUE - SARASOTA, FL 34236	59-1274328	501(C)(3)	998.	0.			AIDS RESEARCH, TREATMENT OR EDUCATION
PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA - 736 CENTRAL AVENUE - SARASOTA, FL 34236	59-1274328	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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PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA - 736 CENTRAL AVENUE - SARASOTA, FL 34236	59-1274328	501(C)(3)	250.	0.			UNRESTRICTED USE
PREGNANCY RESOURCE CENTER 26951 COUNTRY CLUB DRIVE BONITA SPRINGS, FL 34134	59-3427729	501(C)(3)	5,000.	0.			GENERAL FUND
PREGNANCY RESOURCE CENTER 26951 COUNTRY CLUB DRIVE BONITA SPRINGS, FL 34134	59-3427729	501(C)(3)	2,000.	0.			UNRESTRICTED USE
PRINCETON AREA COMMUNITY FOUND. 15 PRINCESS ROAD LAWRENCEVILLE, NJ 08648	52-1746234	501(C)(3)	5,000.	0.			PRINCETON HIGH SCHOOL 1968 CLASS SCHOLARSHIP FUND
PRINCETON AREA COMMUNITY FOUND. 15 PRINCESS ROAD LAWRENCEVILLE, NJ 08648	52-1746234	501(C)(3)	2,000.	0.			SCHOLARSHIP
PROTECTION OF RIGHTS ALLIANCE FOUNDATION - P.O. BOX 277 - HARBOR SPRINGS, MI 49740	81-4270395	501(C)(3)	12,000.	0.			UNRESTRICTED USE
PURDUE RESEARCH FOUNDATION 403 WEST WOOD STREET WEST LAFAYETTE, IN 47907	35-1052049	501(C)(3)	5,000.	0.			BIO ENGINEERING SCHOLARSHIPS
RCMA 402 W. MAIN STREET IMMOKALEE, FL 34142	59-1221966	501(C)(3)	20,000.	0.			OEL LOCAL MATCH
RCMA 402 W. MAIN STREET IMMOKALEE, FL 34142	59-1221966	501(C)(3)	5,000.	0.			CAPITAL EXPENDITURES

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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RCMA 402 W. MAIN STREET IMMOKALEE, FL 34142	59-1221966	501(C)(3)	5,000.	0.			\$2,500 FOR HEALTH PROGRAM, \$2,500 FOR FAMILY ENRICHMENT
RCMA 402 W. MAIN STREET IMMOKALEE, FL 34142	59-1221966	501(C)(3)	3,000.	0.			FOOD ASSISTANCE
RCMA 402 W. MAIN STREET IMMOKALEE, FL 34142	59-1221966	501(C)(3)	500.	0.			UNRESTRICTED USE
REBUILDING TOGETHER, INC. 999 N. CAPITOL ST. NE, #701 WASHINGTON, DC 20002	52-1585880	501(C)(3)	12,000.	0.			HOUSING FOR VETERANS
REBUILDING TOGETHER, INC. 999 N. CAPITOL ST. NE, #701 WASHINGTON, DC 20002	52-1585880	501(C)(3)	12,000.	0.			CRITICAL HOME REPAIRS
REMNANT TRUST, INC. TEXAS TECH UNIVERSITY LUBBOCK, TX 79409	35-2072847	501(C)(3)	100,000.	0.			OPERATING EXPENSES
RISEN CHRIST CATHOLIC SCHOOL ADVANCEMENT DEPARTMENT MINNEAPOLIS, MN 55407	41-1748146	501(C)(3)	5,000.	0.			UNRESTRICTED USE
ROCKFORD ART MUSEUM 711 NORTH MAIN STREET ROCKFORD, IL 61103	36-2349612	501(C)(3)	10,000.	0.			UNRESTRICTED ANNUAL GIFT
ROCKFORD ART MUSEUM 711 NORTH MAIN STREET ROCKFORD, IL 61103	36-2349612	501(C)(3)	5,000.	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
ROCKFORD ART MUSEUM 711 NORTH MAIN STREET ROCKFORD, IL 61103	36-2349612	501(C)(3)	2,500.	0.			GREENWICH VILLAGE ART FAIR
ROTARY CLUB OF NAPLES CHARITABLE FOUNDATION, INC. - P.O. BOX 990206 - NAPLES, FL 34116	27-1405132	501(C)(3)	644.	0.			EDUCATIONAL PURPOSE
ROTARY GIFT OF LIFE FLORIDA, INC. 15750 NEW HAMPSHIRE COURT, #C FT. MYERS, FL 33908	65-0488800	501(C)(3)	5,000.	0.			UNRESTRICTED USE
SAINT MEINRAD ARCHABBEY 200 HILL DRIVE ST. MEINRAD, IN 47577	35-0868161	501(C)(3)	10,000.	0.			FORWARD TOGETHER-LIFE OF THE CHURCH
SALVATION ARMY OF COLLIER COUNTY P.O. BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	35,000.	0.			FRAN COHEN YOUTH CENTER
SALVATION ARMY OF COLLIER COUNTY P.O. BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	30,000.	0.			E-GIFT CARDS
SALVATION ARMY OF COLLIER COUNTY P.O. BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	20,000.	0.			RENT, UTILITIES, AND FOOD
SALVATION ARMY OF COLLIER COUNTY P.O. BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	20,000.	0.			COLLIER COUNTY FIRE RELIEF
SALVATION ARMY OF COLLIER COUNTY P.O. BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	16,025.	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
SALVATION ARMY OF COLLIER COUNTY P.O. BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	11,906.	0.			UNRESTRICTED USE
SALVATION ARMY OF COLLIER COUNTY P.O. BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	7,560.	0.			UNRESTRICTED USE
SALVATION ARMY OF COLLIER COUNTY P.O. BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	5,000.	0.			BASIC NEEDS ASSISTANCE FOR COVID-19
SALVATION ARMY OF COLLIER COUNTY P.O. BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	5,000.	0.			CAPITAL EXPENDITURES
SALVATION ARMY OF COLLIER COUNTY P.O. BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	4,000.	0.			UNRESTRICTED USE
SALVATION ARMY OF COLLIER COUNTY P.O. BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	3,500.	0.			UNRESTRICTED USE
SALVATION ARMY OF COLLIER COUNTY P.O. BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	2,500.	0.			UNRESTRICTED USE
SALVATION ARMY OF COLLIER COUNTY P.O. BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	1,976.	0.			UNRESTRICTED USE
SALVATION ARMY OF COLLIER COUNTY P.O. BOX 8209 NAPLES, FL 34101	58-0660607	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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SALVATION ARMY OF COLLIER COUNTY P.O. BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	1,000.	0.			UNRESTRICTED USE
SALVATION ARMY OF COLLIER COUNTY P.O. BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	984.	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)	600.	0.			UNRESTRICTED USE
SALVATION ARMY OF COLLIER COUNTY P.O. BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	500.	0.			CHRISTMAS OFFERINGS
SALVATION ARMY OF COLLIER COUNTY P.O. BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	500.	0.			UNRESTRICTED USE
SALVATION ARMY OF COLLIER COUNTY P.O. BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	250.	0.			AFTER SCHOOL PROGRAM
SALVATION ARMY OF COLLIER COUNTY P.O. BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	239.	0.			TO FUND PROGRAMS IN COLLIER COUNTY
SALVATION ARMY OF COLLIER COUNTY P.O. BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	234.	0.			UNRESTRICTED USE
SALVATION ARMY OF COLLIER COUNTY P.O. BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	200.	0.			ASSISTANCE FOR RESTAURANT WORKERS

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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SALVATION ARMY OF COLLIER COUNTY P.O. BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	200.	0.			ASSISTANCE FOR RESTAURANT WORKERS
SALVATION ARMY OF COLLIER COUNTY P.O. BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	200.	0.			ASSISTANCE FOR RESTAURANT WORKERS
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	43,036.	0.			UNRESTRICTED USE
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	30,000.	0.			SPORTS COURT AT THE MAIN LOCATION
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	25,000.	0.			COVID-19 RELIEF
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	12,000.	0.			GIFT CARDS FOR CORONAVIRUS RELIEF
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	10,000.	0.			COVID-19 FUND
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	10,000.	0.			MENDING BROKEN HEARTS SUPPORT
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	8,500.	0.			GIFT CARDS FOR CORONAVIRUS RELIEF

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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SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	6,038.	0.			UNRESTRICTED USE
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	5,000.	0.			UNRESTRICTED USE
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	5,000.	0.			TRANSPORTATION COSTS
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	5,000.	0.			2020 MENDING BROKEN HEARTS LUNCHEON SUPPORT
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	5,000.	0.			TO PROTECT WOMEN AND CHILDREN IN COLLIER COUNTY
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	5,000.	0.			HUMAN TRAFFICKING PROGRAM
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	3,000.	0.			GIFT CARDS FOR CORONAVIRUS RELIEF
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	2,826.	0.			IN SUPPORT OF THE SHELTER
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	2,641.	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
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	2,536.	0.			RENT
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	2,500.	0.			CAPITAL CONTRIBUTION
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	2,400.	0.			HOUSING RENT AND DEPOSIT
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	2,265.	0.			RENT AND UTILITIES DEPOSITS
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	100.	0.			RENT
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	2,114.	0.			RENT
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	2,005.	0.			\$1,780 FOR RENT AND \$225 FOR FPL
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	2,000.	0.			PURCHASE OF VEHICLE
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	2,000.	0.			VEHICLE 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
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	2,000.	0.			RENT DEPOSIT
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	2,000.	0.			RENT
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	2,000.	0.			PURCHASE OF CAR
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)	2,000.	0.			RENT
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	2,000.	0.			HOUSING
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	2,000.	0.			RENT
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	2,000.	0.			RENT
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	2,000.	0.			HOUSING RENT AND DEPOSIT

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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SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	2,000.	0.			HOUSING
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	2,000.	0.			RENT
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	2,000.	0.			HOUSING DEPOSIT
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	2,000.	0.			RENT
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	2,000.	0.			RENT
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	2,000.	0.			RENT
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	1,993.	0.			REPLACING THE TIRES ON AN RV HOME
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	1,931.	0.			RENT
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	1,900.	0.			HOUSING

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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SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	1,862.	0.			RENT DEPOSIT, FIRST AND LAST MONTHS' RENT AND UTILITIES DEPOSIT
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	1,770.	0.			RENT
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	1,740.	0.			RENT
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	1,716.	0.			RENT
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	1,714.	0.			CAR REPAIRS
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	1,650.	0.			RENT
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	1,600.	0.			RENT
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	1,600.	0.			SECURITY DEPOSIT AND LAST MONTH'S RENT
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	1,524.	0.			RENT

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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SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	1,500.	0.			2020 MENDING BROKEN HEARTS LUNCHEON
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	1,297.	0.			RENTAL AND UTILITY DEPOSIT
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	1,148.	0.			RENT AND DEPOSIT
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	1,040.	0.			HOUSING
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	1,000.	0.			UNRESTRICTED USE
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	1,000.	0.			UNRESTRICTED USE
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	1,000.	0.			UNRESTRICTED USE
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	1,000.	0.			RENT AND DEPOSIT
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	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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SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	378.	0.			AIRLINE TICKET FOR RELOCATION
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	202.	0.			FPL DEPOSIT
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	100.	0.			ADDITIONAL RENT
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	100.	0.			UNRESTRICTED USE
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	100.	0.			UNRESTRICTED USE
SHRINERS HOSPITALS FOR CHILDREN 2900 NORTH ROCKY POINT DRIVE TAMPA, FL 33607	36-2193608	501(C)(3)	10,000.	0.			UNRESTRICTED USE
SHRINERS HOSPITALS FOR CHILDREN 2900 NORTH ROCKY POINT DRIVE TAMPA, FL 33607	36-2193608	501(C)(3)	5,000.	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
SHY WOLF SANCTUARY, EDUCATION AND EXPERIENCE CENTER, INC. - P.O. BOX 3032 - NAPLES, FL 34106	59-3691867	501(C)(3)	2,500.	0.			CAPITAL CAMPAIGN CONSULTANT

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)	2,000.	0.			UNRESTRICTED USE
SHY WOLF SANCTUARY, EDUCATION AND EXPERIENCE CENTER, INC. - P.O. BOX 3032 - NAPLES, FL 34106	59-3691867	501(C)(3)	600.	0.			UNRESTRICTED USE
SHY WOLF SANCTUARY, EDUCATION AND EXPERIENCE CENTER, INC. - P.O. BOX 3032 - NAPLES, FL 34106	59-3691867	501(C)(3)	250.	0.			UNRESTRICTED USE
SIGHTLINE INSTITUTE 1402 THIRD AVENUE, #500 SEATTLE, WA 98101	52-1833599	501(C)(3)	10,000.	0.			UNRESTRICTED USE
SKANEATELES FIRE DEPARTMENT 77 WEST GENESEE STREET SKANEATELES, NY 13152	16-1444278	501(C)(3)	50,000.	0.			FIRE SAFETY
SKANEATELES RECREATIONAL CHARITABLE TRUST - 11 FENNEL STREET, #1 - SKANEATELES, NY 13152	16-1556744	501(C)(3)	30,309.	0.			SKANEATELES COMMUNITY CENTER ICE FACILITY MAINTENANCE & REPAIR
SKANEATELES YMCA & COMMUNITY CENTER - 97 STATE STREET - SKANEATELES, NY 13152	16-0978301	501(C)(3)	100,000.	0.			CAPITAL CAMPAIGN
SKANEATELES YMCA & COMMUNITY CENTER - 97 STATE STREET - SKANEATELES, NY 13152	16-0978301	501(C)(3)	1,000.	0.			ANNUAL FUND
SOUTHWEST FLORIDA LAND PRESERVATION TRUST - P.O. BOX 2465 - NAPLES, FL 34106	65-0066474	501(C)(3)	196,900.	0.			MANHATTAN ROAD & BRIDGE DRAWS #5 AND #6

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
SOUTHWEST FLORIDA LAND PRESERVATION TRUST - P.O. BOX 2465 - NAPLES, FL 34106	65-0066474	501(C)(3)	122,650.	0.			MANHATTAN ROAD & BRIDGE DRAW #8
SOUTHWEST FLORIDA LAND PRESERVATION TRUST - P.O. BOX 2465 - NAPLES, FL 34106	65-0066474	501(C)(3)	111,500.	0.			MANHATTAN ROAD & BRIDGE DRAW #7
SOUTHWEST FLORIDA LAND PRESERVATION TRUST - P.O. BOX 2465 - NAPLES, FL 34106	65-0066474	501(C)(3)	88,325.	0.			MANHATTAN ROAD & BRIDGE DRAW #9
SOUTHWEST FLORIDA LAND PRESERVATION TRUST - P.O. BOX 2465 - NAPLES, FL 34106	65-0066474	501(C)(3)	6,650.	0.			MANHATTAN ROAD & BRIDGE DRAW #10
SOUTHWEST FLORIDA MUSIC EDUCATION CENTER - 6573 AUTUMN WOODS BLVD. - NAPLES, FL 34109	84-2825241	501(C)(3)	60,000.	0.			TO SUPPORT THE COST OF THEIR INSTRUCTOR
SOUTHWEST FLORIDA MUSIC EDUCATION CENTER - 6573 AUTUMN WOODS BLVD. - NAPLES, FL 34109	84-2825241	501(C)(3)	50,000.	0.			TO SUPPORT THE COST OF THE INSTRUCTOR
ST. AMBROSE OF WOODBURY CATHOLIC CHURCH - 4125 WOODBURY DRIVE - WOODBURY, MN 55129	41-1905541	501(C)(3)	5,000.	0.			SCHOLARSHIPS
ST. ANN CATHOLIC CHURCH 475 9TH AVENUE S. NAPLES, FL 34102	59-0823952	501(C)(3)	18,692.	0.			UNRESTRICTED USE
ST. ANN CATHOLIC CHURCH 475 9TH AVENUE S. NAPLES, FL 34102	59-0823952	501(C)(3)	2,500.	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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ST. ANN CATHOLIC CHURCH 475 9TH AVENUE S. NAPLES, FL 34102	59-0823952	501(C)(3)	2,500.	0.			UNRESTRICTED USE
ST. ANN CATHOLIC CHURCH 475 9TH AVENUE S. NAPLES, FL 34102	59-0823952	501(C)(3)	2,500.	0.			UNRESTRICTED USE
ST. ANN CATHOLIC CHURCH 475 9TH AVENUE S. NAPLES, FL 34102	59-0823952	501(C)(3)	1,500.	0.			UNRESTRICTED USE
ST. ANN SCHOOL FOUNDATION, INC. 475 9TH AVENUE S. NAPLES, FL 34102	59-2201867	501(C)(3)	20,000.	0.			UNRESTRICTED USE
ST. ANN SCHOOL FOUNDATION, INC. 475 9TH AVENUE S. NAPLES, FL 34102	59-2201867	501(C)(3)	500.	0.			UNRESTRICTED USE
ST. CATHERINE UNIVERSITY 2004 RANDOLPH AVE. ST. PAUL, MN 55105	41-0695509	501(C)(3)	60,000.	0.			ANNE JOACHIM SCHOLARSHIP
ST. CATHERINE UNIVERSITY 2004 RANDOLPH AVE. ST. PAUL, MN 55105	41-0695509	501(C)(3)	5,000.	0.			VIRTUAL NURSING PROGRAM
ST. CATHERINE UNIVERSITY 2004 RANDOLPH AVE. ST. PAUL, MN 55105	41-0695509	501(C)(3)	500.	0.			UNRESTRICTED USE
ST. FRANCIS SCHOOL 11000 U.S. HIGHWAY 42 GOSHEN, KY 40026	31-0896538	501(C)(3)	5,000.	0.			NEW THEATER 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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ST. JAMES EPISCOPAL CHURCH 96 EAST GENESEE STREET SKANEATELES, NY 13152	15-0611600	501(C)(3)	25,000.	0.			ANNUAL GIFT
ST. JOHN NEUMANN HIGH SCHOOL 3000 53RD STREET SW NAPLES, FL 34116	59-2017451	501(C)(3)	18,692.	0.			UNRESTRICTED USE
ST. JOHN NEUMANN HIGH SCHOOL 3000 53RD STREET SW NAPLES, FL 34116	59-2017451	501(C)(3)	6,000.	0.			ANGEL GRANT
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)	10,000.	0.			FOOD OUTREACH
ST. JOHN'S EPISCOPAL CHURCH 500 PARK SHORE DRIVE NAPLES, FL 34103	59-2153759	501(C)(3)	954.	0.			UNRESTRICTED USE
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	47,640.	0.			UNRESTRICTED USE
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	2,000.	0.			UNRESTRICTED USE
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	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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ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	500.	0.			UNRESTRICTED USE
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	200.	0.			UNRESTRICTED USE
ST. MARY OF THE ASSUMPTION CATHOLIC CHURCH AND SCHOOL - 1003 BRIDGE STREET - CHARLEVOIX, MI 49720		501(C)(3)	2,500.	0.			UNRESTRICTED USE
ST. MARY OF THE ASSUMPTION CATHOLIC CHURCH AND SCHOOL - 1003 BRIDGE STREET - CHARLEVOIX, MI 49720		501(C)(3)	2,500.	0.			GENERAL USE
ST. MARY OF THE ASSUMPTION CATHOLIC CHURCH AND SCHOOL - 1003 BRIDGE STREET - CHARLEVOIX, MI 49720		501(C)(3)	2,500.	0.			UNRESTRICTED USE
ST. MARY OF THE ASSUMPTION CATHOLIC CHURCH AND SCHOOL - 1003 BRIDGE STREET - CHARLEVOIX, MI 49720		501(C)(3)	2,500.	0.			UNRESTRICTED USE
ST. MATTHEW'S HOUSE 2601 AIRPORT ROAD S. NAPLES, FL 34112	65-1110501	501(C)(3)	16,025.	0.			PURCHASE OF FOOD FOR FOOD PANTRY
ST. MATTHEW'S HOUSE 2601 AIRPORT ROAD S. NAPLES, FL 34112	65-1110501	501(C)(3)	10,000.	0.			FOOD
ST. MATTHEW'S HOUSE 2601 AIRPORT ROAD S. NAPLES, FL 34112	65-1110501	501(C)(3)	10,000.	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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ST. MATTHEW'S HOUSE 2601 AIRPORT ROAD S. NAPLES, FL 34112	65-1110501	501(C)(3)	5,000.	0.			COLLIER COUNTY NEEDS
ST. MATTHEW'S HOUSE 2601 AIRPORT ROAD S. NAPLES, FL 34112	65-1110501	501(C)(3)	5,000.	0.			PROGRAMS FOR THE HOMELESS
ST. MATTHEW'S HOUSE 2601 AIRPORT ROAD S. NAPLES, FL 34112	65-1110501	501(C)(3)	4,000.	0.			FOOD PANTRY
ST. MATTHEW'S HOUSE 2601 AIRPORT ROAD S. NAPLES, FL 34112	65-1110501	501(C)(3)	3,000.	0.			UNRESTRICTED USE
ST. MATTHEW'S HOUSE 2601 AIRPORT ROAD S. NAPLES, FL 34112	65-1110501	501(C)(3)	3,000.	0.			OPERATING EXPENSES
ST. MATTHEW'S HOUSE 2601 AIRPORT ROAD S. NAPLES, FL 34112	65-1110501	501(C)(3)	3,000.	0.			UNRESTRICTED USE
ST. MATTHEW'S HOUSE 2601 AIRPORT ROAD S. NAPLES, FL 34112	65-1110501	501(C)(3)	2,000.	0.			CORONAVIRUS RELIEF
ST. MATTHEW'S HOUSE 2601 AIRPORT ROAD S. NAPLES, FL 34112	65-1110501	501(C)(3)	1,500.	0.			FOOD BANKS
ST. MATTHEW'S HOUSE 2601 AIRPORT ROAD S. NAPLES, FL 34112	65-1110501	501(C)(3)	1,500.	0.			MATCHING GRANT FOR COVID RELIEF

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
ST. MATTHEW'S HOUSE 2601 AIRPORT ROAD S. NAPLES, FL 34112	65-1110501	501(C)(3)	1,300.	0.			MATCHING GRANT
ST. MATTHEW'S HOUSE 2601 AIRPORT ROAD S. NAPLES, FL 34112	65-1110501	501(C)(3)	1,000.	0.			UNRESTRICTED USE
ST. MATTHEW'S HOUSE 2601 AIRPORT ROAD S. NAPLES, FL 34112	65-1110501	501(C)(3)	1,000.	0.			ANNUAL FUND
ST. MATTHEW'S HOUSE 2601 AIRPORT ROAD S. NAPLES, FL 34112	65-1110501	501(C)(3)	1,000.	0.			SUMMER GIVING
ST. MATTHEW'S HOUSE 2601 AIRPORT ROAD S. NAPLES, FL 34112	65-1110501	501(C)(3)	1,000.	0.			CORNERSTONE GIVING SOCIETY
ST. MATTHEW'S HOUSE 2601 AIRPORT ROAD S. NAPLES, FL 34112	65-1110501	501(C)(3)	1,000.	0.			UNRESTRICTED USE
ST. MATTHEW'S HOUSE 2601 AIRPORT ROAD S. NAPLES, FL 34112	65-1110501	501(C)(3)	1,000.	0.			UNRESTRICTED USE
ST. MATTHEW'S HOUSE 2601 AIRPORT ROAD S. NAPLES, FL 34112	65-1110501	501(C)(3)	1,000.	0.			EASTER FOOD
ST. MATTHEW'S HOUSE 2601 AIRPORT ROAD S. NAPLES, FL 34112	65-1110501	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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ST. MATTHEW'S HOUSE 2601 AIRPORT ROAD S. NAPLES, FL 34112	65-1110501	501(C)(3)	1,000.	0.			UNRESTRICTED USE
ST. MATTHEW'S HOUSE 2601 AIRPORT ROAD S. NAPLES, FL 34112	65-1110501	501(C)(3)	1,000.	0.			UNRESTRICTED USE
ST. MATTHEW'S HOUSE 2601 AIRPORT ROAD S. NAPLES, FL 34112	65-1110501	501(C)(3)	500.	0.			UNRESTRICTED USE
ST. MATTHEW'S HOUSE 2601 AIRPORT ROAD S. NAPLES, FL 34112	65-1110501	501(C)(3)	500.	0.			JUSTIN'S VILLAGE
ST. MATTHEW'S HOUSE 2601 AIRPORT ROAD S. NAPLES, FL 34112	65-1110501	501(C)(3)	500.	0.			UNRESTRICTED USE
ST. MATTHEW'S HOUSE 2601 AIRPORT ROAD S. NAPLES, FL 34112	65-1110501	501(C)(3)	500.	0.			LC2020 COMUNITY PROJECT
ST. MATTHEW'S HOUSE 2601 AIRPORT ROAD S. NAPLES, FL 34112	65-1110501	501(C)(3)	500.	0.			TO SUPPORT WOMEN
ST. MATTHEW'S HOUSE 2601 AIRPORT ROAD S. NAPLES, FL 34112	65-1110501	501(C)(3)	100.	0.			UNRESTRICTED USE
ST. VINCENT DE PAUL SOCIETY, INC. 4451 MERCANTILE AVENUE NAPLES, FL 34104	59-1711287	501(C)(3)	15,000.	0.			MEAL ON WHEELS

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. VINCENT DE PAUL SOCIETY, INC. 4451 MERCANTILE AVENUE NAPLES, FL 34104	59-1711287	501(C)(3)	5,000.	0.			MEALS ON WHEELS CHALLENGE
ST. VINCENT DE PAUL SOCIETY, INC. 4451 MERCANTILE AVENUE NAPLES, FL 34104	59-1711287	501(C)(3)	2,641.	0.			UNRESTRICTED USE
ST. VINCENT DE PAUL SOCIETY, INC. 4451 MERCANTILE AVENUE NAPLES, FL 34104	59-1711287	501(C)(3)	500.	0.			MEALS ON WHEELS
ST. VINCENT DE PAUL SOCIETY, INC. 4451 MERCANTILE AVENUE NAPLES, FL 34104	59-1711287	501(C)(3)	500.	0.			MEALS ON WHEELS
STAGEONE FAMILY THEATER 315 WEST MARKET STREET, #2S LOUISVILLE, KY 40202	61-0466715	501(C)(3)	10,000.	0.			UNRESTRICTED USE
STARABILITY FOUNDATION, INC. 5125 CASTELLO DRIVE NAPLES, FL 34103	59-2516162	501(C)(3)	2,000.	0.			UNRESTRICTED USE
STARABILITY FOUNDATION, INC. 5125 CASTELLO DRIVE NAPLES, FL 34103	59-2516162	501(C)(3)	250.	0.			UNRESTRICTED USE
SUNLIGHT OF COLLIER COUNTY, INC. P.O. BOX 9194 NAPLES, FL 34101	59-2417151	501(C)(3)	2,000.	0.			UNRESTRICTED USE
SUNLIGHT OF COLLIER COUNTY, INC. P.O. BOX 9194 NAPLES, FL 34101	59-2417151	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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SUNLIGHT OF COLLIER COUNTY, INC. P.O. BOX 9194 NAPLES, FL 34101	59-2417151	501(C)(3)	1,000.	0.			UNRESTRICTED USE
SUNLIGHT OF COLLIER COUNTY, INC. P.O. BOX 9194 NAPLES, FL 34101	59-2417151	501(C)(3)	500.	0.			UNRESTRICTED USE
SUNLIGHT OF COLLIER COUNTY, INC. P.O. BOX 9194 NAPLES, FL 34101	59-2417151	501(C)(3)	500.	0.			UNRESTRICTED USE
SUNSHINE GOSPEL MINISTRIES 500 EAST 61ST STREET CHICAGO, IL 60637	36-2317631	501(C)(3)	10,000.	0.			UNRESTRICTED USE
SUNSHINE GOSPEL MINISTRIES 500 EAST 61ST STREET CHICAGO, IL 60637	36-2317631	501(C)(3)	5,000.	0.			OPERATING EXPENSES
SYRACUSE URBAN PARTNERSHIP 11 FENNELL STREET, #1 SKANEATELES, NY 13152	82-5069452	501(C)(3)	50,000.	0.			UNRESTRICTED USE
TAHOE MARITIME MUSEUM P.O. BOX 1907 TAHOE CITY, CA 96145	94-3073894	501(C)(3)	75,000.	0.			UNRESTRICTED USE
TEMPLE SHALOM, INC. OF NAPLES, FL 4630 PINE RIDGE ROAD NAPLES, FL 34119	59-2546855	501(C)(3)	1,000.	0.			SECURITY FUNDRAISER CAMPAIGN
THE AYN RAND INSTITUTE 6 HUTTON CENTRE DRIVE, #600 SANTA ANA, CA 92707	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 AYN RAND INSTITUTE 6 HUTTON CENTRE DRIVE, #600 SANTA ANA, CA 92707	22-2570926	501(C)(3)	5,000.	0.			UNRESTRICTED USE
THE CARING HOUSE PROJECT INC. P.O. BOX 388 BOYNTON BEACH, FL 33425	71-0865799	501(C)(3)	5,000.	0.			UNRESTRICTED USE
THE CARING HOUSE PROJECT INC. P.O. BOX 388 BOYNTON BEACH, FL 33425	71-0865799	501(C)(3)	3,000.	0.			UNRESTRICTED USE
THE IMMOKALEE FOUNDATION 2375 TAMIAMI TRAIL N., #308 NAPLES, FL 34103	65-0315664	501(C)(3)	30,000.	0.			EMPOWERING STUDENTS TO SUCCEED
THE IMMOKALEE FOUNDATION 2375 TAMIAMI TRAIL N., #308 NAPLES, FL 34103	65-0315664	501(C)(3)	5,000.	0.			UNRESTRICTED USE
THE IMMOKALEE FOUNDATION 2375 TAMIAMI TRAIL N., #308 NAPLES, FL 34103	65-0315664	501(C)(3)	2,000.	0.			CORONAVIRUS RELIEF
THE INSTITUTE FOR JUSTICE 901 NORTH GLEBE ROAD, #900 ARLINGTON, VA 22203	52-1744337	501(C)(3)	5,000.	0.			UNRESTRICTED USE
THE JOSHUA FUND P.O. BOX 2589 MONUMENT, CO 80132	20-5350994	501(C)(3)	5,000.	0.			UNRESTRICTED USE
THE LEAGUE CLUB, INC. P.O. BOX 413005-203 NAPLES, FL 34101	59-2798792	501(C)(3)	15,000.	0.			CIRCLE OF FRIENDS

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
THE LEAGUE CLUB, INC. P.O. BOX 413005-203 NAPLES, FL 34101	59-2798792	501(C)(3)	100.	0.			UNRESTRICTED USE
THE NATURE CONSERVANCY FLORIDA CHAPTER - 2500 MAITLAND CENTER PARKWAY, #311 - MAITLAND, FL 32751	53-0242652	501(C)(3)	7,000.	0.			UNRESTRICTED USE
THE TRUST FOR PUBLIC LAND 101 MONTGOMERY STREET, #900 SAN FRANCISCO, CA 94104	23-7222333	501(C)(3)	100,000.	0.			ASTORIA PARK
THE VOICE OF THE MARTYRS 1815 SE BISON ROAD BARTLESVILLE, OK 74006	73-1395057	501(C)(3)	5,000.	0.			UNRESTRICTED USE
THIRD WAY CENTER P.O. BOX 61385 DENVER, CO 80206	84-0599572	501(C)(3)	5,000.	0.			SUPPORT DISADVANTAGED, TRAUMATIZED, MENTALLY ILL TEENS
THRIVE 400 EAST BABCOCK STREET BOZEMAN, MT 59715	36-3501185	501(C)(3)	5,000.	0.			UNRESTRICTED USE
TRINITY BY THE COVE EPISCOPAL CHURCH - 553 GALLEON DR - NAPLES, FL 34102	59-0774204	501(C)(3)	20,000.	0.			BUILDING CAMPAIGN
TRINITY BY THE COVE EPISCOPAL CHURCH - 553 GALLEON DR - NAPLES, FL 34102	59-0774204	501(C)(3)	11,906.	0.			UNRESTRICTED USE
TRINITY BY THE COVE EPISCOPAL CHURCH - 553 GALLEON DR - NAPLES, FL 34102	59-0774204	501(C)(3)	7,500.	0.			VIEW OF THE FUTURE

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
TRINITY BY THE COVE EPISCOPAL CHURCH - 553 GALLEON DR - NAPLES, FL 34102	59-0774204	501(C)(3)	6,000.	0.			2020 STEWARDSHIP CONTRIBUTION
TRINITY BY THE COVE EPISCOPAL CHURCH - 553 GALLEON DR - NAPLES, FL 34102	59-0774204	501(C)(3)	4,300.	0.			\$1,800 FOR ANNUAL GIVING AND
TRINITY BY THE COVE EPISCOPAL CHURCH - 553 GALLEON DR - NAPLES, FL 34102	59-0774204	501(C)(3)	3,000.	0.			UNRESTRICTED USE
TRINITY BY THE COVE EPISCOPAL CHURCH - 553 GALLEON DR - NAPLES, FL 34102	59-0774204	501(C)(3)	2,556.	0.			UNRESTRICTED USE
TRINITY BY THE COVE EPISCOPAL CHURCH - 553 GALLEON DR - NAPLES, FL 34102	59-0774204	501(C)(3)	1,750.	0.			ANNUAL GIFT
TRINITY BY THE COVE EPISCOPAL CHURCH - 553 GALLEON DR - NAPLES, FL 34102	59-0774204	501(C)(3)	1,650.	0.			ARCHANGEL FUND
TRINITY BY THE COVE EPISCOPAL CHURCH - 553 GALLEON DR - NAPLES, FL 34102	59-0774204	501(C)(3)	1,500.	0.			ANNUAL GIFT
TRINITY BY THE COVE EPISCOPAL CHURCH - 553 GALLEON DR - NAPLES, FL 34102	59-0774204	501(C)(3)	644.	0.			EDUCATIONAL PURPOSES
TRINITY BY THE COVE EPISCOPAL CHURCH - 553 GALLEON DR - NAPLES, FL 34102	59-0774204	501(C)(3)	600.	0.			MUSIC 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
TRINITY BY THE COVE EPISCOPAL CHURCH - 553 GALLEON DR - NAPLES, FL 34102	59-0774204	501(C)(3)	537.	0.			FOR USE BY THE OUTREACH COMMISSION
TRINITY CATHEDRAL 2230 EUCLID AVENUE CLEVELAND, OH 44115	34-0714716	501(C)(3)	5,000.	0.			2020 CONTRIBUTION
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
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - PENN MEDICINE DEVELOPMENT - PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	10,000.	0.			INSTITUTE FOR DIABETES, OBESITY AND METABOLISM
TURNING POINT CHURCH 27411 TORTOISE TRAIL BONITA SPRINGS, FL 34135	47-2125655	501(C)(3)	10,000.	0.			FOR THE LOVE CAMPAIGN
TURNING POINT CHURCH 27411 TORTOISE TRAIL BONITA SPRINGS, FL 34135	47-2125655	501(C)(3)	1,000.	0.			MONTHLY MINISTRY SUPPORT
TURNING POINT CHURCH 27411 TORTOISE TRAIL BONITA SPRINGS, FL 34135	47-2125655	501(C)(3)	1,000.	0.			MONTHLY MINISTRY SUPPORT
TURNING POINT CHURCH 27411 TORTOISE TRAIL BONITA SPRINGS, FL 34135	47-2125655	501(C)(3)	1,000.	0.			MONTHLY MINISTRY SUPPORT
TURNING POINT CHURCH 27411 TORTOISE TRAIL BONITA SPRINGS, FL 34135	47-2125655	501(C)(3)	1,000.	0.			MONTHLY MINISTRY 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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TURNING POINT CHURCH 27411 TORTOISE TRAIL BONITA SPRINGS, FL 34135	47-2125655	501(C)(3)	1,000.	0.			MONTHLY MINISTRY SUPPORT
TURNING POINT CHURCH 27411 TORTOISE TRAIL BONITA SPRINGS, FL 34135	47-2125655	501(C)(3)	1,000.	0.			MONTHLY MINISTRY SUPPORT
UNITED ARTS COUNCIL OF COLLIER COUNTY, INC. - 953 4TH AVENUE NORTH - NAPLES, FL 34102	59-2070580	501(C)(3)	30,000.	0.			2020 VISION: COLLIER'S FUTURE IN ARTS & CULTURE
UNITED ARTS COUNCIL OF COLLIER COUNTY, INC. - 953 4TH AVENUE NORTH - NAPLES, FL 34102	59-2070580	501(C)(3)	392.	0.			UNRESTRICTED USE
UNITED HOSPITAL FOUNDATION 333 SMITH AVE. N. SAINT PAUL, MN 55102	23-7420998	501(C)(3)	5,000.	0.			UNRESTRICTED USE
UNITED HOSPITAL FOUNDATION 333 SMITH AVE. N. SAINT PAUL, MN 55102	23-7420998	501(C)(3)	5,000.	0.			UNRESTRICTED USE
UNITED WAY OF COLLIER COUNTY 9015 STRADA STELL COURT, #204 NAPLES, FL 34109	59-1026096	501(C)(3)	35,000.	0.			ADMINISTRATION OF FEDERAL & STATE RENTAL ASSISTANCE
UNITED WAY OF COLLIER COUNTY 9015 STRADA STELL COURT, #204 NAPLES, FL 34109	59-1026096	501(C)(3)	20,000.	0.			ADMINISTRATION OF FEDERAL & STATE RENTAL ASSISTANCE
UNITED WAY OF COLLIER COUNTY 9015 STRADA STELL COURT, #204 NAPLES, FL 34109	59-1026096	501(C)(3)	11,000.	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
UNITED WAY OF COLLIER COUNTY 9015 STRADA STELL COURT, #204 NAPLES, FL 34109	59-1026096	501(C)(3)	2,500.	0.			UNRESTRICTED USE
UNITED WAY OF COLLIER COUNTY 9015 STRADA STELL COURT, #204 NAPLES, FL 34109	59-1026096	501(C)(3)	1,300.	0.			COLLIER 211 SUPPORT
UNITED WAY OF COLLIER COUNTY 9015 STRADA STELL COURT, #204 NAPLES, FL 34109	59-1026096	501(C)(3)	1,000.	0.			UNRESTRICTED USE
UNITED WAY OF COLLIER COUNTY 9015 STRADA STELL COURT, #204 NAPLES, FL 34109	59-1026096	501(C)(3)	1,000.	0.			COLLIER COUNTY NEEDS
UNITED WAY OF COLLIER COUNTY 9015 STRADA STELL COURT, #204 NAPLES, FL 34109	59-1026096	501(C)(3)	500.	0.			UNRESTRICTED USE
UNITED WAY OF COLLIER COUNTY 9015 STRADA STELL COURT, #204 NAPLES, FL 34109	59-1026096	501(C)(3)	200.	0.			UNRESTRICTED USE
UNITED WAY OF COLLIER COUNTY 9015 STRADA STELL COURT, #204 NAPLES, FL 34109	59-1026096	501(C)(3)	100.	0.			UNRESTRICTED USE
UNITED WAY OF LEE COUNTY, INC. 7273 CONCOURSE DRIVE FT. MYERS, FL 33908	59-1005169	501(C)(3)	10,000.	0.			MEDITERRA CAMPAIGN
UNITED WAY OF ROCK RIVER VALLEY 612 NORTH MAIN STREET, #300 ROCKFORD, IL 61103	36-2167843	501(C)(3)	10,000.	0.			UNRESTRICTED ANNUAL GIFT

Schedule I (Form 990)

COMMUNITY FOUNDATION OF COLLIER
COUNTY, INC.

Schedule I (Form 990)

59-2396243

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF IOWA CENTER FOR ADVANCEMENT/STATE UNIVERSITY OF IOWA FOUNDATION - ONE WEST PARK ROAD - IOWA CITY, IA 52242	42-0796760	501(C)(3)	4,000.	0.			BIO-MEDICAL ENGINEERING RESEARCH FUND (#30-375-001)
UNIVERSITY OF IOWA CENTER FOR ADVANCEMENT/STATE UNIVERSITY OF IOWA FOUNDATION - ONE WEST PARK ROAD - IOWA CITY, IA 52242	42-0796760	501(C)(3)	4,000.	0.			PONSETI INTERNATIONAL
UNIVERSITY OF MASSACHUSETTS AT AMHERST ALUMNI ASSOCIATION, INC. - MEMORIAL HALL - AMHERST, MA 01003	04-2128443	501(C)(3)	5,000.	0.			GENERAL SCIENCE SCHOLARSHIPS
UNIVERSITY OF MIAMI P.O. BOX 248187 CORAL GABLES, FL 33124	59-0624458	501(C)(3)	500.	0.			MIAMI PROJECT TO CURE PARALYSIS
UNIVERSITY OF MICHIGAN 2500 STUDENT ACTIVITIES BLDG. ANN ARBOR, MI 48109	38-6006309	501(C)(3)	25,000.	0.			RESTRICTED TO THE LAW SCHOOL
UNIVERSITY OF NOTRE DAME 115 MAIN BUILDING NOTRE DAME, IN 46556	35-0868188	501(C)(3)	50,000.	0.			CAVANAUGH COUNCIL
UNIVERSITY OF ST. THOMAS DEVELOPMENT OFFICE ST. PAUL, MN 55164	41-0693970	501(C)(3)	100,000.	0.			COURSE SUPPORT
UNIVERSITY OF ST. THOMAS DEVELOPMENT OFFICE ST. PAUL, MN 55164	41-0693970	501(C)(3)	50,000.	0.			DOUGHERTY FAMILY COLLEGE
UNIVERSITY OF ST. THOMAS DEVELOPMENT OFFICE ST. PAUL, MN 55164	41-0693970	501(C)(3)	25,000.	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.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF VIRGINIA LAW SCHOOL FOUNDATION - 580 MASSIE ROAD - CHARLOTTESVILLE, VA 22907	54-0838566	501(C)(3)	10,000.	0.			UNRESTRICTED USE
UNIVERSITY OF WISCONSIN FOUNDATION U.S. BANK LOCKBOX MILWAUKEE, WI 53278	39-0743975	501(C)(3)	10,000.	0.			FOUNDATION FUNDS
USO P.O. BOX 96860 WASHINGTON, DC 20077	13-1610451	501(C)(3)	2,500.	0.			GENERAL SUPPORT
USO P.O. BOX 96860 WASHINGTON, DC 20077	13-1610451	501(C)(3)	2,500.	0.			GENERAL SUPPORT
USO P.O. BOX 96860 WASHINGTON, DC 20077	13-1610451	501(C)(3)	250.	0.			UNRESTRICTED USE
USO P.O. BOX 96860 WASHINGTON, DC 20077	13-1610451	501(C)(3)	250.	0.			UNRESTRICTED USE
USO P.O. BOX 96860 WASHINGTON, DC 20077	13-1610451	501(C)(3)	100.	0.			UNRESTRICTED USE
V FOUNDATION FOR CANCER RESEARCH 14600 WESTON PARKWAY CARY, NC 27513	13-3705951	501(C)(3)	10,500.	0.			UNRESTRICTED USE
VIRGINIA CHANCE SCHOOL 4200 LIME KILN LANE LOUISVILLE, KY 40222	61-0549871	501(C)(3)	5,000.	0.			MARY MAPLE FINANCIAL AID 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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WGPU PUBLIC MEDIA 10501 FGPU BLVD. S. FT. MYERS, FL 33965	65-0403969	501(C)(3)	5,000.	0.			RADIO READERS SERVICES AND PROGRAMMING
WGPU PUBLIC MEDIA 10501 FGPU BLVD. S. FT. MYERS, FL 33965	65-0403969	501(C)(3)	1,250.	0.			UNRESTRICTED USE
WGPU PUBLIC MEDIA 10501 FGPU BLVD. S. FT. MYERS, FL 33965	65-0403969	501(C)(3)	500.	0.			UNRESTRICTED USE
WGPU PUBLIC MEDIA 10501 FGPU BLVD. S. FT. MYERS, FL 33965	65-0403969	501(C)(3)	250.	0.			UNRESTRICTED USE
WGPU PUBLIC MEDIA 10501 FGPU BLVD. S. FT. MYERS, FL 33965	65-0403969	501(C)(3)	250.	0.			UNRESTRICTED USE
WHITAKER CENTER FOR SCIENCE AND THE ARTS - 222 MARKET STREET - HARRISBURG, PA 17101	25-1724566	501(C)(3)	10,000.	0.			UNRESTRICTED USE
WINGS OF SHELTER INTL, INC. 21301 S. TAMIAMI TRAIL, #320 PMB 33 ESTERO, FL 33928	26-3441610	501(C)(3)	5,000.	0.			HUMAN TRAFFICKING PROGRAM
WINGS OF SHELTER INTL, INC. 21301 S. TAMIAMI TRAIL, #320 PMB 33 ESTERO, FL 33928	26-3441610	501(C)(3)	4,000.	0.			OPERATING EXPENSES
WINGS OF SHELTER INTL, INC. 21301 S. TAMIAMI TRAIL, #320 PMB 33 ESTERO, FL 33928	26-3441610	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.)

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WINGS OF SHELTER INTL, INC. 21301 S. TAMIAMI TRAIL, #320 PMB 33 ESTERO, FL 33928	26-3441610	501(C)(3)	2,000.	0.			UNRESTRICTED USE
WINGS OF SHELTER INTL, INC. 21301 S. TAMIAMI TRAIL, #320 PMB 33 ESTERO, FL 33928	26-3441610	501(C)(3)	2,000.	0.			UNRESTRICTED USE
WINGS OF SHELTER INTL, INC. 21301 S. TAMIAMI TRAIL, #320 PMB 33 ESTERO, FL 33928	26-3441610	501(C)(3)	500.	0.			WELCOME SUPPLIES
WORD OF LIFE FELLOWSHIP P.O. BOX 600 SCHROON LAKE, NY 12870	13-5648615	501(C)(3)	350,000.	0.			CAPITAL CAMPAIGN FUND
WOUNDED VETERANS RELIEF FUND 1335 OLD DIXIE HWY, #3 LAKE PARK, FL 33403	26-2886846	501(C)(3)	5,000.	0.			UNRESTRICTED USE
WOUNDED WARRIORS OF COLLIER COUNTY 4851 TAMIAMI TRAIL NORTH, #200 NAPLES, FL 34103	46-4973419	501(C)(3)	2,500.	0.			CAPACITY BUILDING
WOUNDED WARRIORS OF COLLIER COUNTY 4851 TAMIAMI TRAIL NORTH, #200 NAPLES, FL 34103	46-4973419	501(C)(3)	2,500.	0.			TRANSITIONAL HOUSING
WOUNDED WARRIORS OF COLLIER COUNTY 4851 TAMIAMI TRAIL NORTH, #200 NAPLES, FL 34103	46-4973419	501(C)(3)	1,000.	0.			UNRESTRICTED USE
WOUNDED WARRIORS OF COLLIER COUNTY 4851 TAMIAMI TRAIL NORTH, #200 NAPLES, FL 34103	46-4973419	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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YMCA OF SOUTH COLLIER - MARCO YMCA P.O. BOX 2529 MARCO ISLAND, FL 34146	59-2498619	501(C)(3)	15,000.	0.			EMERGENCY ASSISTANCE
YMCA OF SOUTH COLLIER - MARCO YMCA P.O. BOX 2529 MARCO ISLAND, FL 34146	59-2498619	501(C)(3)	10,000.	0.			MARCO ISLAND PROGRAM
YMCA OF SOUTH COLLIER - MARCO YMCA P.O. BOX 2529 MARCO ISLAND, FL 34146	59-2498619	501(C)(3)	10,000.	0.			UNRESTRICTED USE
YMCA OF SOUTH COLLIER - MARCO YMCA P.O. BOX 2529 MARCO ISLAND, FL 34146	59-2498619	501(C)(3)	10,000.	0.			RENT, UTILITIES AND FOOD
YMCA OF SOUTH COLLIER - MARCO YMCA P.O. BOX 2529 MARCO ISLAND, FL 34146	59-2498619	501(C)(3)	10,000.	0.			RENT, UTILITIES AND FOOD
YMCA OF SOUTH COLLIER - MARCO YMCA P.O. BOX 2529 MARCO ISLAND, FL 34146	59-2498619	501(C)(3)	5,000.	0.			CAPITAL EXPENDITURES
YMCA OF SOUTH COLLIER - MARCO YMCA P.O. BOX 2529 MARCO ISLAND, FL 34146	59-2498619	501(C)(3)	3,000.	0.			COVID-19 RELIEF
YMCA OF SOUTH COLLIER - MARCO YMCA P.O. BOX 2529 MARCO ISLAND, FL 34146	59-2498619	501(C)(3)	2,500.	0.			UNRESTRICTED USE
YOUNG LIFE P. O. BOX 112481 NAPLES, FL 34108	84-0385934	501(C)(3)	38,000.	0.			TO SUPPORT LOCAL YOUNG LIFE CHAPTERS

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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YOUNG LIFE P. O. BOX 112481 NAPLES, FL 34108	84-0385934	501(C)(3)	12,000.	0.			YOUNG SW METRO AREA GROUP (AG 367)
YOUTH FRONTIERS 5215 EDINA INDUSTRIAL BLVD., #400 MINNEAPOLIS, MN 55439	41-1598977	501(C)(3)	5,000.	0.			2019 ETHICAL LEADERSHIP LUNCHEON SUPPORT
YOUTH HAVEN 5867 WHITAKER ROAD NAPLES, FL 34112	23-7065187	501(C)(3)	30,000.	0.			COLLABORATIVE PROBLEM SOLVING FOR YOUTH
YOUTH HAVEN 5867 WHITAKER ROAD NAPLES, FL 34112	23-7065187	501(C)(3)	10,000.	0.			CORONAVIRUS RELIEF
YOUTH HAVEN 5867 WHITAKER ROAD NAPLES, FL 34112	23-7065187	501(C)(3)	10,000.	0.			COVID-19 RELIEF
YOUTH HAVEN 5867 WHITAKER ROAD NAPLES, FL 34112	23-7065187	501(C)(3)	5,531.	0.			UNRESTRICTED USE
YOUTH HAVEN 5867 WHITAKER ROAD NAPLES, FL 34112	23-7065187	501(C)(3)	5,000.	0.			UNRESTRICTED USE
YOUTH HAVEN 5867 WHITAKER ROAD NAPLES, FL 34112	23-7065187	501(C)(3)	5,000.	0.			ANNUAL GIFT
YOUTH HAVEN 5867 WHITAKER ROAD NAPLES, FL 34112	23-7065187	501(C)(3)	3,000.	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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YOUTH HAVEN 5867 WHITAKER ROAD NAPLES, FL 34112	23-7065187	501(C)(3)	1,600.	0.			MP3 PLAYERS & HEADPHONES
YOUTH HAVEN 5867 WHITAKER ROAD NAPLES, FL 34112	23-7065187	501(C)(3)	1,000.	0.			UNRESTRICTED USE
YOUTH HAVEN 5867 WHITAKER ROAD NAPLES, FL 34112	23-7065187	501(C)(3)	250.	0.			UNRESTRICTED USE

Schedule I (Form 990)

COMMUNITY FOUNDATION OF COLLIER
COUNTY, INC.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIP	91	1,404,601.	0.		

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

Part IV Supplemental Information

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.

Horizontal lines for supplemental information.

**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

2019

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 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		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7	<input checked="" type="checkbox"/>	
8		<input checked="" type="checkbox"/>
9		

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

Schedule J (Form 990) 2019

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MS. EILEEN CONNOLLY-KEESLER PRESIDENT & CEO	(i)	208,996.	7,700.	0.	23,737.	12,543.	252,976.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MS. LISETTE HOLMES CFO	(i)	128,750.	6,200.	0.	11,893.	15,367.	162,210.	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)							

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 SENIOR DIRECTOR OF PROGRAMS RECEIVED DISCRETIONARY
BONUSES DURING THE FISCAL YEAR OF \$7,700, \$6,200 AND \$950, RESPECTIVELY.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

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	44	18,782,592.	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				
17 Real estate - Other				
18 Collectibles	X	1	390,000.	APPRAISAL
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) 2019

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

2019

Open to Public
Inspection

Name of the organization

COMMUNITY FOUNDATION OF COLLIER
COUNTY, INC.

Employer identification number

59-2396243

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 750 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) (2019)

932211 09-06-19

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. FINALLY, THE FOUNDATION

PROVIDES PLANNED GIVING SERVICES TO OUR DONORS AND CAN HELP GUIDE THEM

THROUGH THE PROCESS IN ORDER TO ENSURE THEIR PHILANTHROPIC LEGACY. 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 NONPROFIT GRANTEES. THE FOUNDATION AWARDS SOME

GRANTS FROM ITS DISCRETIONARY RESOURCES THROUGH AN OPEN, COMPETITIVE

PROCESS THAT ADDRESSES THE CHANGING NEEDS OF THE COMMUNITY. IN FY20 THE

GRANTMAKING FOCUS AREAS WERE: ARTS & ENVIRONMENT, EDUCATION &

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

Employer identification number
59-2396243

EMPLOYMENT, HEALTHCARE & MENTAL HEALTH, HUMAN SERVICES, AND CAPACITY-BUILDING GRANTS FOR SMALL NONPROFITS. GRANTS WERE ALSO MADE TO NONPROFITS FOR COVID-19 RELIEF.

IN ORDER TO CREATE A POSITIVE IMPACT, THE FOUNDATION SELECTS ITS FOCUS AREAS AND GRANTEES 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 ARE USED FOR INTENDED PURPOSES AND TO ASSESS 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) HAS OVER \$1.3 MILLION IN NET ASSETS AT THE COMMUNITY FOUNDATION OF COLLIER COUNTY. 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 FY20, PROGRAMS CONSISTED OF: THE POWER OF THE PURSE EVENT, THE JUNIOR WOMEN OF INITIATIVE MENTORING PROGRAM, AND THE WFCC GRANTMAKING PROGRAM.

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

Employer identification number
59-2396243

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

PER THE COMMUNITY FOUNDATION'S BY-LAWS, IN THE INTERVAL BETWEEN BOARD 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 2020 FISCAL YEAR, THIS COMMITTEE HAD 5 MEMBERS.

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

THE AUDIT COMMITTEE REVIEWS THE FORM 990 WITH STAFF FROM BOTH THE FOUNDATION AND THE AUDITING FIRM BEFORE IT IS PRESENTED TO THE BOARD. THE FOUNDATION'S 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:

Name of the organization	COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.	Employer identification number	59-2396243
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THE COMMUNITY FOUNDATION OF COLLIER COUNTY'S COMPENSATION COMMITTEE IS RESPONSIBLE FOR THE ANNUAL EVALUATION AND COMPENSATION OF THE PRESIDENT AND CEO. THE COMMITTEE USES THE EVALUATION PROCESS ALONG WITH THIRD PARTY SALARY SURVEYS SUCH AS THE COUNCIL ON FOUNDATION'S GRANTMAKER'S SALARY SURVEY TO DETERMINE APPROPRIATE COMPENSATION LEVELS. IN ADDITION, THE COMMITTEE REVIEWS EXECUTIVE COMPENSATION REPORTED ON IRS FORM 990 OF OTHER AREA NONPROFITS. THE COMPENSATION COMMITTEE USES THE PERFORMANCE EVALUATIONS TO DETERMINE THE ACHIEVEMENT LEVEL OF BONUS PAYMENTS. THE COMPENSATION COMMITTEE 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 2020. 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	-7,056.
CHANGE IN VALUE OF SPLIT INTEREST & ANNUITY OBLIGAITON	-102,331.
TOTAL TO FORM 990, PART XI, LINE 9	-109,387.

**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

2019

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	0.	0.	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	156,317.	1,670,943.	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	
LAWRENCE AND ELLEN MACKS FAMILY FOUNDATION OF FLORIDA - 83-4483334, 5811 PELICAN BAY BLVD STE 650, 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) 2019

**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 UNITRUST	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) JACK W. THOMPSON CLAT	S	23,750.	FMV
(2) KAPNICK FUND, INC. LAWRENCE AND ELLEN MACKS FAMILY FOUNDATION	L	25,000.	FMV
(3) OF FLORIDA	L	1,510.	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 UNITRUST

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.

EXTENDED TO MAY 17, 2021
Exempt Organization Business Income Tax Return
 (and proxy tax under section 6033(e))

2019

For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020

▶ 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>	Print or Type	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 1110 PINE RIDGE ROAD, NO. 200</p> <p>City or town, state or province, country, and ZIP or foreign postal code NAPLES, FL 34108</p>	<p>D Employer identification number (Employees' trust, see instructions.) 59-2396243</p> <p>E Unrelated business activity code (See instructions.) 525990</p>
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<p>C Book value of all assets at end of year 218,053,316.</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. ▶ 6 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 - 3,252.	STMT 2	- 3,252.
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 - 3,252.		- 3,252.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
 (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 Depreciation (attach Form 4562)	20		
21 Less depreciation claimed on Schedule A and elsewhere on return	21a		
22 Depletion	22		
23 Contributions to deferred compensation plans	23		
24 Employee benefit programs	24		
25 Excess exempt expenses (Schedule I)	25		
26 Excess readership costs (Schedule J)	26		
27 Other deductions (attach schedule)	27		
28 Total deductions. Add lines 14 through 27	28	0.	
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29		- 3,252.
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	30	SEE STATEMENT 3	0.
31 Unrelated business taxable income. Subtract line 30 from line 29	31		- 3,252.

Part III Total Unrelated Business Taxable Income			
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	- 3,252.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules) STMT 4	34	0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35	- 3,252.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	- 3,252.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	39	- 3,252.

Part IV Tax Computation			
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	0.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	41	
42	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income. See instructions	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.

Part V Tax and Payments			
46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a	
b	Other credits (see instructions)	46b	
c	General business credit. Attach Form 3800	46c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d	
e	Total credits. Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	0.
48	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)	48	
49	Total tax. Add lines 47 and 48 (see instructions)	49	0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
51a	Payments: A 2018 overpayment credited to 2019	51a	
b	2019 estimated tax payments	51b	
c	Tax deposited with Form 8868	51c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d	
e	Backup withholding (see instructions)	51e	
f	Credit for small employer health insurance premiums (attach Form 8941)	51f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	51g	
52	Total payments. Add lines 51a through 51g	52	
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	56	

Part VI Statements Regarding Certain Activities and Other Information (see instructions)		Yes	No
57	At any time during the 2019 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		X
58	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
59	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.

Paid Preparer Use Only	Print/Type preparer's name BARRY F. HOLES	Preparer's signature BARRY F. HOLES	Date 02/17/21	Check <input type="checkbox"/> if self-employed	PTIN P00055337
	Firm's name HILL, BARTH & KING LLC 3838 TAMIAMI TRAIL NORTH, SUITE 200 Firm's address NAPLES, FL 34103			Firm's EIN 34-1897225	Phone no. (239) 263-2111

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

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

COMMUNITY FOUNDATION OF COLLIER

Form 990-T (2019) COUNTY, INC.

59-2396243

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 25.
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

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

COMMUNITY FOUNDATION OF COLLIER

Form 990-T (2019) 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 26. 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 (2019)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
 BUSINESS ACTIVITY

INVESTMENTS IN PRIVATE EQUITY FUNDS WHICH GENERATE UNRELATED BUSINESS INCOME

TO FORM 990-T, PAGE 1

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS STATEMENT 2

DESCRIPTION	NET INCOME OR (LOSS)
MILL CREEK STRATEGIC RETURN, LP - PRIVATE EQUITY - ORDINARY BUSINESS INCOME	-593.
MILL CREEK PRIVATE EQUITY FUND IV, L.P. - ORDINARY BUSINESS INCOME (LOSS)	-349.
PRIVATE EQUITY CORE FUND (QP) IV, LP - ORDINARY BUSINESS INCOME (LOSS)	921.
PRIVATE EQUITY CORE FUND (QP) IV, LP - NET RENTAL REAL ESTATE INCOME	1.
PRIVATE EQUITY CORE FUND (QP) IV, LP - OTHER INCOME (LOSS)	-164.
PRIVATE EQUITY CORE FUND (QP) VI, LP - ORDINARY BUSINESS INCOME (LOSS)	-3,361.
MILL CREEK PRIVATE EQUITY FUND V, L.P. - ORDINARY BUSINESS INCOME (LOSS)	240.
DARLINGTON PARTNERS II, LP - ORDINARY BUSINESS INCOME (LOSS)	53.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	-3,252.

FORM 990-T NET OPERATING LOSS DEDUCTION STATEMENT 3

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/19	12,746.	0.	12,746.	12,746.
NOL CARRYOVER AVAILABLE THIS YEAR			12,746.	12,746.

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 4

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT
 QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS
 FOR TAX YEAR 2014
 FOR TAX YEAR 2015 9,406,486
 FOR TAX YEAR 2016 6,695,290
 FOR TAX YEAR 2017
 FOR TAX YEAR 2018

TOTAL CARRYOVER 16,101,776
 TOTAL CURRENT YEAR 10% CONTRIBUTIONS

TOTAL CONTRIBUTIONS AVAILABLE 16,101,776
 TAXABLE INCOME LIMITATION AS ADJUSTED 0

EXCESS CONTRIBUTIONS 16,101,776
 EXCESS 100% CONTRIBUTIONS 0
 TOTAL EXCESS CONTRIBUTIONS 16,101,776

ALLOWABLE CONTRIBUTIONS DEDUCTION 0

TOTAL CONTRIBUTION DEDUCTION 0

Capital Gains and Losses
 Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L,
 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
 Go to www.irs.gov/Form1120 for instructions and the latest information.

2019

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

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
 If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses (See instructions.)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				-29.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	-29.

Part II Long-Term Capital Gains and Losses (See instructions.)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Enter gain from Form 4797, line 7 or 9			11	
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns	18	0.

Note: If losses exceed gains, see *Capital Losses* in the instructions.

Sales and Other Dispositions of Capital Assets

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.
 ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return
**COMMUNITY FOUNDATION OF COLLIER
 COUNTY, INC.**

Social security number or
 taxpayer identification no.
59-2396243

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.
Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	MILL CREEK PRIVATE EQUITY FUND IV, L.P.							<29.>
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ▶								<29.>

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

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.

Type or print	Name of exempt organization or other filer, see instructions. COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.	Taxpayer identification number (TIN) 59-2396243
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1110 PINE RIDGE ROAD, NO. 200	
	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 TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 17, 2021**, 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, 2019**, and ending **JUN 30, 2020**.

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.

Type or print	Name of exempt organization or other filer, see instructions. COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.	Taxpayer identification number (TIN) 59-2396243
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1110 PINE RIDGE ROAD, NO. 200	
	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 TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 17, 2021**, 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, 2019**, and ending **JUN 30, 2020**.

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.

TAX RETURN FILING INSTRUCTIONS

FLORIDA FORM F-1120

FOR THE YEAR ENDING

JUNE 30, 2020

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

944961
09-30-19

**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 **06/30/20**
 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
20200630	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. 01/20 1019

FEIN 59-2396243

For calendar year 2019 or tax year beginning

JUL 1

, 2019 ending

JUN 30, 2020

Rule 12C-1.051 Florida Administrative Code Effective 01/20 Page 1 of 6

803302020063000020050376359239624300006

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.

944081 09-30-19

Payment Coupon for Florida Corporate Income Tax Return

1019 F-1120 R. 01/20

Do Not Detach

YEAR ENDING 06/30/20

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, 20190701, 20200630, 00000000, 012, 201, -325200, 0.

0

8033 0 20200630 0002005037 6 3592396243 0000 6



COMMUNITY FOUNDATION OF COLLIER COUN

FEIN 59-2396243

1019
F-1120
R. 01/20
Page 2 of 6
06/30/20

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: Signature of officer (must be an original signature) Date Title CEO
Paid preparers only: Preparer's signature BARRY F. HOLES Date 02/17/21 Preparer check if self-employed Preparer's PTIN P00055337
Firm's name (or yours if self-employed) and address: HILL, BARTH & KING LLC 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] If yes, attach list.
G-2. Part of a federal consolidated return? YES NO [X] If yes, provide: FEIN from federal consolidated return: Name of corporation:
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:
a) List years examined:
K. Contact person concerning this return: EILEEN CONNOLLY-KEES
a) Contact person telephone number: 239-649-5000
b) Contact person e-mail address: LHOLMES@CFCOLLIER.OR
L. Type of federal return filed 1120 1120S or 990-T



New - Online Information Reporting Requirement

Visit the Department website to obtain a list of the required information, due date, penalty rate and application to enter the information. (See section 220.27, Florida Statutes)

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 06/30/20

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. Florida Renewable energy production tax credit	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) plus s. 951A, IRC, income \$ _____ (d) less direct and indirect expenses and related amounts deducted under s. 250, IRC \$ _____	1.
2. Gross subpart F income less attributable expenses (a) Enter s. 951, IRC subpart F income \$ _____ (b) less direct and indirect expenses \$ _____	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) STATEMENT 1	3. 12,746.00
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. 12,746.00



NAME COMMUNITY FOUNDATION OF COLLIER FEIN 59-2396243 TAXABLE YEAR ENDING 06/30/20

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 06/30/20

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 production tax credit	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. Other credits (attach schedule)	18.
19. Total credits against the tax (sum of Lines 1 through 18 not to exceed the amount on Page 1, Line 11). Enter total credits on Page 1, Line 12	19.

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 06/30/20

**Estimated Tax Worksheet
For Taxable Years Beginning On or After January 1, 2019**

1. Florida income expected in taxable year	1.	\$	<u>-15,998.00</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 (4.458% 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 Income/Franchise Tax	Rule 12C-1.051, F.A.C.

FL F-1120

NET OPERATING LOSS CARRYOVERS

STATEMENT 1

YEAR	APPORTION FACTOR	CURRENT YR NOL/ SECTION 382 LIMIT	NET OPERATING LOSS CARRYOVER	LOSS PREVIOUSLY DEDUCTED	NET LOSS REMAINING
2018	0%	0.	12,746.	0.	12,746.00
TOTAL NET OPERATING LOSS CARRYOVER AVAILABLE					12,746.00



COMMUNITY FOUNDATION OF COLLIER COUNTY,

1019
F-1120
R. 01/20

FEIN 59-2396243

DATA Page 1 of 2

592396243	0	0	1274600
-325200	0	0	0
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