

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

COMMUNITY FOUNDATION OF COLLIER  
COUNTY, INC.  
1110 PINE RIDGE ROAD, 200  
NAPLES, FL 34109

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CLIENT'S COPY



COMMUNITY FOUNDATION OF COLLIER  
COUNTY, INC.  
1110 PINE RIDGE ROAD 200  
NAPLES, FL 34109

COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2021 EXEMPT ORGANIZATION  
RETURNS, AS FOLLOWS...

2021 FORM 990

2021 FORM 990-T

2021 FLORIDA FORM F-1120

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING  
INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

SINCERELY,

HILL, BARTH & KING LLC

# TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

JUNE 30, 2022

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**PREPARED FOR:**

COMMUNITY FOUNDATION OF COLLIER  
COUNTY, INC.  
1110 PINE RIDGE ROAD 200  
NAPLES, FL 34109

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**PREPARED BY:**

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

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**AMOUNT DUE OR REFUND:**

BALANCE DUE OF \$19,000

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**MAKE CHECK PAYABLE TO:**

PAYMENTS SHOULD BE MADE USING THE ELECTRONIC FEDERAL TAX PAYMENT  
SYSTEM (EFTPS).

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**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

NOT APPLICABLE

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**RETURN MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

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**SPECIAL INSTRUCTIONS:**

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO  
HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND  
RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE  
ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE  
RETURN TO THE IRS

# 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](http://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](http://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.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.</b>	Taxpayer identification number (TIN) <b>59-2396243</b>
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. <b>1110 PINE RIDGE ROAD, 200</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NAPLES, FL 34109</b>	

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 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
Form 990-T (corporation)	07		

**WENDY PONTING**

- 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 15, 2023**, 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, 2021**, and ending **JUN 30, 2022**.

**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

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</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.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

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

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, 2022

Form header section containing organization name (COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.), EIN (59-2396243), address (1110 PINE RIDGE ROAD, NAPLES, FL 34109), and principal officer (EILEEN CONNOLLY-KEESLER).

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, governance metrics, revenue breakdown, expense breakdown, and net assets.

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), preparer name (DARBY BEAVERSON), and preparer address (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 (2021)

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: 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 \$ 31,708,560. including grants of \$ 25,353,969. ) (Revenue \$ 242,538. ) DONOR SERVICES SEE SCHEDULE O.

4b (Code: ) (Expenses \$ 655,478. including grants of \$ 5,901,528. ) (Revenue \$ ) COMMUNITY GRANTMAKING SEE SCHEDULE O.

4c (Code: ) (Expenses \$ 150,320. including grants of \$ 8,600. ) (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 32,514,358.

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

Form 990 (2021)

59-2396243 Page **3**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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> .....	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	<b>X</b>	
<b>3</b> 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> .....		<b>X</b>
<b>4 Section 501(c)(3) organizations.</b> 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> .....		<b>X</b>
<b>5</b> 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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		<b>X</b>
<b>6</b> 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> .....	<b>X</b>	
<b>7</b> 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> .....		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		<b>X</b>
<b>9</b> 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> .....		<b>X</b>
<b>10</b> 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> .....	<b>X</b>	
<b>11</b> 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.		
<b>a</b> 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> .....	<b>X</b>	
<b>b</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> .....	<b>X</b>	
<b>c</b> 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> .....		<b>X</b>
<b>d</b> 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> .....		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>X</b>	
<b>f</b> 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> .....		<b>X</b>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....		<b>X</b>
<b>b</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> .....	<b>X</b>	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		<b>X</b>
<b>b</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> .....	<b>X</b>	
<b>15</b> 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> .....	<b>X</b>	
<b>16</b> 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> .....		<b>X</b>
<b>17</b> 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> See instructions .....		<b>X</b>
<b>18</b> 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> .....	<b>X</b>	
<b>19</b> 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> .....		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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> .....	<b>X</b>	



COMMUNITY FOUNDATION OF COLLIER  
COUNTY, INC.

Form 990 (2021)

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**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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> .....	<b>22</b> X	
<b>23</b> 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> .....	<b>23</b> X	
<b>24a</b> 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> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> .....	<b>25a</b>	X
<b>b</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> .....	<b>25b</b>	X
<b>26</b> 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> .....	<b>26</b>	X
<b>27</b> 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> .....	<b>27</b>	X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b> X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> 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> .....	<b>32</b>	X
<b>33</b> 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> .....	<b>33</b> X	
<b>34</b> 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> .....	<b>34</b> X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b> X	
<b>b</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> .....	<b>35b</b>	X
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> 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> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	<b>38</b> 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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b> 14	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>	

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 15		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation 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?		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10 Section 501(c)(7) organizations.</b> 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		
<b>11 Section 501(c)(12) organizations.</b> 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		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
	12b		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
a	Is the organization licensed to issue qualified health plans in more than one state?		
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
	13b		
c	Enter the amount of reserves on hand		
	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation 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?		X
If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		X
If "Yes," complete Form 4720, Schedule O.			
<b>17 Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			
If "Yes," complete Form 6069.			

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

**Part VI Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes 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
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year ..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	<b>1a</b>	19		
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent .....	<b>1b</b>	19		
<b>2</b> 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? .....	<b>2</b>			<b>X</b>
<b>3</b> 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? .....	<b>3</b>			<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....	<b>4</b>			<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? .....	<b>5</b>			<b>X</b>
<b>6</b> Did the organization have members or stockholders? .....	<b>6</b>			<b>X</b>
<b>7a</b> 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? .....	<b>7a</b>			<b>X</b>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....	<b>7b</b>			<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body? .....	<b>8a</b>		<b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body? .....	<b>8b</b>		<b>X</b>	
<b>9</b> 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 .....	<b>9</b>			<b>X</b>

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

			Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? .....	<b>10a</b>			<b>X</b>
<b>b</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? .....	<b>10b</b>			
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	<b>11a</b>		<b>X</b>	
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	<b>12a</b>		<b>X</b>	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	<b>12b</b>		<b>X</b>	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done .....	<b>12c</b>		<b>X</b>	
<b>13</b> Did the organization have a written whistleblower policy? .....	<b>13</b>		<b>X</b>	
<b>14</b> Did the organization have a written document retention and destruction policy? .....	<b>14</b>		<b>X</b>	
<b>15</b> 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?				
<b>a</b> The organization's CEO, Executive Director, or top management official .....	<b>15a</b>		<b>X</b>	
<b>b</b> Other officers or key employees of the organization .....	<b>15b</b>		<b>X</b>	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....	<b>16a</b>			<b>X</b>
<b>b</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? .....	<b>16b</b>			

**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 **▶** \_\_\_\_\_  
**WENDY PONTING - 239-649-5000**  
**1110 PINE RIDGE ROAD, NO. 200, NAPLES, FL 34108**

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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) EILEEN CONNOLLY-KEESLER PRESIDENT & CEO	40.00			X			240,562.	0.	49,195.	
(2) LINDSEY TOUCHETTE VP OF COMMUNITY ENGAGEMENT	40.00				X		118,686.	0.	44,528.	
(3) LAURA SIMMELINK SENIOR DIRECTOR OF PROGRAMS	40.00				X		116,489.	0.	21,803.	
(4) JULIE VAN TONGEREN VP OF DEVELOPMENT	40.00				X		109,345.	0.	9,447.	
(5) WENDY PONTING CFO	40.00			X			71,303.	0.	6,832.	
(6) JIM MOREY CHAIR	1.00	X		X			0.	0.	0.	
(7) ROB FUNDERBURG CHAIR-ELECT	1.00	X		X			0.	0.	0.	
(8) ALLYSON RICHARDS SECRETARY	1.00	X		X			0.	0.	0.	
(9) BRAD GALBRAITH TREASURER	1.00	X		X			0.	0.	0.	
(10) JERRY TOSTRUD IMMEDIATE PAST CHAIR	1.00	X		X			0.	0.	0.	
(11) PATRICIA AIKEN-ONEILL DIRECTOR	1.00	X					0.	0.	0.	
(12) BILL BARKER DIRECTOR	1.00	X					0.	0.	0.	
(13) TODD BRADLEY DIRECTOR	1.00	X					0.	0.	0.	
(14) JOHN COSTIGAN DIRECTOR	1.00	X					0.	0.	0.	
(15) JEFF DIERMEIER DIRECTOR	1.00	X					0.	0.	0.	
(16) BETTY FRANK DIRECTOR	1.00	X					0.	0.	0.	
(17) DOLLY KOREST 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) KATHY LUDWIG DIRECTOR	1.00	X					0.	0.	0.	
(19) LYNN MARTIN DIRECTOR	1.00	X					0.	0.	0.	
(20) JOHN K. PAUL DIRECTOR	1.00	X					0.	0.	0.	
(21) BRAD RIGOR DIRECTOR	1.00	X					0.	0.	0.	
(22) GISELLE WAGNER DIRECTOR	1.00	X					0.	0.	0.	
(23) DAVID WATSON DIRECTOR	1.00	X					0.	0.	0.	
(24) MYRA WILLIAMS DIRECTOR	1.00	X					0.	0.	0.	
<b>1b Subtotal</b>							656,385.	0.	131,805.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							656,385.	0.	131,805.	

**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 **4**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> 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	
<b>5</b> 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.

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Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	269,729.			
	d	Related organizations	1d	150,000.			
	e	Government grants (contributions)	1e	3,080,107.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	28,021,456.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 10,351,179.			
	<b>h Total.</b> Add lines 1a-1f			31,521,292.			
Program Service Revenue			<b>Business Code</b>				
	2 a	ADMINISTRATIVE FEES	812900	242,538.	242,538.		
	b						
	c						
	d						
	e						
	<b>g Total.</b> Add lines 2a-2f			242,538.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		4,158,725.		4158725.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real	76,972.			
			(ii) Personal				
			6a	76,972.			
	6 b	Less: rental expenses	6b	93,930.			
	6 c	Rental income or (loss)	6c	-16,958.			
	d Net rental income or (loss)			-16,958.		-16,958.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	54,429,547.	2200000.		
			(ii) Other				
			7a	54,429,547.	2200000.		
	7 b	Less: cost or other basis and sales expenses	7b	50,834,375.	1569794.		
	7 c	Gain or (loss)	7c	3,595,172.	630,206.		
d Net gain or (loss)			4,225,378.		4225378.		
8 a	Gross income from fundraising events (not including \$ 269,729. of contributions reported on line 1c). See Part IV, line 18	8a	74,915.				
8 b	Less: direct expenses	8b	159,885.				
c Net income or (loss) from fundraising events			-84,970.		-84,970.		
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			<b>Business Code</b>				
	11 a	UBI FROM INVESTMENT K-1'S	812900	114,613.	114,613.		
	b	OTHER EXCLUDED REVENUE	812900	33,154.		33,154.	
	c						
	e Total. Add lines 11a-11d			147,767.			
<b>12 Total revenue.</b> See instructions			40,193,772.	242,538.	114,613.	8315329.	

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

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**Part IX Statement of Functional Expenses**

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

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

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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	26,392,460.	26,392,460.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	4,310,259.	4,310,259.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	561,378.	561,378.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	788,190.	429,669.	136,003.	222,518.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	757,157.	397,018.	261,264.	98,875.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	54,405.	34,894.	17,814.	1,697.
<b>9</b> Other employee benefits	84,483.	41,061.	27,911.	15,511.
<b>10</b> Payroll taxes	105,560.	56,195.	27,825.	21,540.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management	16,439.	8,956.	4,333.	3,150.
<b>b</b> Legal	8,429.		4,016.	4,413.
<b>c</b> Accounting	52,750.		52,750.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	548,889.		548,889.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	110,237.	27,257.	24,330.	58,650.
<b>12</b> Advertising and promotion	160,064.	13,412.		146,652.
<b>13</b> Office expenses	172,097.	98,767.	21,913.	51,417.
<b>14</b> Information technology	148,155.	83,839.	64,316.	
<b>15</b> Royalties				
<b>16</b> Occupancy	40,527.	21,233.	11,020.	8,274.
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	38,851.	12,952.	6,096.	19,803.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	95,302.		95,302.	
<b>23</b> Insurance	27,209.	12,672.	7,035.	7,502.
<b>24</b> 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.)				
<b>a DUES &amp; SUBSCRIPTIONS</b>	31,976.	12,253.	12,190.	7,533.
<b>b LICENSES/TAXES/FEES</b>	702.	33.	79.	590.
<b>c HIRING AND RELOCATION</b>	50.	50.		
<b>d</b>				
<b>e</b> All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	34,505,569.	32,514,358.	1,323,086.	668,125.
<b>26 Joint costs.</b> 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.

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	1	1.
	2	Savings and temporary cash investments	17,646,770.	2 26,105,291.
	3	Pledges and grants receivable, net	2,064,920.	3 1,414,840.
	4	Accounts receivable, net	2,565,373.	4 899,105.
	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	54,012.	9 80,512.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,466,462.	
	b	Less: accumulated depreciation	10b 586,286.	10c 1,880,176.
	11	Investments - publicly traded securities	143,594,140.	11 114,826,030.
	12	Investments - other securities. See Part IV, line 11	109,400,524.	12 96,089,119.
	13	Investments - program-related. See Part IV, line 11		13
	14	Intangible assets		14
	15	Other assets. See Part IV, line 11	167,123.	15 190,218.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	279,051,074.	16 241,485,292.	
Liabilities	17	Accounts payable and accrued expenses	189,215.	17 160,018.
	18	Grants payable	749,550.	18 3,863,538.
	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	246,800.	24
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	83,572,724.	25 69,683,977.
	26	<b>Total liabilities.</b> Add lines 17 through 25	84,758,289.	26 73,707,533.
Net Assets or Fund Balances	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	27	Net assets without donor restrictions	194,125,662.	27 167,587,541.
	28	Net assets with donor restrictions	167,123.	28 190,218.
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	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	<b>Total net assets or fund balances</b>	194,292,785.	32 167,777,759.
	33	<b>Total liabilities and net assets/fund balances</b>	279,051,074.	33 241,485,292.

Form 990 (2021)



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

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**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>40,193,772.</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>34,505,569.</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>5,688,203.</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>194,292,785.</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>-32,203,315.</b>
<b>6</b>	Donated services and use of facilities	
<b>7</b>	Investment expenses	
<b>8</b>	Prior period adjustments	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>86.</b>
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>167,777,759.</b>

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> 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 on Schedule O.		
<b>2a</b> 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		<b>X</b>
<b>b</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	<b>X</b>	
<b>c</b> 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.	<b>X</b>	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	<b>X</b>	
<b>b</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	<b>X</b>	

Form **990** (2021)



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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	20136670.	36888134.	43741279.	26888793.	31521292.	159176168
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	20136670.	36888134.	43741279.	26888793.	31521292.	159176168
<b>5</b> 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) .....						26753194.
<b>6 Public support.</b> Subtract line 5 from line 4.						132422974

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	20136670.	36888134.	43741279.	26888793.	31521292.	159176168
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	3436763.	3133514.	4077611.	4064975.	4235697.	18948560.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	1,326.				114,613.	115,939.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	32,527.	23,022.	19,830.	44,786.	33,154.	153,319.
<b>11 Total support.</b> Add lines 7 through 10						178393986
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	720,627.
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	74.23 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	71.80 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2020.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2021.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 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**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** 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 - 2020.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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>b</b> Did one or more disqualified persons (as defined on 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>		
<b>c</b> Did a disqualified person (as defined on 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>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> 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
<b>1</b> 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
<b>1</b> 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?		
<b>2</b> 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>		
<b>3</b> By reason of the relationship described on line 2, above, 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**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> 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>If "Yes" or "No" provide details in Part VI.</i>		
<b>b</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>		

COMMUNITY FOUNDATION OF COLLIER  
COUNTY, INC.

**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 <b>Adjusted Net Income</b> (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 <b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e <b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2 Acquisition indebtedness applicable to non-exempt-use assets	2	
3 Subtract line 2 from line 1d.	3	
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by 0.035.	6	
7 Recoveries of prior-year distributions	7	
8 <b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount	(A) Prior Year	(B) Current Year (optional)
1 Adjusted net income for prior year (from Section A, line 8, column A)	1	Current Year
2 Enter 0.85 of line 1.	2	
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4 Enter greater of line 2 or line 3.	4	
5 Income tax imposed in prior year	5	
6 <b>Distributable Amount.</b> 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  
COUNTY, INC.

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b> Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b> Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			





**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**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 .....	237	
2 Aggregate value of contributions to (during year) .....	12,430,881.	
3 Aggregate value of grants from (during year) .....	14,128,725.	
4 Aggregate value at end of year .....	90,598,396.	
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? .....  Yes  No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....  Yes  No

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

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

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

1a If the organization elected, as permitted under 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) 2021

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	80,826,258.	64,121,260.	51,864,626.	46,497,485.	42,382,939.
b Contributions	22,671,669.	23,323,803.	19,248,675.	10,579,673.	8,340,548.
c Net investment earnings, gains, and losses	-9,712,257.	15,982,612.	340,978.	1,773,073.	3,225,688.
d Grants or scholarships	19,434,936.	21,435,295.	5,738,899.	5,465,169.	5,707,297.
e Other expenditures for facilities and programs	319,338.	326,596.	838,285.	804,441.	1,069,239.
f Administrative expenses	1,173,973.	839,526.	755,835.	715,995.	675,154.
g End of year balance	72,857,423.	80,826,258.	64,121,260.	51,864,626.	46,497,485.

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		2,208,386.	411,820.	1,796,566.
c Leasehold improvements				
d Equipment		258,076.	174,466.	83,610.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,880,176.

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

Schedule D (Form 990) 2021

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	8,470,074.	END-OF-YEAR MARKET VALUE
(B) HEDGE FUNDS	4,617,118.	END-OF-YEAR MARKET VALUE
(C) FIXED INCOME	47,251,826.	END-OF-YEAR MARKET VALUE
(D) REAL ESTATE INVESTMENT		
(E) FUNDS	1,497,829.	END-OF-YEAR MARKET VALUE
(F) COMMINGLED FUNDS	33,661,082.	END-OF-YEAR MARKET VALUE
(G) PRIVATELY HELD STOCK	120,000.	END-OF-YEAR MARKET VALUE
(H) COMMODITIES	471,190.	END-OF-YEAR MARKET VALUE
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	<b>96,089,119.</b>	

**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)		
<b>Total.</b> (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)	
<b>Total.</b> (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	69,683,977.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>69,683,977.</b>

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) 2021

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	6,719,300.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-32,271,841.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	176,843.	
e	Add lines 2a through 2d	2e	-32,094,998.	
3	Subtract line 2e from line 1	3	38,814,298.	
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	548,889.	
b	Other (Describe in Part XIII.)	4b	830,585.	
c	Add lines 4a and 4b	4c	1,379,474.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	40,193,772.	

**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	34,030,859.
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	196,799.	
e	Add lines 2a through 2d	2e	196,799.	
3	Subtract line 2e from line 1	3	33,834,060.	
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	548,889.	
b	Other (Describe in Part XIII.)	4b	122,620.	
c	Add lines 4a and 4b	4c	671,509.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	34,505,569.	

**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 2D - OTHER ADJUSTMENTS:**

FUNDRAISING EXPENSES

NET RENTAL ACTIVITY

**PART XI, LINE 4B - OTHER ADJUSTMENTS:**

RELATED PARTY EXPENSES FROM CONSOLIDATED FINANCIALS

GAIN ON SALE OF JFN 4444 LLC PROPERTY

RELATED PARTY NET INVESTMENT INCOME FROM CONSOLIDATED

FINANCIALS

**Part XIII** Supplemental Information (continued)

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES

RELATED PARTY EXPENSES FROM CONSOLIDATED FINANCIALS

PART XII, LINE 4B - OTHER ADJUSTMENTS:

GRANTS MADE TO RELATED PARTY

PART X, LINE 2:

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

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

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		261,436.
EAST ASIA & THE PACIFIC	0	0	GRANTS		69,800.
EUROPE	0	0	GRANTS		103,250.
MIDDLE EAST & NORTH AFRICA	0	0	GRANTS		16,888.
NORTH AMERICA	0	0	GRANTS		34,000.
SUB-SAHARAN AFRICA	0	0	GRANTS		76,004.
<b>3 a</b> Subtotal .....	0	0			561,378.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			561,378.

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

Schedule F (Form 990) 2021

COMMUNITY FOUNDATION OF COLLIER  
COUNTY, INC.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & CARIBBEAN	HAITI RELIEF	65,300.	CHECK	0.		
		CENTRAL AMERICA & CARIBBEAN	MEDICAL SUPPORT	121,300.	CHECK	0.		
		CENTRAL AMERICA & CARIBBEAN	ENVIRONMENTAL SUPPORT	13,000.	CHECK	0.		
		CENTRAL AMERICA & CARIBBEAN	UNRESTRICTED	56,836.	CHECK	0.		
		EAST ASIA & THE PACIFIC	MISSIONS	8,000.	CHECK	0.		
		EAST ASIA & THE PACIFIC	CHURCH CONSTRUCTION IN ASIA	51,800.	CHECK	0.		
		EAST ASIA & THE PACIFIC	RESEARCH ON ALZHEIMER'S AND AGING	10,000.	CHECK	0.		
		EUROPE	UKRAINE AID	102,750.	CHECK	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... **52**

3 Enter total number of other organizations or entities ..... **52**



COMMUNITY FOUNDATION OF COLLIER  
COUNTY, INC.

Schedule F (Form 990)

59-2396243

Page 2

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST & NORTH AFRICA	OPERATING SUPPORT	11,500.	CHECK	0.		
		SUB-SAHARAN AFRICA	UNRESTRICTED	25,500.	CHECK	0.		
		SUB-SAHARAN AFRICA	MISSIONS	21,000.	CHECK	0.		
		SUB-SAHARAN AFRICA	FOOD	18,000.	CHECK	0.		
		SUB-SAHARAN AFRICA	CHILDREN AND EDUCATION	6,504.	CHECK	0.		
		NORTH AMERICA	OPERATING SUPPORT	30,000.	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 COUNTY, INC.**

**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))	
		CMGA (event type)	WOMEN ROCK PHILANTHROPY (event type)	1 (total number)		
Revenue	1	Gross receipts	85,846.	229,243.	29,554.	344,643.
	2	Less: Contributions	80,156.	168,568.	21,004.	269,728.
	3	Gross income (line 1 minus line 2)	5,690.	60,675.	8,550.	74,915.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	5,000.	2,821.	2,900.	10,721.
	7	Food and beverages	42,000.	65,483.	7,760.	115,243.
	8	Entertainment	7,600.	15,889.	10,432.	33,921.
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through 9 in column (d)				159,885.
11	Net income summary. Subtract line 10 from line 3, column (d)				-84,970.	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.

- 11 Does the organization conduct gaming activities with nonmembers?
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?
13 Indicate the percentage of gaming activity conducted in:
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Yes No
Yes No
13a %
13b %

Name
Address

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b If "Yes," enter the amount of gaming revenue received by the organization and the amount of gaming revenue retained by the third party
c If "Yes," enter name and address of the third party:

Name
Address

16 Gaming manager information:

Name
Gaming manager compensation
Description of services provided
Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.





**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

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 noncash 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.			EDUCATION
ABC CAYUGA INC. 100 NORTH STREET, #1 AUBURN, NY 13021	81-1255927	501(C)(3)	40,000.	0.			PUBLIC, SOCIETAL BENEFIT
ABUSE COUNSELING AND TREATMENT, INC. - P.O. BOX 60401 - FT. MYERS, FL 33906	59-1864735	501(C)(3)	20,000.	0.			HEALTH
ADOPT-A-NATIVE-ELDER P.O. BOX 3401 PARK CITY, UT 84060	87-0490211	501(C)(3)	22,000.	0.			HUMAN SERVICES
AGA RESEARCH FOUNDATION 4930 DEL RAY AVENUE BETHESDA, MD 20814	36-6066325	501(C)(3)	50,000.	0.			HEALTH
ALLIANCE FOR PERIOD SUPPLIES OF SWFL - 20110 RIVERBROOKE RUN - ESTERO, FL 33928	83-3151463	501(C)(3)	53,100.	0.			HUMAN SERVICES

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ **782.**
- 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) 2021

COMMUNITY FOUNDATION OF COLLIER  
COUNTY, INC.

Schedule I (Form 990)

59-2396243

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION, INC. - 225 N. MICHIGAN AVENUE, FL 17 - CHICAGO, IL 60601-7633	13-3039601	501(C)(3)	13,425.	0.			HEALTH
AMERICAN BATTLEFIELD TRUST 1156 15TH STREET NW, #900 WASHINGTON, DC 20005	54-1426643	501(C)(3)	10,000.	0.			ARTS, CULTURE, & HUMANITIES
AMERICAN BIBLE SOCIETY 101 NORTH INDEPENDENCE MALL EAST, F PHILADELPHIA, PA 19106-2155	13-1623885	501(C)(3)	10,000.	0.			ENVIRONMENT & ANIMALS
AMERICAN CANCER SOCIETY P.O. BOX 17127 TAMPA, FL 33682	13-1788491	501(C)(3)	18,500.	0.			HUMAN SERVICES
AMERICAN CANCER SOCIETY, INC. P.O. BOX 17127 TAMPA, FL 33682	13-1788491	501(C)(3)	21,726.	0.			HEALTH
AMERICAN DIABETES ASSOCIATION, INC. - P.O. BOX 7023 - MERRIFIELD, VA 22116-7023	13-1623888	501(C)(3)	15,875.	0.			HEALTH
AMERICAN HEART ASSOCIATION, INC. 9200 ESTERO PARK COMMONS BLVD., #7 ESTERO, FL 33928	13-5613797	501(C)(3)	33,152.	0.			HUMAN SERVICES
AMERICAN RED CROSS NATIONAL PROCESSING CENTER BOONE, IA 50037-0839	53-0196605	501(C)(3)	13,686.	0.			HEALTH
ANTIQUE BOAT MUSEUM 750 MARY STREET CLAYTON, NY 13624	22-2319606	501(C)(3)	6,000.	0.			ARTS, CULTURE, & HUMANITIES

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ARCHDIOCESE OF LOUISVILLE P.O. BOX 32279 LOUISVILLE, KY 40232	61-0444670	501(C)(3)	12,500.	0.			ENVIRONMENT & ANIMALS
ART INSTITUTE OF CHICAGO 111 SOUTH MICHIGAN AVENUE CHICAGO, IL 60603-6404	36-2167725	501(C)(3)	25,000.	0.			ARTS, CULTURE, & HUMANITIES
ART LEAGUE OF MARCO ISLAND, INC. 1010 WINTERBERRY DRIVE MARCO ISLAND, FL 34145	59-1754367	501(C)(3)	23,500.	0.			HEALTH
ARTHRITIS FOUNDATION - NATIONAL P.O. BOX 96280 WASHINGTON, DC 20077	58-1341679	501(C)(3)	12,425.	0.			RELIGION RELATED
ARTIS-NAPLES 5833 PELICAN BAY BLVD. NAPLES, FL 34108	59-2322926	501(C)(3)	110,529.	0.			ARTS, CULTURE, & HUMANITIES
ASSOCIATION OF BAPTISTS FOR WORLD EVANGELISM, INC. (ABWE) - P.O. BOX 8585 - HARRISBURG, PA 17105	23-1445623	501(C)(3)	10,000.	0.			HEALTH
AUDUBON OF THE WESTERN EVERGLADES P.O. BOX 1738 NAPLES, FL 34106	23-7030698	501(C)(3)	38,567.	0.			HUMAN SERVICES
AVOW HOSPICE INC. 1095 WHIPPOORWILL LANE NAPLES, FL 34105	59-2201250	501(C)(3)	185,930.	0.			ENVIRONMENT & ANIMALS
AYCO CHARITABLE FOUNDATION P.O. BOX 15203 ALBANY, NY 12212-5203	14-1782466	501(C)(3)	10,000.	0.			RELIGION RELATED

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AYN RAND INSTITUTE THE CENTER FOR THE ADVANCEMENT OF OBJECTIVISM - 6 HUTTON CENTRE DRIVE, #600 - SANTA ANA, CA 92707	22-2570926	501(C)(3)	20,000.	0.			EDUCATION
BABY BASICS OF COLLIER COUNTY PMB 132 - P.O. BOX 413005 NAPLES, FL 34101	20-1498596	501(C)(3)	90,695.	0.			HEALTH
BASCOM PALMER EYE INSTITUTE 3880 TAMIAMI TRAIL N. NAPLES, FL 34103	59-0624458	501(C)(3)	40,200.	0.			EDUCATION
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.			RELIGION RELATED
BETTER TOGETHER 15275 COLLIER BLVD., #201-284 NAPLES, FL 34119	47-5591391	501(C)(3)	11,000.	0.			HUMAN SERVICES
BEVERLY'S ANGELS 5080 POST OAK LANE NAPLES, FL 34105	83-2678523	501(C)(3)	6,550.	0.			EDUCATION
BIG BROTHERS BIG SISTERS OF THE SUN COAST, INC. - 1016 COLLIER CENTER WAY, #100 - NAPLES, FL 34110	59-1361826	501(C)(3)	20,579.	0.			RELIGION RELATED
BIKES FOR TYKES, INC. 5950 COPE LANE NAPLES, FL 34112	65-0291052	501(C)(3)	5,500.	0.			EDUCATION
BOOKS FOR COLLIER KIDS INC. P.O. BOX 10811 NAPLES, FL 34101	82-1078351	501(C)(3)	51,818.	0.			ENVIRONMENT & ANIMALS

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BOONE COUNTY HISTORICAL SOCIETY 314 SOUTH STATE ST. BELVIDERE, IL 61008	23-7047382	501(C)(3)	21,000.	0.			HUMAN SERVICES
BORODINO METHODIST CHURCH 1820 NY-174 SKANEATELES, NY 13152	16-1084854	501(C)(3)	7,000.	0.			EDUCATION
BOYS & GIRLS CLUB OF COLLIER COUNTY - 7500 DAVIS BLVD. - NAPLES, FL 34104	65-0279110	501(C)(3)	15,314.	0.			ARTS, CULTURE, & HUMANITIES
BRainerd LAKES COMMUNITY FOUNDATION - 406 W. WASHINGTON STREET, #5 PMB 184 - BRAINERD, MN 56401	36-3412544	501(C)(3)	10,000.	0.			EDUCATION
BRIGHTFOCUS FOUNDATION 22512 GATEWAY CENTER DRIVE CLARKSBURG, MD 30982	23-7337229	501(C)(3)	10,925.	0.			HUMAN SERVICES
CANCER ALLIANCE OF NAPLES INC. 3384 WOODS EDGE CIRCLE, #102 BONITA SPRINGS, FL 34134	22-3879709	501(C)(3)	31,769.	0.			RELIGION RELATED
CAPRI CHRISTIAN CHURCH INC 111 EAST HILO STREET NAPLES, FL 34113	59-1956870	501(C)(3)	24,600.	0.			ENVIRONMENT & ANIMALS
CAPTAINS FOR CLEAN WATER 2031 JACKSON STREET FT. MYERS, FL 33901	81-1789969	501(C)(3)	25,100.	0.			HEALTH
CATHEDRAL OF THE ASSUMPTION 433 SOUTH 5TH STREET, #101 LOUISVILLE, KY 40202	61-0447247	501(C)(3)	10,000.	0.			HUMAN SERVICES

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CATHOLIC CHARITIES OF COLLIER COUNTY - 1000 PINEBROOK ROAD - VENICE, FL 34285	59-2473176	501(C)(3)	51,738.	0.			RELIGION RELATED
CATHOLIC EDUCATION FOUNDATION 401 W. MAIN STREET, #806 LOUISVILLE, KY 40202	61-1294640	501(C)(3)	15,000.	0.			EDUCATION
CATHOLIC SCHOOLS CENTER OF EXCELLENCE - 6600 FRANCE AVE SOUTH, #520 - MINNEAPOLIS, MN 55435	47-3560859	501(C)(3)	50,000.	0.			RELIGION RELATED
CEDAR POINT PENTECOSTAL HOLINESS CHURCH - 150 BLUFF ROAD - CEDAR POINT, NC 25884	58-0904463	501(C)(3)	7,000.	0.			RELIGION RELATED
CENTRAL PARK CONSERVANCY 14 EAST 60TH STREET NEW YORK, NY 10022	13-3022855	501(C)(3)	10,000.	0.			EDUCATION
CHAMPIONS FOR LEARNING 3606 ENTERPRISE AVENUE, #150 NAPLES, FL 34104	65-0230582	501(C)(3)	640,654.	0.			ARTS, CULTURE, & HUMANITIES
CHARITY FOR CHANGE, INC. 10681 AIRPORT ROAD, #23 NAPLES, FL 34109	26-2139488	501(C)(3)	59,388.	0.			RELIGION RELATED
CHARLEVOIX COUNTY COMMUNITY FOUNDATION - P.O. BOX 718 - EAST JORDAN, MI 49727	38-3033739	501(C)(3)	7,000.	0.			PUBLIC, SOCIETAL BENEFIT
CHILDREN'S ADVOCACY CENTER OF COLLIER COUNTY - 1036 6TH AVENUE N. - NAPLES, FL 34102	65-0049492	501(C)(3)	33,823.	0.			EDUCATION

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CHILDREN'S HOME SOCIETY OF SOUTH DAKOTA - P.O. BOX 1749 - SIOUX FALLS, SD 57101	46-0224542	501(C)(3)	25,000.	0.			PUBLIC, SOCIETAL BENEFIT
CHILD'S PATH 15275 COLLIER BLVD., #201-359 NAPLES, FL 34119	26-2646032	501(C)(3)	76,270.	0.			ARTS, CULTURE, & HUMANITIES
CHRIST FOR ALL NATIONS P.O. BOX 590588 ORLANDO, FL 32859-0588	94-2742504	501(C)(3)	6,000.	0.			HUMAN SERVICES
CITY OF NAPLES 280 RIVERSIDE CIRCLE NAPLES, FL 34102	59-6000382	501(C)(3)	885,515.	0.			HUMAN SERVICES
CLARKSON UNIVERSITY BOX 5515 POTSDAM, NY 13676	15-0543659	501(C)(3)	30,000.	0.			HEALTH
CLEVELAND BALLET 23030 MILES ROAD BEDFORD HEIGHTS, OH 44128	38-3945001	501(C)(3)	11,000.	0.			EDUCATION
CLEVELAND CLINIC/PHILANTHROPY INSTITUTE - P.O. BOX 931517 - CLEVELAND, OH 44193	34-0714585	501(C)(3)	25,000.	0.			EDUCATION
COLLEGE OF WOOSTER 1189 BEALL AVENUE WOOSTER, OH 44691	34-0714654	501(C)(3)	42,000.	0.			HUMAN SERVICES
COLLIER COUNTY BAR FOUNDATION 3315 EAST TAMiami TRAIL, #505 NAPLES, FL 34112	65-0268501	501(C)(3)	7,500.	0.			RELIGION RELATED

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COLLIER COUNTY PUBLIC SCHOOLS 5775 OSCEOLA TRAIL NAPLES, FL 34109	59-2663954	501(C)(3)	12,950.	0.			GOVERNMENT ENTITY
COLLIER HARVEST FOUNDATION P. O. BOX 11143 NAPLES, FL 34101	65-0307084	501(C)(3)	255,000.	0.			EDUCATION
COLLIER RESOURCE CENTER, INC. P.O. BOX 110905 NAPLES, FL 34108	47-3120388	501(C)(3)	5,500.	0.			ARTS, CULTURE, & HUMANITIES
COLLIER SENIOR CENTER - GOLDEN GATE - 4898 CORONADO PARKWAY - NAPLES, FL 34116	27-0946278	501(C)(3)	75,646.	0.			HEALTH
COMMUNITY SCHOOL OF NAPLES, INC. 13275 LIVINGSTON ROAD NAPLES, FL 34109	59-1920297	501(C)(3)	321,259.	0.			EDUCATION
CONSERVANCY OF SOUTHWEST FLORIDA 1495 SMITH PRESERVE WAY NAPLES, FL 34102	59-1157084	501(C)(3)	411,023.	0.			HUMAN SERVICES
CORKSCREW SWAMP SANCTUARY 375 SANCTUARY ROAD WEST NAPLES, FL 34120-9803	13-1624102	501(C)(3)	453,954.	0.			HUMAN SERVICES
COUNCIL FOR NATIVE HAWAIIAN ADVANCEMENT - 91-1270 KINOIKI STREET, BLDG. #1 - KAPOLEI, HI 96707	91-0313383	501(C)(3)	5,500.	0.			RELIGION RELATED
DAVID LAWRENCE MENTAL HEALTH CENTER, INC. - 6075 BATHEY LANE - NAPLES, FL 34116	59-2206025	501(C)(3)	331,895.	0.			EDUCATION

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DIOCESE OF VENICE IN FLORIDA P.O. BOX 60759 FT. MYERS, FL 33906	59-2434603	501(C)(3)	11,000.	0.			PUBLIC, SOCIETAL BENEFIT
DOCTORS WITHOUT BORDERS USA, INC. P.O. BOX 5030 HAGERSTOWN, MD 21741-5030	13-3433452	501(C)(3)	43,000.	0.			EDUCATION
DR. PIPER CENTER FOR SOCIAL SERVICES, INC. - 2607 DR. ELLA PIPER WAY - FT. MYERS, FL 33916	65-0788551	501(C)(3)	17,500.	0.			ENVIRONMENT & ANIMALS
DRESS FOR SUCCESS SW FLORIDA INC 12995 SOUTH CLEVELAND AVENUE, #153 FORT MYERS, FL 33907	27-2177347	501(C)(3)	11,000.	0.			EDUCATION
DUKE UNIVERSITY DUKE HEALTH DEVELOPMENT AND ALUMNI DURHAM, NC 27701	56-0532129	501(C)(3)	110,000.	0.			EDUCATION
ELMCREST CHILDRENS CENTER 960 SALT SPRINGS ROAD SYRACUSE, NY 13224	15-0539090	501(C)(3)	11,000.	0.			HEALTH
EVANS SCHOLARS FOUNDATION 2501 PATRIOT BLVD. GLENVIEW, IL 60026	36-2518129	501(C)(3)	10,500.	0.			HUMAN SERVICES
FARM AID 501 CAMBRIDGE STREET, 3RD FL CAMBRIDGE, MA 02141	36-3383233	501(C)(3)	10,000.	0.			EDUCATION
FELLOWSHIP OF CHRISTIAN ATHLETES 990 DIANE AVENUE NAPLES, FL 34103	44-0610626	501(C)(3)	17,500.	0.			EDUCATION

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FINGER LAKES LAND TRUST INC 202 EAST COURT STREET ITHACA, NY 14850	22-2983688	501(C)(3)	11,000.	0.			INTERNATIONAL, FOREIGN AFFAIRS
FIRST PRESBYTERIAN CHURCH NAPLES 250 6TH STREET S. NAPLES, FL 34102	59-6045875	501(C)(3)	23,000.	0.			EDUCATION
FIRST PRESBYTERIAN CHURCH OF SKANEATELES, NY - 97 EAST GENESEE STREET - SKANEATELES, NY 13152	15-0549304	501(C)(3)	7,000.	0.			EDUCATION
FLAHERTY FAMILY FOUNDATION 8345 CRYSTAL VIEW ROAD, SUITE 200 EDEN PRAIRIE, MN 55344	41-1622611	501(C)(3)	8,000.	0.			HUMAN SERVICES
FLORIDA GULF COAST UNIVERSITY FOUNDATION, INC. (FGCU) - 10501 FGCU BLVD. S. - FT. MYERS, FL 33965-6565	65-0403969	501(C)(3)	305,388.	0.			HUMAN SERVICES
FLORIDA LIONS EYE CLINIC 10322 PENNSYLVANIA AVE BONITA SPRINGS, FL 34135	45-0560906	501(C)(3)	25,590.	0.			HUMAN SERVICES
FLORIDA NONPROFIT ALLIANCE 40 E. ADAMS ST., #229 JACKSONVILLE, FL 33202	46-1185150	501(C)(3)	8,500.	0.			HUMAN SERVICES
FREE WHEELCHAIR MISSION 15279 ALTON PARKWAY, #300 IRVINE, CA 92618	31-1781635	501(C)(3)	8,500.	0.			ARTS, CULTURE, & HUMANITIES
FRIENDS OF FOSTER CHILDREN FOREVER 3050 HORSESHOE DRIVE N., #260 NAPLES, FL 34104	59-3598933	501(C)(3)	178,181.	0.			EDUCATION

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FRIENDS OF ROOKERY BAY 300 TOWER ROAD NAPLES, FL 34113	65-0094703	501(C)(3)	23,037.	0.			RELIGION RELATED
FSDH SOCIETY DEPARTMENT 960, PO BOX 4106 WOBURN, MA 01888	52-1762747	501(C)(3)	74,165.	0.			HEALTH
FUN TIME EARLY CHILDHOOD ACADEMY 102 12TH ST. N. NAPLES, FL 34102-6228	59-1039978	501(C)(3)	150,803.	0.			PUBLIC, SOCIETAL BENEFIT
GARGIULO EDUCATION CENTER INC. 1414 RAIL HEAD BLVD. NAPLES, FL 34110	46-5416212	501(C)(3)	6,000.	0.			EDUCATION
GIRL SCOUTS OF GULFCOAST FLORIDA INC - 4780 CATTLEMEN ROAD - SARASOTA, FL 34233	59-0760212	501(C)(3)	10,000.	0.			EDUCATION
GIST CANCER RESEARCH FUND 3905 N.E. 167TH STREET NORTH MIAMI BEACH, FL 33160	13-4182988	501(C)(3)	200,000.	0.			HUMAN SERVICES
GLOBAL FUND FOR WOMEN, INC. CONTRIBUTIONS OFFICE WASHINGTON, DC 20090-7309	77-0155782	501(C)(3)	10,000.	0.			ENVIRONMENT & ANIMALS
GOLDEN PAWS ASSISTANCE DOGS 3173 HORSESHOE DRIVE S. NAPLES, FL 34104	27-3385763	501(C)(3)	26,000.	0.			EDUCATION
GOLISANO CHILDREN'S HOSPITAL OF SOUTHWEST FLORIDA - P.O. BOX 2218 - FT. MYERS, FL 33902	65-0645343	501(C)(3)	6,600.	0.			HEALTH

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GRACE LUTHERAN CHURCH, INC. 860 BANYAN BLVD. NAPLES, FL 34102-5112	59-6217292	501(C)(3)	5,620.	0.			PUBLIC, SOCIETAL BENEFIT
GRACE PLACE FOR CHILDREN AND FAMILIES, INC. - P.O. BOX 990531 - NAPLES, FL 34116	65-1229558	501(C)(3)	162,804.	0.			HUMAN SERVICES
GRAND PIANO SERIES 3330 CROSSINGS COURT, #301 BONITA SPRINGS, FL 34134	81-4331298	501(C)(3)	13,500.	0.			EDUCATION
GREAT LAKES CENTER FOR THE ARTS 800 BAY HARBOR DRIVE PETOSKY, MI 49770	46-4121514	501(C)(3)	10,500.	0.			EDUCATION
GREAT LAKES CHRISTIAN COLLEGE 6211 W. WILLOW HIGHWAY LANSING, MI 48917	38-6080947	501(C)(3)	10,925.	0.			ENVIRONMENT & ANIMALS
GREATER NAPLES CHAMBER OF COMMERCE 2150 GOODLETTE ROAD N., 1ST FL NAPLES, FL 34102	59-0688292	501(C)(3)	26,000.	0.			EDUCATION
GUADALUPE CENTER, INC. 509 HOPE CIRCLE IMMOKALEE, FL 34142	59-2617151	501(C)(3)	151,611.	0.			HUMAN SERVICES
GULF COAST RUNNERS CLUB P.O. BOX 8636 NAPLES, FL 34101	65-0203436	501(C)(3)	5,500.	0.			HUMAN SERVICES
GULF COAST VETERANS AND FRIENDS FLEISCHMANN PRK COMMUNITY CENTER NAPLES, FL 34102	82-5472732	501(C)(3)	10,000.	0.			EDUCATION

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GULFSHORE OPERA, INC. 9911 CORKSCREW ROAD, #105 ESTERO, FL 33928	47-0989874	501(C)(3)	10,000.	0.			PUBLIC, SOCIETAL BENEFIT
GULFSHORE PLAYHOUSE, INC. 2640 GOLDEN GATE PARKWAY, #211 NAPLES, FL 34105	90-0178566	501(C)(3)	127,500.	0.			EDUCATION
HABITAT FOR HUMANITY COLLIER COUNTY - 11145 TAMIAMI TRAIL E. - NAPLES, FL 34113	59-1834379	501(C)(3)	206,234.	0.			HEALTH
HARRY CHAPIN FOOD BANK OF SOUTHWEST FLORIDA, INC. - 3760 FOWLER STREET - FORT MYERS, FL 33901	59-2332120	501(C)(3)	1,556,105.	0.			EDUCATION
HARVARD UNIVERSITY ALUMNI & DEVELOPMENT SERVICES BOSTON, MA 02441-9209	04-2103580	501(C)(3)	250,000.	0.			EDUCATION
HEALTHCARE NETWORK OF SOUTHWEST FLORIDA - 1454 MADISON AVENUE - IMMOKALEE, FL 34142	59-1741277	501(C)(3)	184,316.	0.			PUBLIC, SOCIETAL BENEFIT
HELP A DIABETIC CHILD P. O. BOX 110161 NAPLES, FL 34108	46-1652118	501(C)(3)	25,190.	0.			HUMAN SERVICES
HILLSDALE COLLEGE 33 EAST COLLEGE STREET HILLSDALE, MI 49242	38-1374230	501(C)(3)	33,611.	0.			EDUCATION
HISTORICAL SOCIETY OF WESTERN PENNSYLVANIA - 1212 SMALLMAN STREET - PITTSBURGH, PA 15222	25-0965391	501(C)(3)	64,237.	0.			HUMAN SERVICES

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOLOCAUST MUSEUM & COHEN EDUCATION CENTER - 975 IMPERIAL GOLF COURSE BLVD., #108 - NAPLES, FL 34110	59-3740883	501(C)(3)	11,250.	0.			ARTS, CULTURE, & HUMANITIES
HOLY FAMILY CATHOLIC CHURCH 8950 COUNTY ROAD J WOODRUFF, WI 54568	20-0395005	501(C)(3)	6,000.	0.			HUMAN SERVICES
HOME BASE 125 NASHUA STREET, #540 BOSTON, MA 02114	04-1564655	501(C)(3)	20,471.	0.			HUMAN SERVICES
HOOD COLLEGE OF FREDERICK MARYLAND OFFICE OF INSTITUTIONAL ADVANCEMENT FREDERICK, MD 21701	52-0591608	501(C)(3)	20,000.	0.			HUMAN SERVICES
HOPE 4 KIDS INCORPORATED 16440 S. TAMiami TRAIL, #1 FT. MYERS, FL 33908	81-5332157	501(C)(3)	10,000.	0.			ARTS, CULTURE, & HUMANITIES
HOUSING DEVELOPMENT CORPORATION OF SW FLORIDA - 3200 BAILEY LANE, #109 - NAPLES, FL 34105	38-3695928	501(C)(3)	10,000.	0.			HEALTH
HUMANE SOCIETY NAPLES 370 AIRPORT PULLING ROAD NORTH NAPLES, FL 34104	59-1033966	501(C)(3)	56,139.	0.			HEALTH
IDSA EDUCATION AND RESEARCH FOUNDATION - 4040 WILSON BLVD., #300 - ARLINGTON, VA 22209	31-1765388	501(C)(3)	100,000.	0.			ENVIRONMENT & ANIMALS
IMMOKALEE FAIR HOUSING ALLIANCE 600 SAWGRASS BRIDGE ROAD VENICE, FL 34292	83-3223257	501(C)(3)	139,500.	0.			ARTS, CULTURE, & HUMANITIES

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INDIANA UNIVERSITY FOUNDATION P.O. BOX 6460 INDIANAPOLIS, IN 46206	35-6018940	501(C)(3)	12,000.	0.			EDUCATION
INSTITUTE FOR HUMANE STUDIES AT GEORGE MASON UNIVERSITY - VERNON SMITH HALL, 1ST FL - ARLINGTON, VA 22201	94-1623852	501(C)(3)	39,000.	0.			RELIGION RELATED
INTERNATIONAL FELLOWSHIP OF CHRISTIANS & JEWS - P.O. BOX 96105 - WASHINGTON, DC 20090-6105	36-3256096	501(C)(3)	8,000.	0.			HUMAN SERVICES
ITECH 508 NORTH 9TH STREET IMMOKALEE, FL 34142	59-2663954	501(C)(3)	225,000.	0.			INTERNATIONAL, FOREIGN AFFAIRS
J. B. SPEED ART MUSEUM 2035 SOUTH THIRD STREET LOUISVILLE, KY 40208	61-0444823	501(C)(3)	25,000.	0.			HUMAN SERVICES
JDRF INTERNATIONAL - FLORIDA SUNCOAST CHAPTER - 3369 PINE RIDGE ROAD, #202 - NAPLES, FL 34109	23-1907729	501(C)(3)	426,919.	0.			HUMAN SERVICES
JEWISH FEDERATION OF GREATER NAPLES INC - 2500 VANDERBILT BEACH RD., #2201 - NAPLES, FL 34109	59-2151725	501(C)(3)	20,000.	0.			HUMAN SERVICES
JOHNS HOPKINS UNIVERSITY DEVELOPMENT AND ALUMNI RELATIONS - SAN MARTIN CENTER - BALTIMORE, MD 21218-2	52-0595110	501(C)(3)	13,000.	0.			EDUCATION
JOHNSON UNIVERSITY FLORIDA 1011 BILL BECK BLVD. KISSIMEE, FL 34744	62-6001104	501(C)(3)	10,925.	0.			EDUCATION

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JUDICIAL WATCH, INC. 425 THIRD STREET SW, #800 WASHINGTON, DC 20024	52-1885088	501(C)(3)	9,500.	0.			HEALTH
JUNIOR ACHIEVEMENT OF SW FLORIDA 13241 UNIVERSITY DRIVE, #102 FT. MYERS, FL 33912	65-0503084	501(C)(3)	10,000.	0.			HUMAN SERVICES
KNOTHOLE FOUNDATION P.O. BOX 38035 CHARLOTTE, NC 28278	82-4726399	501(C)(3)	30,000.	0.			PUBLIC, SOCIETAL BENEFIT
LACES OF LOVE CHARITABLE FOUNDATION, INC. - 1900 GULF SHORE BLVD. N., #402 - NAPLES, FL 34102	20-2870936	501(C)(3)	7,750.	0.			ENVIRONMENT & ANIMALS
LAKE BEULAH SAILING SCHOOL INC. P.O. BOX 729 EAST TROY, WI 53120	39-1172460	501(C)(3)	11,220.	0.			HUMAN SERVICES
LEGAL AID SERVICE OF COLLIER COUNTY - 4436 TAMIAMI TRAIL EAST - NAPLES, FL 34112	59-1547191	501(C)(3)	56,250.	0.			HEALTH
LIFE OUTREACH INTERNATIONAL ASSOCIATION OF CHURCHES INC - P.O. BOX 982000 - FORT WORTH, TX 76182-8000	75-2684727	501(C)(3)	10,000.	0.			HEALTH
LIGHTHOUSE OF COLLIER, INC. 2685 HORSESHOE DRIVE S., #101 NAPLES, FL 34104	27-0401702	501(C)(3)	53,574.	0.			EDUCATION
LITERACY VOLUNTEERS OF COLLIER COUNTY - 8833 TAMIAMI TRAIL E. - NAPLES, FL 34113	65-0181251	501(C)(3)	47,772.	0.			HUMAN SERVICES

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LORENZO WALKER TECHNICAL COLLEGE 3702 ESTEY AVENUE NAPLES, FL 34104-4498	59-6000557	501(C)(3)	151,130.	0.			RELIGION RELATED
LUTHERAN IMMIGRATION AND REFUGEE SERVICE (LIRS) - P.O. BOX 17467 - BALTIMORE, MD 21297-1467	13-2574854	501(C)(3)	61,850.	0.			HUMAN SERVICES
MARCO ISLAND ACADEMY 2255 SAN MARCO ROAD MARCO ISLAND, FL 34145	27-4411503	501(C)(3)	65,000.	0.			HUMAN SERVICES
MARCO ISLAND CHARTER MIDDLE SCHOOL 1401 TRINIDAD AVENUE MARCO ISLAND, FL 34145	59-3506185	501(C)(3)	47,500.	0.			HUMAN SERVICES
MARCO ISLAND HISTORICAL SOCIETY 180 S. HEATHWOOD DRIVE MARCO ISLAND, FL 34145	59-3425001	501(C)(3)	27,500.	0.			EDUCATION
MARCO ISLAND ROTARY CLUB FOUNDATION, INC. - P.O. BOX 353 - MARCO ISLAND, FL 34146	59-3188471	501(C)(3)	34,000.	0.			RELIGION RELATED
MAROON & GOLD RISING 415 OAK GROVE STREET, #600 MINNEAPOLIS, MN 55415	85-0765803	501(C)(3)	12,500.	0.			HEALTH
MASSACHUSETTS INSTITUTE OF TECHNOLOGY - MIT ALUMNI FUND - CAMBRIDGE, MA 02139-4822	04-2103594	501(C)(3)	6,000.	0.			ENVIRONMENT & ANIMALS
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.			EDUCATION

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MAYO CLINIC DEPARTMENT OF DEVELOPMENT ROCHESTER, MN 55905	41-1506440	501(C)(3)	2,225,925.	0.			ENVIRONMENT & ANIMALS
MEALS OF HOPE, INC. 2221 CORPORATION BLVD. NAPLES, FL 34109	27-0268307	501(C)(3)	839,404.	0.			HEALTH
MEMORIAL SLOAN-KETTERING CANCER CENTER - P.O. BOX 5028 - HAGERSTOWN, MD 21741-5028	91-2154267	501(C)(3)	11,025.	0.			EDUCATION
MESSIANIC JEWISH ALLIANCE OF AMERICA - P.O. BOX 274 - SPRINGFIELD, PA 19064	36-2469997	501(C)(3)	8,000.	0.			HEALTH
MIAMI CHILDREN'S HOSPITAL FOUNDATION - 3100 SW 62ND AVENUE - MIAMI, FL 33155	46-1784918	501(C)(3)	58,027.	0.			ARTS, CULTURE, & HUMANITIES
MIDWEST FOOD BANK NFP 5601 DIVISION DRIVE FT. MYERS, FL 33905	41-2120170	501(C)(3)	7,841.	0.			EDUCATION
MINNESOTA LAKES MARITIME SOCIETY P.O. BOX 1216 ALEXANDRIA, MN 56308	41-1967683	501(C)(3)	10,000.	0.			HUMAN SERVICES
MOFFITT CANCER CENTER FOUNDATION 12902 MAGNOLIA DRIVE MBC-FOUND TAMPA, FL 33612-9416	59-2451713	501(C)(3)	12,000.	0.			PUBLIC, SOCIETAL BENEFIT
MONMOUTH UNIVERSITY INC 400 CEDAR AVENUE WEST LONG BRANCH, NJ 07764	21-0634584	501(C)(3)	15,000.	0.			ARTS, CULTURE, & HUMANITIES

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MONTANA WILDERNESS SCHOOL P.O. BOX 1183 BOZEMAN, MT 59771	46-4371734	501(C)(3)	15,000.	0.			EDUCATION
MOORINGS PARK FOUNDATION INC 120 MOORINGS PARK DRIVE NAPLES, FL 34105-2188	26-3631295	501(C)(3)	282,755.	0.			EDUCATION
MOORINGS PRESBYTERIAN CHURCH 791 HARBOUR DRIVE NAPLES, FL 34103	59-1309473	501(C)(3)	21,917.	0.			EDUCATION
MOTTVILLE FIRE DEPARTMENT 4149 FROST STREET SKANEATELES, NY 13152	26-0504184	501(C)(3)	25,000.	0.			HEALTH
MULTIPLE SCLEROSIS CENTER OF SOUTHWEST FLORIDA INC. - 3372 WOODS EDGE CIRCLE, #103 - BONITA SPRINGS, FL 34134	31-1763776	501(C)(3)	10,500.	0.			EDUCATION
MUSIC FOUNDATION OF GREATER NAPLES P.O. BOX 112383 NAPLES, FL 34108	59-6213932	501(C)(3)	12,000.	0.			HUMAN SERVICES
MVFP INC. PO BOX 192 BRANDY STATION, VA 22714	84-2530752	501(C)(3)	10,000.	0.			HEALTH
NAMI COLLIER COUNTY 6216 TRAIL BLVD., BLDG. C NAPLES, FL 34108	65-0047747	501(C)(3)	107,726.	0.			HUMAN SERVICES
NAPLES ART ASSOCIATION 585 PARK STREET NAPLES, FL 34102	59-1022882	501(C)(3)	40,000.	0.			HEALTH

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NAPLES BOTANICAL GARDEN, INC. 4820 BAYSHORE DRIVE, #D NAPLES, FL 34112	65-0511429	501(C)(3)	545,456.	0.			HEALTH
NAPLES CHILDREN & EDUCATION FOUNDATION (NCEF) - 2590 GOODLETTE-FRANK ROAD N. - NAPLES, FL 34105	65-1001650	501(C)(3)	26,533.	0.			HUMAN SERVICES
NAPLES CHRISTIAN CHURCH 8000 GOODLETTE ROAD NORTH NAPLES, FL 34109	59-6519467	501(C)(3)	10,925.	0.			HEALTH
NAPLES COMMUNITY CHURCH, INC. 849 7TH AVENUE S., #696 NAPLES, FL 34102	20-5956100	501(C)(3)	22,000.	0.			ARTS, CULTURE, & HUMANITIES
NAPLES COMMUNITY SAILING CENTER P.O. BOX 1251 NAPLES, FL 34106	65-0261288	501(C)(3)	7,500.	0.			HEALTH
NAPLES HIGH SCHOOL 1100 GOLDEN EAGLE CIRCLE NAPLES, FL 34102	59-2663954	501(C)(3)	6,500.	0.			HEALTH
NAPLES SENIOR CENTER AT JFCS 5025 CASTELLO DRIVE, #101 NAPLES, FL 34103	45-3980909	501(C)(3)	782,265.	0.			ARTS, CULTURE, & HUMANITIES
NAPLES TAKE A SOLDIER FISHING 3575 19TH AVENUE SW NAPLES, FL 34117	46-4731427	501(C)(3)	10,000.	0.			HUMAN SERVICES
NAPLES THERAPEUTIC RIDING CENTER 206 RIDGE DRIVE NAPLES, FL 34108-3418	65-0793008	501(C)(3)	89,023.	0.			HEALTH

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NAPLES UNITED CHURCH OF CHRIST 5200 CRAYTON ROAD NAPLES, FL 34103	59-1555020	501(C)(3)	12,900.	0.			EDUCATION
NAPLES YACHT CLUB BLUE GAVEL SCHOLARSHIP FUND, INC. - 700 14TH AVENUE S. - NAPLES, FL 34102	59-3467966	501(C)(3)	8,500.	0.			HUMAN SERVICES
NAPLES ZOO 1590 GOODLETTE ROAD N. NAPLES, FL 34102	56-2412630	501(C)(3)	11,500.	0.			EDUCATION
NATIONAL AUDUBON SOCIETY 225 VARICK STREET NEW YORK, NY 10014	13-1624102	501(C)(3)	15,000.	0.			HUMAN SERVICES
NATIONAL WELLNESS INSTITUTE P.O. BOX 827 STEVENS POINT, WI 54481	39-1609532	501(C)(3)	14,907.	0.			ARTS, CULTURE, & HUMANITIES
NCH HEALTHCARE SYSTEMS, INC 350 7TH STREET N. NAPLES, FL 34102	59-2314655	501(C)(3)	594,898.	0.			PUBLIC, SOCIETAL BENEFIT
NEIGHBORHOOD HEALTH CLINIC 88 12TH STREET NORTH, #100 NAPLES, FL 34102	59-3546884	501(C)(3)	140,517.	0.			PUBLIC, SOCIETAL BENEFIT
NEW ENGLAND COLLEGE OF OPTOMETRY DEVELOPMENT OFFICE BOSTON, MA 02115	04-1591060	501(C)(3)	20,000.	0.			ARTS, CULTURE, & HUMANITIES
NEW HORIZONS OF SOUTHWEST FLORIDA, INC. - P.O. BOX 111833 - NAPLES, FL 34108	11-3678086	501(C)(3)	493,681.	0.			HUMAN SERVICES

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NEW HOUR FOR WOMEN AND CHILDREN - LI - P.O. BOX 213 - BRENTWOOD, NY 11717	47-4718783	501(C)(3)	10,000.	0.			EDUCATION
NOAH'S ARK FAMILY SERVICES 11853 COLLIER BLVD. NAPLES, FL 34116	81-2885321	501(C)(3)	28,000.	0.			PUBLIC, SOCIETAL BENEFIT
NORTHLAND COLLEGE 1411 ELLIS AVENUE ASHLAND, WI 54806	39-0806428	501(C)(3)	100,000.	0.			HEALTH
NORTHWOOD SCHOOL 92 NORTHWOOD ROAD LAKE PLACID, NY 12946	14-1401103	501(C)(3)	1,000,000.	0.			HEALTH
OHANA MAKAMAE, INC. P.O. BOX 914 HANA, HI 96713	99-0342126	501(C)(3)	15,000.	0.			HUMAN SERVICES
ON POINT FOR COLLEGE 488 WEST ONONDAGA STREET SYRACUSE, NY 13202	16-1569356	501(C)(3)	10,000.	0.			ENVIRONMENT & ANIMALS
OUR DAILY BREAD FOOD PANTRY INC. 1450 WINTERBERRY DR. MARCO ISLAND, FL 34145	83-2956050	501(C)(3)	155,695.	0.			EDUCATION
OUR LADY OF PEACE 2076 ST ANTHONY AVE ST PAUL, MN 55104	41-1306947	501(C)(3)	105,000.	0.			EDUCATION
OUR MOTHER'S HOME OF SOUTHWEST FLORIDA - 7438 CARRIER ROAD - FT. MYERS, FL 33967	65-0510103	501(C)(3)	15,000.	0.			HUMAN SERVICES

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OUR NEXT GENERATION 3421 WEST LISBON AVENUE MILWAUKEE, WI 53208	39-1761838	501(C)(3)	20,000.	0.			HUMAN SERVICES
PACE CENTER FOR GIRLS 160 N. 1ST STREET IMMOKALEE, FL 34142	59-2414492	501(C)(3)	61,412.	0.			PUBLIC, SOCIETAL BENEFIT
PATH2FREEDOM INC 1200 GOODLETTE ROAD N., #9916 NAPLES, FL 34101	47-3835818	501(C)(3)	6,000.	0.			HUMAN SERVICES
PATHWAYS EARLY EDUCATION CENTER OF IMMOKALEE, INC - 4060 TAMiami TRAIL N., #1 - NAPLES, FL 34103	59-1209842	501(C)(3)	95,698.	0.			EDUCATION
PINKY SWEAR FOUNDATION 5555 WEST 78TH STREET, #E EDINA, MN 55439	56-2384527	501(C)(3)	10,000.	0.			HUMAN SERVICES
PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA - 736 CENTRAL AVENUE - SARASOTA, FL 34236	59-1274328	501(C)(3)	53,833.	0.			RELIGION RELATED
PRESBYTERIAN MISSION AGENCY 100 WITHERSPOON STREET LOUISVILLE, KY 40202	13-3462549	501(C)(3)	13,000.	0.			ENVIRONMENT & ANIMALS
PRISON FELLOWSHIP MINISTRIES P.O. BOX 1550 MERRIFIELD, VA 22116	62-0988294	501(C)(3)	10,000.	0.			HEALTH
PROJECT HELP INC. 3050 HORSESHOE DRIVE N., #280 NAPLES, FL 34104	59-2655969	501(C)(3)	20,250.	0.			EDUCATION

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PROVIDENCE HOUSE P.O. BOX 128 NAPLES, FL 34106	20-3889831	501(C)(3)	5,250.	0.			ARTS, CULTURE, & HUMANITIES
PURDUE RESEARCH FOUNDATION GIFT PROCESSING DETROIT, MI 48277-2401	35-1052049	501(C)(3)	10,000.	0.			PUBLIC, SOCIETAL BENEFIT
RCMA 402 W. MAIN STREET IMMOKALEE, FL 34142-3933	59-1221966	501(C)(3)	171,314.	0.			HUMAN SERVICES
REBUILDING TOGETHER, INC. 999 N. CAPITOL ST. NE, #330 WASHINGTON, DC 20002	52-1585880	501(C)(3)	12,000.	0.			HEALTH
REDHOUSE ARTS CENTER, INC. P.O. BOX 603 SYRACUSE, NY 13202	22-2366669	501(C)(3)	6,000.	0.			HUMAN SERVICES
REGENTS OF THE UNIVERSITY OF MICHIGAN - UNIVERSTY OF MICHIGAN LAW SCHOOL, GIFT PROCESSING - ANN ARBOR, MI 48109	38-6006309	501(C)(3)	25,000.	0.			EDUCATION
REMNANT TRUST INC TEXAS TECH UNIVERSITY LUBBOCK, TX 79409	35-2072847	501(C)(3)	150,000.	0.			EDUCATION
ROCKFORD ART MUSEUM 711 NORTH MAIN STREET ROCKFORD, IL 61103	36-2349612	501(C)(3)	12,500.	0.			EDUCATION
RURAL NEIGHBORHOODS INCORPORATED P.O. BOX 343529 FLORIDA CITY, FL 33034	65-1238417	501(C)(3)	264,519.	0.			HEALTH

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SAINT MEINRAD ARCHABBEY 200 HILL DRIVE ST. MEINRAD, IN 47577	35-0868161	501(C)(3)	10,000.	0.			HUMAN SERVICES
SAMARITAN'S PURSE P.O. BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	6,200.	0.			EDUCATION
SAVE THE CHILDREN FEDERATION INC 501 KINGS HIGHWAY EAST, #400 FAIRFIELD, CT 06825	06-0726487	501(C)(3)	6,000.	0.			EDUCATION
SIGHTLINE INSTITUTE 1402 THIRD AVENUE, #500 SEATTLE, WA 98101	52-1833599	501(C)(3)	11,000.	0.			PUBLIC, SOCIETAL BENEFIT
SIWOK FOUNDATION 8285 MCKITRICK ROAD PLAIN CITY, OH 43064	47-2404035	501(C)(3)	50,000.	0.			ARTS, CULTURE, & HUMANITIES
SKANEATELES RECREATIONAL CHARITABLE TRUST - 11 FENNEL STREET, #1 - SKANEATELES, NY 13152	16-1556744	501(C)(3)	150,000.	0.			HEALTH
SNIP COLLIER INC. 6491 SABLE RIDGE LANE NAPLES, FL 34109	47-4607649	501(C)(3)	8,750.	0.			RELIGION RELATED
SOLAR COOKERS INTERNATIONAL 2400 22ND STREET, #210 SACRAMENTO, CA 95818	68-0153141	501(C)(3)	60,000.	0.			RELIGION RELATED
SOUTH HADLEY FAMILY CENTER 7 WOODBRIDGE ROAD SOUTH HADLEY, MA 01075	20-2195099	501(C)(3)	12,500.	0.			HUMAN SERVICES

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHWEST FLORIDA MUSIC EDUCATION CENTER INC - 3200 BAILEY LANE, #199 - NAPLES, FL 34105	84-2825241	501(C)(3)	37,750.	0.			HUMAN SERVICES
ST. ANN CATHOLIC CHURCH 475 9TH AVENUE S. NAPLES, FL 34102	59-0823952	501(C)(3)	41,353.	0.			HUMAN SERVICES
ST. ANN SCHOOL FOUNDATION, INC. 475 9TH AVENUE S. NAPLES, FL 34102	59-2201867	501(C)(3)	135,000.	0.			EDUCATION
ST. CATHERINE UNIVERSITY OFFICE OF DEVELOPMENT, MAIL #F-12 ST. PAUL, MN 55105	41-0695509	501(C)(3)	77,618.	0.			PUBLIC, SOCIETAL BENEFIT
ST. ELIZABETH SETON CATHOLIC SCHOOL - 2730 53RD TERRACE SW - NAPLES, FL 34116	59-2112451	501(C)(3)	10,000.	0.			HUMAN SERVICES
ST. JAMES EPISCOPAL CHURCH 96 EAST GENESEE STREET SKANEATELES, NY 13152	15-0611600	501(C)(3)	20,000.	0.			HUMAN SERVICES
ST. JOHN NEUMANN HIGH SCHOOL 3000 53RD STREET SW NAPLES, FL 34116	59-2017451	501(C)(3)	36,353.	0.			PUBLIC, SOCIETAL BENEFIT
ST. JOHN THE EVANGELIST CATHOLIC CHURCH - 625 111TH AVENUE N. - NAPLES, FL 34108	65-0082023	501(C)(3)	6,600.	0.			HUMAN SERVICES
ST. JOHN VIANNEY SEMINARY 2115 SUMMIT AVENUE - MAIL #5024 ST. PAUL, MN 55105	41-0943747	501(C)(3)	100,000.	0.			ARTS, CULTURE, & HUMANITIES

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ST. JOHN'S UNIVERSITY NEW YORK 8000 UTOPIA PARKWAY QUEENS, NY 11439	11-1630830	501(C)(3)	10,000.	0.			HEALTH
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	65,727.	0.			ENVIRONMENT & ANIMALS
ST. MARY OF THE ASSUMPTION CATHOLIC CHURCH AND SCHOOL - 1003 BRIDGE STREET - CHARLEVOIX, MI 49720	38-1411193	501(C)(3)	10,000.	0.			HUMAN SERVICES
ST. MATTHEW'S HOUSE 2601 AIRPORT ROAD S. NAPLES, FL 34112	65-1110501	501(C)(3)	609,999.	0.			RELIGION RELATED
ST. VINCENT DE PAUL 4451 MERCANTILE AVENUE NAPLES, FL 34104	59-1711287	501(C)(3)	67,118.	0.			ARTS, CULTURE, & HUMANITIES
ST. WILLIAM CATHOLIC CHURCH 750 SEAGATE DRIVE NAPLES, FL 34103	59-1492626	501(C)(3)	10,500.	0.			PUBLIC, SOCIETAL BENEFIT
STARABILITY FOUNDATION 5125 CASTELLO DRIVE NAPLES, FL 34103	59-2516162	501(C)(3)	91,947.	0.			HUMAN SERVICES
STEP SMART COLLIER INC. 5258 GOLDEN GATE PARKWAY NAPLES, FL 34116	81-3465371	501(C)(3)	15,000.	0.			ENVIRONMENT & ANIMALS
STEPHEN SILLER TUNNEL TO TOWERS FOUNDATION - 2361 HYLAN BLVD. - STATEN ISLAND, NY 10306	02-0554654	501(C)(3)	22,300.	0.			ENVIRONMENT & ANIMALS

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SUNLIGHT OF COLLIER COUNTY, INC. P.O. BOX 9194 NAPLES, FL 34101	59-2417151	501(C)(3)	7,500.	0.			PUBLIC, SOCIETAL BENEFIT
SYRACUSE UNIVERSITY 640 SKYTOP ROAD SYRACUSE, NY 13244	15-0532081	501(C)(3)	1,395,000.	0.			PUBLIC, SOCIETAL BENEFIT
TASTE THE IMPACT P.O. BOX 1286 IMMOKALEE, FL 34143	84-2522814	501(C)(3)	33,000.	0.			ARTS, CULTURE, & HUMANITIES
THE ALLIANCE FOR FLORIDA'S NATIONAL PARKS - 1390 S. DIXIE HIGHWAY, #2217 - CORAL GABLES, FL 33146	13-4341209	501(C)(3)	30,000.	0.			RELIGION RELATED
THE CARING HOUSE PROJECT INC. P.O. BOX 388 BOYNTON BEACH, FL 33425	71-0865799	501(C)(3)	20,000.	0.			RELIGION RELATED
THE EVERGLADES FOUNDATION 18001 OLD CUTLER ROAD, #625 PALMETTO BAY, FL 33157	59-3228899	501(C)(3)	245,464.	0.			RELIGION RELATED
THE IMMOKALEE FOUNDATION 2375 TAMiami TRAIL N., #308 NAPLES, FL 34103	65-0315664	501(C)(3)	15,500.	0.			EDUCATION
THE NAPLES PLAYERS 701 5TH AVENUE S. NAPLES, FL 34102-6662	59-6154976	501(C)(3)	26,867.	0.			RELIGION RELATED
THE SALVATION ARMY OF COLLIER COUNTY - P.O. BOX 8209 - NAPLES, FL 34101	58-0660607	501(C)(3)	154,330.	0.			RELIGION RELATED

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THE SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	244,285.	0.			RELIGION RELATED
THEATREZONE 2430 VANDERBILT BEACH RD., #108-167 NAPLES, FL 34109	25-1917144	501(C)(3)	10,500.	0.			RELIGION RELATED
THRIVE 400 EAST BABCOCK STREET BOZEMAN, MT 59715	36-3501185	501(C)(3)	25,000.	0.			EDUCATION
TRINITY BY THE COVE EPISCOPAL CHURCH - 553 GALLEON DR. - NAPLES, FL 34102-7639	59-0774204	501(C)(3)	78,332.	0.			HUMAN SERVICES
TRINITY HIGH SCHOOL FOUNDATION 4011 SHELBYVILLE ROAD LOUISVILLE, KY 40207	31-1105966	501(C)(3)	10,000.	0.			RELIGION RELATED
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - PENN MEDICINE DEVELOPMENT - PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	10,000.	0.			ENVIRONMENT & ANIMALS
UNITED WAY OF CENTRAL NEW YORK 980 JAMES STREET SYRACUSE, NY 13203	15-0532073	501(C)(3)	10,000.	0.			PUBLIC, SOCIETAL BENEFIT
UNITED WAY OF COLLIER COUNTY AND THE KEYS - 9015 STRADA STELL COURT, #204 - NAPLES, FL 34109	59-1026096	501(C)(3)	25,920.	0.			HEALTH
UNITED WAY OF LEE COUNTY, INC. 7273 CONCOURSE DRIVE FT. MYERS, FL 33908	59-1005169	501(C)(3)	10,000.	0.			EDUCATION

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UNITED WAY OF ROCK RIVER VALLEY 612 NORTH MAIN STREET, #300 ROCKFORD, IL 61103	36-2167843	501(C)(3)	10,000.	0.			EDUCATION
UNIVERSITY OF MASSACHUSETTS AT AMHERST ALUMNI ASSOCIATION, INC. - MEMORIAL HALL - AMHERST, MA 01003-9270	04-2128443	501(C)(3)	10,000.	0.			EDUCATION
UNIVERSITY OF ST. THOMAS DEVELOPMENT OFFICE ST. PAUL, MN 55164	41-0693970	501(C)(3)	140,000.	0.			EDUCATION
UNIVERSITY OF VIRGINIA LAW SCHOOL FOUNDATION - 580 MASSIE ROAD - CHARLOTTESVILLE, VA 22907	54-0838566	501(C)(3)	10,000.	0.			EDUCATION
UNIVERSITY OF WISCONSIN FOUNDATION U.S. BANK LOCKBOX MILWAUKEE, WI 53278-0807	39-0743975	501(C)(3)	50,000.	0.			HUMAN SERVICES
VANDERBILT PRESBYTERIAN CHURCH 1225 PIPER BLVD. NAPLES, FL 34110	59-1923020	501(C)(3)	11,500.	0.			EDUCATION
VIRGINIA TECH FOUNDATION 902 PRICES FORK ROAD BLACKSBURG, VA 24061	54-0721690	501(C)(3)	9,724.	0.			RELIGION RELATED
VOICES OF NAPLES INC. 2249 CLIPPER WAY NAPLES, FL 34104	35-2158614	501(C)(3)	10,000.	0.			EDUCATION
WHITAKER CENTER FOR SCIENCE AND THE ARTS - 222 MARKET STREET - HARRISBURG, PA 17101-2205	25-1724566	501(C)(3)	10,000.	0.			RELIGION RELATED

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WINGS OF SHELTER INT'L, INC. 21301 S. TAMIAMI TRAIL, #320 PMB 33 ESTERO, FL 33928	26-3441610	501(C)(3)	65,000.	0.			EDUCATION
WORD OF LIFE FELLOWSHIP, INC. P.O. BOX 600 SCHROON LAKE, NY 12870	13-5648615	501(C)(3)	494,745.	0.			EDUCATION
WORLD VISION, INC. P.O. BOX 9716 FEDERAL WAY, WA 98063	95-1922279	501(C)(3)	10,000.	0.			EDUCATION
WOUNDED VETERANS RELIEF FUND 300 PROSPERITY FARMS ROAD, #F JUNO BEACH, FL 33408	26-2886846	501(C)(3)	10,000.	0.			HUMAN SERVICES
WOUNDED WARRIORS OF COLLIER COUNTY 4851 TAMIAMI TRAIL NORTH, #200 NAPLES, FL 34103	46-4973419	501(C)(3)	170,150.	0.			RELIGION RELATED
YALE UNIVERSITY PO BOX 7611 NEW HAVEN, CT 06503-0803	06-0646973	501(C)(3)	5,650.	0.			EDUCATION
YEW DELL BOTANICAL GARDENS 6220 OLD LAGRANGE ROAD CRESTWOOD, KY 40014	61-1390688	501(C)(3)	20,000.	0.			HUMAN SERVICES
YMCA OF COLLIER COUNTY 5450 YMCA ROAD NAPLES, FL 34109	23-7039993	501(C)(3)	75,733.	0.			ARTS, CULTURE, & HUMANITIES
YMCA OF COLLIER COUNTY - MARCO P.O. BOX 2529 MARCO ISLAND, FL 34146-2529	23-7039993	501(C)(3)	71,402.	0.			ARTS, CULTURE, & HUMANITIES

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUNG LIFE P. O. BOX 112481 NAPLES, FL 34108	84-0385934	501(C)(3)	65,500.	0.			HUMAN SERVICES
YOUTH HAVEN, INC. 5867 WHITAKER ROAD NAPLES, FL 34112	23-7065187	501(C)(3)	119,655.	0.			ARTS, CULTURE, & HUMANITIES
KENTUCKY STATE TREASURER PUBLIC PROTECTION CABINET FRANKFORT, KY 40622		501(C)(3)	15,000.	0.			HUMAN SERVICES
PROTECTED HARBOR, INC. P.O. BOX 771441 NAPLES, FL 34107	04-3612539	501(C)(3)	23,000.	0.			HUMAN SERVICES

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	263	4,298,318.	0.		
HARDSHIP	27	11,941.	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.

Multiple horizontal lines for supplemental information.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2021**

Open to Public Inspection

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

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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

Employer identification number  
**59-2396243**

**Part I Questions Regarding Compensation**

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

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

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

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

**3** Indicate which, if any, of the following the 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
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2021

COMMUNITY FOUNDATION OF COLLIER  
COUNTY, INC.

59-2396243

Schedule J (Form 990) 2021

**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 and/or 1099-NEC 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) EILEEN CONNOLLY-KEESLER PRESIDENT & CEO	(i)	230,562.	10,000.	0.	25,840.	23,355.	289,757.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LINDSEY TOUCHETTE VP OF COMMUNITY ENGAGEMENT	(i)	115,186.	3,500.	0.	11,023.	33,505.	163,214.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(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, CFO, SENIOR DIRECTOR OF PROGRAMS, VP OF COMMUNITY ENGAGEMENT, AND  
VP OF DEVELOPMENT RECEIVED DISCRETIONARY BONUSES DURING THE FISCAL YEAR OF  
\$10,000, \$500, \$2,500, \$3,500 AND \$3,500, RESPECTIVELY.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

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](http://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	80	9,989,422.	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	X	1	361,757.	APPRAISED VALUE
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, 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) 2021

**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)**

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 Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

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) 2021

132211 11-11-21



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 FY22 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 FY22, 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
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## FORM 990, PART VI, SECTION A, LINE 1A:

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 2022 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 EXECUTIVE COMMITTEE IS CHARGED WITH THE ROLE OF THE COMPENSATION COMMITTEE. THE 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 EXECUTIVE COMMITTEE USES THE PERFORMANCE EVALUATIONS TO DETERMINE THE ACHIEVEMENT LEVEL OF BONUS PAYMENTS. THE EXECUTIVE COMMITTEE DETERMINES THE SALARY OF THE CEO BASED ON THIRD PARTY SALARY SURVEYS. A FORMAL EVALUATION WAS COMPLETED IN JUNE 2021. 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	-2,937.
CHANGE IN VALUE OF SPLIT INTEREST & ANNUITY OBLIGAITON	3,023.
TOTAL TO FORM 990, PART XI, LINE 9	86.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

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	707,178.	0.	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) 2021



**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.

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	1a	X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	1b	X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	1c	X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	1d	X
<b>e</b> Loans or loan guarantees by related organization(s) .....	1e	X
<b>f</b> Dividends from related organization(s) .....	1f	X
<b>g</b> Sale of assets to related organization(s) .....	1g	X
<b>h</b> Purchase of assets from related organization(s) .....	1h	X
<b>i</b> Exchange of assets with related organization(s) .....	1i	X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	1j	X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	1k	X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	1l	X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	1m	X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	1n	X
<b>o</b> Sharing of paid employees with related organization(s) .....	1o	X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	1p	X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	1q	X
<b>r</b> Other transfer of cash or property to related organization(s) .....	1r	X
<b>s</b> Other transfer of cash or property from related organization(s) .....	1s	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	18,750.	FMV
(2) KAPNICK FUND, INC. LAWRENCE AND ELLEN MACKS FAMILY FOUNDATION	L	25,000.	FMV
(3) OF FLORIDA	L	3,994.	FMV
(4) KAPNICK FUND, INC.	C	150,000.	FMV
(5) KAPNICK FUND, INC. LAWRENCE AND ELLEN MACKS FAMILY FOUNDATION	B	122,620.	FMV
(6) OF FLORIDA	C	25,000.	FMV





**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:**

JACK W. THOMPSON CLAT

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



Type and Entity: INVESTMENTS IN PRIVATE POST-2017 NO **DETAIL CARRYOVER SCHEDULE**

Section 382 Annual Limitation		Section 382 Carryover										
Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for 06/30/22	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A	2018	12,746.	12,746.	12,746.								
B	2019	3,252.	3,252.	3,252.								
C	2020	3,138.	3,138.	3,138.								
D												
E												
F												
G												
H												
I												
J												
K												
L												
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N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												
Detail Type	ESBC	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A												
B												
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W												

Type and Entity: CONTRIBUTION - 50% CASH FED **DETAIL CARRYOVER SCHEDULE**

Section 382 Annual Limitation		Section 382 Carryover										
Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for 06/30/22	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A	2016	6,695,290.	9,448.	9,448.								
B	2020	4.										
C												
D												
E												
F												
G												
H												
I												
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Detail Type	ESBC	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
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Type and Entity: NOL FL		DETAIL CARRYOVER SCHEDULE										
Section 382 Annual Limitation		Section 382 Carryover										
Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for 06/30/22	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A	2018	12,746.	12,746.	12,746.								
B	2019	3,252.	3,252.	3,252.								
C												
D												
E												
F												
G												
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W												
Detail Type	ESBC	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A												
B												
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Form **8879-TE**

# IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning JUL 1, 2021, and ending JUN 30, 2022

# 2021

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

Name of filer **COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.**

EIN or SSN  
**59-2396243**

Name and title of officer or person subject to tax **EILEEN CONNOLLY-KEESLER  
CEO**

## Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

<b>1a</b> Form 990 check here	<input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b> _____
<b>2a</b> Form 990-EZ check here	<input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9)	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here	<input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22)	<b>3b</b> _____
<b>4a</b> Form 990-PF check here	<input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5)	<b>4b</b> _____
<b>5a</b> Form 8868 check here	<input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c)	<b>5b</b> _____
<b>6a</b> Form 990-T check here	<input checked="" type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4)	<b>6b</b> <u>17,856.</u>
<b>7a</b> Form 4720 check here	<input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1)	<b>7b</b> _____
<b>8a</b> Form 5227 check here	<input type="checkbox"/>	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D)	<b>8b</b> _____
<b>9a</b> Form 5330 check here	<input type="checkbox"/>	<b>b</b> Tax due (Form 5330, Part II, line 19)	<b>9b</b> _____
<b>10a</b> Form 8038-CP check here	<input type="checkbox"/>	<b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22)	<b>10b</b> _____

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

### PIN: check one box only

I authorize HILL, BARTH & KING LLC to enter my PIN 44444  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶

## Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

6561945555

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ DARBY BEAVERSON

Date ▶ 01/26/23

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

# 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](http://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](http://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.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.</b>	Taxpayer identification number (TIN) <b>59-2396243</b>
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. <b>1110 PINE RIDGE ROAD, 200</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NAPLES, FL 34109</b>	

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 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
Form 990-T (corporation)	07		

**WENDY PONTING**

• 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 15, 2023**, 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, 2021**, and ending **JUN 30, 2022**.

**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

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</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.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

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



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

For calendar year 2021 or other tax year beginning JUL 1, 2021, and ending JUN 30, 2022

**2021**

▶ Go to [www.irs.gov/Form990T](http://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><b>A</b> <input type="checkbox"/> Check box if address changed.</p> <p><b>B</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) <input type="checkbox"/> 529A</p>	Print or Type	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.  <b>1110 PINE RIDGE ROAD, 200</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code  <b>NAPLES, FL 34109</b></p> <p><b>C</b> Book value of all assets at end of year ..... ▶ <b>247,357,170.</b></p>	<p><b>D</b> Employer identification number <b>59-2396243</b></p> <p><b>E</b> Group exemption number (see instructions)</p> <p><b>F</b> <input type="checkbox"/> Check box if an amended return.</p>
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**G** Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Check if filing only to ▶  Claim credit from Form 8941  Claim a refund shown on Form 2439

**I** Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ..... ▶

**J** Enter the number of attached Schedules A (Form 990-T) ..... ▶ **1**

**K** 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. ▶

**L** The books are in care of ▶ **WENDY PONTING** Telephone number ▶ **239-649-5000**

**Part I Total Unrelated Business Taxable Income**

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .....	1	95,477.
2 Reserved .....	2	
3 Add lines 1 and 2 .....	3	95,477.
4 Charitable contributions (see instructions for limitation rules) ..... <b>STMT 3</b>	4	9,448.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....	5	86,029.
6 Deduction for net operating loss. See instructions .....	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 .....	7	86,029.
8 Specific deduction (generally \$1,000, but see instructions for exceptions) .....	8	1,000.
9 <b>Trusts.</b> Section 199A deduction. See instructions .....	9	
10 <b>Total deductions.</b> Add lines 8 and 9 .....	10	1,000.
11 <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....	11	85,029.

**Part II Tax Computation**

1 <b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21) .....	1	17,856.
2 <b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) .....	2	
3 <b>Proxy tax.</b> See instructions .....	3	
4 Other tax amounts. See instructions .....	4	
5 Alternative minimum tax (trusts only) .....	5	
6 <b>Tax on noncompliant facility income.</b> See instructions .....	6	
7 <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies .....	7	17,856.

LHA For Paperwork Reduction Act Notice, see instructions.

<b>Part III Tax and Payments</b>			
1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .....	<b>1a</b>		
b Other credits (see instructions) .....	<b>1b</b>		
c General business credit. Attach Form 3800 (see instructions) .....	<b>1c</b>		
d Credit for prior year minimum tax (attach Form 8801 or 8827) .....	<b>1d</b>		
e <b>Total credits.</b> Add lines 1a through 1d .....	<b>1e</b>		
2 Subtract line 1e from Part II, line 7 .....	<b>2</b>		17,856.
3 Other amounts due. 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 statement) .....	<b>3</b>		
4 <b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here .....	<b>4</b>		17,856.
5 Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4 .....	<b>5</b>		0.
6a Payments: A 2020 overpayment credited to 2021 .....	<b>6a</b>		
b 2021 estimated tax payments. Check if section 643(g) election applies .....	<b>6b</b>		
c Tax deposited with Form 8868 .....	<b>6c</b>		
d Foreign organizations: Tax paid or withheld at source (see instructions) .....	<b>6d</b>		
e Backup withholding (see instructions) .....	<b>6e</b>		
f Credit for small employer health insurance premiums (attach Form 8941) .....	<b>6f</b>		
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 .....	<b>6g</b>		
<input type="checkbox"/> Form 4136 .....			
7 <b>Total payments.</b> Add lines 6a through 6g .....	<b>7</b>		
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached .....	<b>8</b>	<input checked="" type="checkbox"/>	
9 <b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed .....	<b>9</b>	<b>STATEMENT 4</b>	17,856.
10 <b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....	<b>10</b>		
11 Enter the amount of line 10 you want: <b>Credited to 2022 estimated tax</b> .....	<b>11</b>	<b>Refunded</b>	

<b>Part IV Statements Regarding Certain Activities and Other Information</b> (see instructions)			
1 At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here .....			Yes No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? .....			X
3 Enter the amount of tax-exempt interest received or accrued during the tax year .....		\$ .....	
4 Enter available pre-2018 NOL carryovers here .....		\$ .....	
5 Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.			
Business Activity Code	Available post-2017 NOL carryover		
525990	\$ 19,136.		
6a Did the organization change its method of accounting? (see instructions) .....			X
b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V .....			

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date	CEO Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	DARBY BEAVERSON	DARBY BEAVERSON	01/26/23	P01262805
	Firm's name <b>HILL, BARTH &amp; KING LLC</b>	Firm's EIN <b>34-1897225</b>		
	Firm's address <b>3838 TAMIAMI TRAIL NORTH, SUITE 200 NAPLES, FL 34103</b>		Phone no. <b>(239) 263-2111</b>	

## FORM 990-T

## LATE PAYMENT INTEREST

## STATEMENT 1

DESCRIPTION	DATE	AMOUNT	BALANCE	RATE	DAYS	INTEREST
TAX DUE	11/15/22	17,856.	17,856.	.0600	46	136.
INTEREST RATE CHANGE	12/31/22	0.	17,992.	.0700	135	472.
DATE FILED	05/15/23		18,464.			
TOTAL LATE PAYMENT INTEREST						608.

## FORM 990-T

## LATE PAYMENT PENALTY

## STATEMENT 2

DESCRIPTION	DATE	AMOUNT	BALANCE	MONTHS	PENALTY
TAX DUE	11/15/22	17,856.	17,856.	6	536.
DATE FILED	05/15/23		17,856.		
TOTAL LATE PAYMENT PENALTY					536.

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 3

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

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS  
 FOR TAX YEAR 2016 6,695,290  
 FOR TAX YEAR 2017  
 FOR TAX YEAR 2018  
 FOR TAX YEAR 2019  
 FOR TAX YEAR 2020 4

TOTAL CARRYOVER 6,695,294  
 TOTAL CURRENT YEAR 10% CONTRIBUTIONS

TOTAL CONTRIBUTIONS AVAILABLE 6,695,294  
 TAXABLE INCOME LIMITATION AS ADJUSTED 9,448

EXCESS CONTRIBUTIONS 6,685,846  
 EXCESS 100% CONTRIBUTIONS 0  
 TOTAL EXCESS CONTRIBUTIONS 6,685,846

ALLOWABLE CONTRIBUTIONS DEDUCTION 9,448

TOTAL CONTRIBUTION DEDUCTION 9,448

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FORM 990-T

INTEREST AND PENALTIES

STATEMENT 4

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TAX FROM FORM 990-T, PART IV	17,856.
LATE PAYMENT INTEREST	608.
LATE PAYMENT PENALTY	536.
TOTAL AMOUNT DUE	<hr/> 19,000. <hr/> <hr/>

**SCHEDULE A  
(Form 990-T)**

Department of the Treasury  
Internal Revenue Service

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

▶ Go to [www.irs.gov/Form990T](http://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).

1  
OMB No. 1545-0047

**2021**

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

<b>A</b> Name of the organization <b>COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.</b>	<b>B</b> Employer identification number <b>59-2396243</b>
<b>C</b> Unrelated business activity code (see instructions) ▶ <b>525990</b>	<b>D</b> Sequence: <b>1</b> of <b>1</b>

**E** Describe the unrelated trade or business ▶ **INVESTMENTS IN PRIVATE EQUITY FUNDS THAT GENE**

<b>Part I</b> Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales			
<b>b</b> Less returns and allowances			
<b>c</b> Balance ▶	<b>1c</b>		
<b>2</b> Cost of goods sold (Part III, line 8)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>		
<b>4 a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	<b>4a</b> 124,202.		124,202.
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) <b>STATEMENT 5</b>	<b>5</b> -9,017.		-9,017.
<b>6</b> Rent income (Part IV)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Part V)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)	<b>8</b>		
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Part VIII)	<b>10</b>		
<b>11</b> Advertising income (Part IX)	<b>11</b>		
<b>12</b> Other income (see instructions; attach statement)	<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b> 115,185.		115,185.

**Part II Deductions Not Taken Elsewhere** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

<b>1</b> Compensation of officers, directors, and trustees (Part X)		<b>1</b>	
<b>2</b> Salaries and wages		<b>2</b>	
<b>3</b> Repairs and maintenance		<b>3</b>	
<b>4</b> Bad debts		<b>4</b>	
<b>5</b> Interest (attach statement). See instructions		<b>5</b>	
<b>6</b> Taxes and licenses		<b>6</b>	
<b>7</b> Depreciation (attach Form 4562). See instructions	<b>7</b>		
<b>8</b> Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>	<b>8b</b>	
<b>9</b> Depletion		<b>9</b>	
<b>10</b> Contributions to deferred compensation plans		<b>10</b>	
<b>11</b> Employee benefit programs		<b>11</b>	
<b>12</b> Excess exempt expenses (Part VIII)		<b>12</b>	
<b>13</b> Excess readership costs (Part IX)		<b>13</b>	
<b>14</b> Other deductions (attach statement) <b>SEE STATEMENT 6</b>		<b>14</b>	572.
<b>15 Total deductions.</b> Add lines 1 through 14		<b>15</b>	572.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)		<b>16</b>	114,613.
<b>17</b> Deduction for net operating loss. See instructions <b>STATEMENT 7</b>		<b>17</b>	19,136.
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16		<b>18</b>	95,477.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

**Part III Cost of Goods Sold** Enter method of inventory valuation ▶

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

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.  
 A  \_\_\_\_\_  
 B  \_\_\_\_\_  
 C  \_\_\_\_\_  
 D  \_\_\_\_\_

	A	B	C	D
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)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)	0.			
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 <b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)	0.			

**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.  
 A  \_\_\_\_\_  
 B  \_\_\_\_\_  
 C  \_\_\_\_\_  
 D  \_\_\_\_\_

	A	B	C	D
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 statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	0.			
9 Allocable deductions. Multiply line 3c by line 6				
10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	0.			
11 <b>Total dividends-received deductions</b> included in line 10	0.			

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	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 Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
<b>Totals</b>			0.	0.	

**Part VII 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 statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
<b>Totals</b>		0.		0.

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) .....	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....	4	
5	Gross income from activity that is not unrelated business income .....	5	
6	Expenses attributable to income entered on line 5 .....	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 .....	7	





FORM 990-T (A)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 5
DESCRIPTION		NET INCOME OR (LOSS)
MILL CREEK STRATEGIC RETURN, LP - PRIVATE EQUITY - ORDINARY BUSINESS INCOME		2,348.
MILL CREEK PRIVATE EQUITY FUND IV, L.P. - ORDINARY BUSINESS INCOME (LOSS)		-2,860.
MILL CREEK PRIVATE EQUITY FUND V, L.P. - ORDINARY BUSINESS INCOME (LOSS)		-75.
AMPFIELD HOLDINGS LP - ORDINARY BUSINESS INCOME (LOSS)		3,126.
DARLINGTON PARTNERS II LP - ORDINARY BUSINESS INCOME (LOSS)		-407.
TRUE GREEN CAPITAL FUND II LP - ORDINARY BUSINESS INCOME (LOSS)		-11,149.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5		-9,017.

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 6
DESCRIPTION		AMOUNT
OTHER DEDUCTIONS - PORTFOLIO FROM TRUE GREEN CAPITAL FUND II LP		572.
TOTAL TO SCHEDULE A, PART II, LINE 14		572.

FORM 990-T (A)	POST 2017 NOL SCHEDULE	STATEMENT 7
PRIOR YEAR POST 2017 NOL	NOL DEDUCTION	CARRYFORWARD OF POST 2017 NOL
19,136.	19,136.	0.

FORM 990-T SCHEDULE A	DESCRIPTION OF ORGANIZATION'S UNRELATED BUSINESS ACTIVITY	STATEMENT 8
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INVESTMENTS IN PRIVATE EQUITY FUNDS THAT GENERATE UNRELATED BUSINESS INCOME

TO FORM 990-T, SCHEDULE A, LINE E

990-T SCH A POST-2017 NET OPERATING LOSS DEDUCTION STATEMENT 9

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/19	12,746.	0.	12,746.	12,746.
06/30/20	3,252.	0.	3,252.	3,252.
06/30/21	3,138.	0.	3,138.	3,138.
NOL CARRYOVER AVAILABLE THIS YEAR			19,136.	19,136.

**SCHEDULE D  
(Form 1120)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form1120) for instructions and the latest information.

OMB No. 1545-0123

**2021**

Name <b>COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.</b>	Employer identification number <b>59-2396243</b>
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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 - Assets Held One Year or Less**

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)
<b>1a</b> 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 .....				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked .....				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked .....				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked .....				<b>2,322.</b>
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>4</b>	
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>5</b>	
<b>6</b> Unused capital loss carryover (attach computation) .....			<b>6</b>	( )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h .....			<b>7</b>	<b>2,322.</b>

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

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)
<b>8a</b> 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 .....				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked .....				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked .....				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked .....				<b>121,880.</b>
<b>11</b> Enter gain from Form 4797, line 7 or 9 .....			<b>11</b>	
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>12</b>	
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>13</b>	
<b>14</b> Capital gain distributions .....			<b>14</b>	
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h .....			<b>15</b>	<b>121,880.</b>

**Part III Summary of Parts I and II**

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) .....	<b>16</b>	<b>2,322.</b>
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) .....	<b>17</b>	<b>121,880.</b>
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns .....	<b>18</b>	<b>124,202.</b>

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





**SCHEDULE D  
(Form 1120)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form1120) for instructions and the latest information.

OMB No. 1545-0123

**2021**

Name <b>COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.</b>	Employer identification number <b>59-2396243</b>
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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 - Assets Held One Year or Less**

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)
<b>1a</b> 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 .....				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked .....				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked .....				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked .....				<b>2,322.</b>
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>4</b>	
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>5</b>	
<b>6</b> Unused capital loss carryover (attach computation) .....			<b>6</b>	( )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h .....			<b>7</b>	<b>2,322.</b>

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

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)
<b>8a</b> 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 .....				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked .....				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked .....				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked .....				<b>121,880.</b>
<b>11</b> Enter gain from Form 4797, line 7 or 9 .....			<b>11</b>	
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>12</b>	
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>13</b>	
<b>14</b> Capital gain distributions .....			<b>14</b>	
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h .....			<b>15</b>	<b>121,880.</b>

**Part III Summary of Parts I and II**

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) .....	<b>16</b>	<b>2,322.</b>
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) .....	<b>17</b>	<b>121,880.</b>
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns .....	<b>18</b>	<b>124,202.</b>

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







**Underpayment of Estimated Tax by Corporations**

▶ Attach to the corporation's tax return. **FORM 990-T**

▶ Go to [www.irs.gov/Form2220](http://www.irs.gov/Form2220) for instructions and the latest information.

**2021**

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

Employer identification number  
**59-2396243**

**Note:** Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

**Part I Required Annual Payment**

1	Total tax (see instructions) .....	1	17,856.
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 .....	2a	
2b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method .....	2b	
2c	Credit for federal tax paid on fuels (see instructions) .....	2c	
2d	<b>Total.</b> Add lines 2a through 2c .....	2d	
3	Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation does not owe the penalty .....	3	17,856.
4	Enter the tax shown on the corporation's 2020 income tax return. See instructions. <b>Caution:</b> If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5 .....	4	
5	<b>Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 .....	5	17,856.

**Part II Reasons for Filing** - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

- 6  The corporation is using the adjusted seasonal installment method.
- 7  The corporation is using the annualized income installment method.
- 8  The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

**Part III Figuring the Underpayment**

	(a)	(b)	(c)	(d)
9 <b>Installment due dates.</b> Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year .....	10/15/21	12/15/21	03/15/22	06/15/22
10 <b>Required installments.</b> If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column .....				
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions .....				
<b>Complete lines 12 through 18 of one column before going to the next column.</b>				
12 Enter amount, if any, from line 18 of the preceding column .....				
13 Add lines 11 and 12 .....				
14 Add amounts on lines 16 and 17 of the preceding column .....				
15 Subtract line 14 from line 13. If zero or less, enter -0- .....				
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- .....				
17 <b>Underpayment.</b> If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 .....				
18 <b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column .....				

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

**Part IV Figuring the Penalty**

	(a)	(b)	(c)	(d)
<b>19</b> Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. <b>(C corporations with tax years ending June 30 and S corporations:</b> Use 3rd month instead of 4th month. <b>Form 990-PF and Form 990-T filers:</b> Use 5th month instead of 4th month.) See instructions ..... <b>19</b>				
<b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19 .....	<b>20</b>			
<b>21</b> Number of days on line 20 after 4/15/2021 and before 7/1/2021 .....	<b>21</b>			
<b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 3\% (0.03)}{365}$ ...	<b>22</b> \$	\$	\$	\$
<b>23</b> Number of days on line 20 after 6/30/2021 and before 10/1/2021 .....	<b>23</b>			
<b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 3\% (0.03)}{365}$ ...	<b>24</b> \$	\$	\$	\$
<b>25</b> Number of days on line 20 after 9/30/2021 and before 1/1/2022 .....	<b>25</b>			
<b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 3\% (0.03)}{365}$ ...	<b>26</b> \$	\$	\$	\$
<b>27</b> Number of days on line 20 after 12/31/2021 and before 4/1/2022 .....	<b>27</b>			
<b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 3\% (0.03)}{365}$ ...	<b>28</b> \$	\$	\$	\$
<b>29</b> Number of days on line 20 after 3/31/2022 and before 7/1/2022 .....	<b>29</b>			
<b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$ .....	<b>30</b> \$	\$	\$	\$
<b>31</b> Number of days on line 20 after 6/30/2022 and before 10/1/2022 .....	<b>31</b>			
<b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$ .....	<b>32</b> \$	\$	\$	\$
<b>33</b> Number of days on line 20 after 9/30/2022 and before 1/1/2023 .....	<b>33</b>			
<b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$ .....	<b>34</b> \$	\$	\$	\$
<b>35</b> Number of days on line 20 after 12/31/2022 and before 3/16/2023 .....	<b>35</b>			
<b>36</b> Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$ .....	<b>36</b> \$	\$	\$	\$
<b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36 .....	<b>37</b> \$	\$	\$	\$
<b>38 Penalty.</b> Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns .....	<b>38</b> \$			0.

\* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at [www.irs.gov](http://www.irs.gov). You can also call 1-800-829-4933 to get interest rate information.

**Schedule A Adjusted Seasonal Installment Method and Annualized Income Installment Method**

See instructions.

**Form 1120-S filers:** For lines 1, 2, 3, and 21, "taxable income" refers to excess net passive income or the amount on which tax is imposed under section 1374(a), whichever applies.

**Part I Adjusted Seasonal Installment Method**

**Caution:** Use this method only if the base period percentage for any 6 consecutive months is at least 70%.  
 See instructions.

		(a)	(b)	(c)	(d)
		First 3 months	First 5 months	First 8 months	First 11 months
<b>1</b> Enter taxable income for the following periods.					
<b>a</b> Tax year beginning in 2018 .....	<b>1a</b>				
<b>b</b> Tax year beginning in 2019 .....	<b>1b</b>				
<b>c</b> Tax year beginning in 2020 .....	<b>1c</b>				
<b>2</b> Enter taxable income for each period for the tax year beginning in 2021. See the instructions for the treatment of extraordinary items	<b>2</b>				
<b>3</b> Enter taxable income for the following periods.		First 4 months	First 6 months	First 9 months	Entire year
<b>a</b> Tax year beginning in 2018 .....	<b>3a</b>				
<b>b</b> Tax year beginning in 2019 .....	<b>3b</b>				
<b>c</b> Tax year beginning in 2020 .....	<b>3c</b>				
<b>4</b> Divide the amount in each column on line 1a by the amount in column (d) on line 3a .....	<b>4</b>				
<b>5</b> Divide the amount in each column on line 1b by the amount in column (d) on line 3b .....	<b>5</b>				
<b>6</b> Divide the amount in each column on line 1c by the amount in column (d) on line 3c .....	<b>6</b>				
<b>7</b> Add lines 4 through 6 .....	<b>7</b>				
<b>8</b> Divide line 7 by 3.0 .....	<b>8</b>				
<b>9a</b> Divide line 2 by line 8 .....	<b>9a</b>				
<b>b</b> Extraordinary items (see instructions) .....	<b>9b</b>				
<b>c</b> Add lines 9a and 9b .....	<b>9c</b>				
<b>10</b> Figure the tax on the amt on ln 9c using the instr for Form 1120, Sch J, line 2, or comparable line of corp's return ...	<b>10</b>				
<b>11a</b> Divide the amount in columns (a) through (c) on line 3a by the amount in column (d) on line 3a .....	<b>11a</b>				
<b>b</b> Divide the amount in columns (a) through (c) on line 3b by the amount in column (d) on line 3b .....	<b>11b</b>				
<b>c</b> Divide the amount in columns (a) through (c) on line 3c by the amount in column (d) on line 3c .....	<b>11c</b>				
<b>12</b> Add lines 11a through 11c .....	<b>12</b>				
<b>13</b> Divide line 12 by 3.0 .....	<b>13</b>				
<b>14</b> Multiply the amount in columns (a) through (c) of line 10 by columns (a) through (c) of line 13. In column (d), enter the amount from line 10, column (d) .....	<b>14</b>				
<b>15</b> Enter any alternative minimum tax (trusts only) for each payment period. See instructions .....	<b>15</b>				
<b>16</b> Enter any other taxes for each payment period. See instr.	<b>16</b>				
<b>17</b> Add lines 14 through 16 .....	<b>17</b>				
<b>18</b> For each period, enter the same type of credits as allowed on Form 2220, lines 1 and 2c. See instructions .....	<b>18</b>				
<b>19</b> Total tax after credits. Subtract line 18 from line 17. If zero or less, enter -0- .....	<b>19</b>				

**Part II** <sup>\*\*</sup> Annualized Income Installment Method

		(a)	(b)	(c)	(d)
		First <u>2</u> months	First <u>3</u> months	First <u>6</u> months	First <u>9</u> months
20 Annualization periods (see instructions) .....	20				
21 Enter taxable income for each annualization period. See instructions for the treatment of extraordinary items .....	21				
22 Annualization amounts (see instructions) .....	22	6.000000	4.000000	2.000000	1.333330
23a Annualized taxable income. Multiply line 21 by line 22 ...	23a				
b Extraordinary items (see instructions) .....	23b				
c Add lines 23a and 23b .....	23c				
24 Figure the tax on the amount on line 23c using the instructions for Form 1120, Schedule J, line 2, or comparable line of corporation's return .....	24				
25 Enter any alternative minimum tax (trusts only) for each payment period (see instructions) .....	25				
26 Enter any other taxes for each payment period. See instr. ....	26				
27 Total tax. Add lines 24 through 26 .....	27				
28 For each period, enter the same type of credits as allowed on Form 2220, lines 1 and 2c. See instructions .....	28				
29 Total tax after credits. Subtract line 28 from line 27. If zero or less, enter -0- .....	29				
30 Applicable percentage .....	30	25%	50%	75%	100%
31 Multiply line 29 by line 30 .....	31				

**Part III** Required Installments

		1st installment	2nd installment	3rd installment	4th installment
<b>Note:</b> Complete lines 32 through 38 of one column before completing the next column.					
32 If only Part I or Part II is completed, enter the amount in each column from line 19 or line 31. If both parts are completed, enter the <b>smaller</b> of the amounts in each column from line 19 or line 31 .....	32	0.	0.	0.	0.
33 Add the amounts in all preceding columns of line 32. See instructions .....	33				
34 <b>Adjusted seasonal or annualized income installments.</b> Subtract line 33 from line 32. If zero or less, enter -0- ...	34				
35 Enter 25% (0.25) of line 5 on page 1 of Form 2220 in each column. <b>Note:</b> "Large corporations," see the instructions for line 10 for the amounts to enter .....	35	4,464.	4,464.	4,464.	4,464.
36 Subtract line 38 of the preceding column from line 37 of the preceding column .....	36		4,464.	8,928.	13,392.
37 Add lines 35 and 36 .....	37	4,464.	8,928.	13,392.	17,856.
38 <b>Required installments.</b> Enter the <b>smaller</b> of line 34 or line 37 here and on page 1 of Form 2220, line 10. See instructions .....	38	0.	0.	0.	0.

Form 2220 (2021)

**\*\* ANNUALIZED INCOME INSTALLMENT METHOD USING STANDARD OPTION**

# TAX RETURN FILING INSTRUCTIONS

FLORIDA FORM F-1120

FOR THE YEAR ENDING

JUNE 30, 2022

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**PREPARED FOR:**

COMMUNITY FOUNDATION OF COLLIER  
COUNTY, INC.  
1110 PINE RIDGE ROAD 200  
NAPLES, FL 34109

---

**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	\$	1,007
LESS: PAYMENTS AND CREDITS	\$	0
PLUS: OTHER AMOUNT	\$	0
PLUS: INTEREST AND PENALTIES	\$	87
BALANCE DUE	\$	1,094

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**OVERPAYMENT:**

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

---

**MAKE CHECK PAYABLE TO:**

WHEN THE RETURN IS FILED THE AMOUNT DUE SHOULD BE ELECTRONICALLY  
TRANSFERRED.

---

**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:**

YOUR PAYMENT SHOULD BE MADE AS INSTRUCTED BELOW ON OR BEFORE  
JUNE 1, 2023.

DEPOSIT YOUR FUNDS USING THE FLORIDA ELECTRONIC FUNDS TRANSFER SYSTEM. BE SURE TO MARK THE EFT BOX ON THE FRONT OF THE RETURN AND PAYMENT COUPON IF YOU PAY YOUR TAX BY EFT. MAKE THE PAYMENT VIA THE FLORIDA DEPARTMENT OF REVENUE WEBSITE AT:

[HTTP://FLORIDAREVENUE.COM/DOR/ESERVICES/FILEPAY.HTML](http://FLORIDAREVENUE.COM/DOR/ESERVICES/FILEPAY.HTML)

**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](http://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: WPONTING@CFCOLLIER.O

Extension of Time Request	Florida Income/Franchise Tax Due
1. Tentative amount of Florida tax for the taxable year	1. 1,007.00
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. 1,007.00

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

144961  
09-27-21

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 34109**

FEIN **59-2396243**  
 Taxable Year End 06/30/22  
 FILING STATUS Partnership  S-corporation   
 All other federal returns to be filed  **X**  
 Tentative Tax Due \$ **1,007.00**

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
20220630	0	0	0
0	0	0	0
012	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	100700

100700

8133 0 20220630 0002005030 6 3592396243 0000 6





Florida Corporate Income/Franchise Tax Return

F-1120, R. 01/22 1019

FEIN 59-2396243

For calendar year 2021 or tax year beginning

JUL 1

, 2021 ending

JUN 30, 2022

Rule 12C-1.051 Florida Administrative Code Effective 01/22 Page 1 of 6

813302022063000020050379359239624300006

Name: COMMUNITY FOUNDATION OF COLLIER COUNTY, INC. Address: 1110 PINE RIDGE ROAD City/State/ZIP: NAPLES, FL 34109

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

Computation of Florida Net Income Tax

Table with 4 columns: Line number, Description, Check here if negative, and Amount. Includes lines 1 through 19 for tax computation.

144081 10-21-21

Payment Coupon for Florida Corporate Income Tax Return

1019 F-1120 R. 01/22

Do Not Detach

YEAR ENDING 06/30/22

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 34109

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: Taxable amount, Federal tax, State tax, and Total tax. Values include 592396243, 944800, 0, 0, etc.

109400

8133 0 20220630 0002005037 9 3592396243 0000 6



COMMUNITY FOUNDATION OF COLLIER COUN

FEIN 59-2396243

1019
F-1120
R. 01/22
Page 2 of 6
06/30/22

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 DARBY BEAVERSON Date 01/26/23 Preparer check if self-employed Preparer's PTIN P01262805
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 NO X
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: WPONTING@CFCOLLIER.O
L. Type of federal return filed 1120 1120S or 990-T



Where to Send Payments and Returns

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

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

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



NAME COMMUNITY FOUNDATION OF COLLIER FEIN 59-2396243 TAXABLE YEAR ENDING 06/30/22

<b>Schedule I - Additions and/or Adjustments to Federal Taxable Income</b>	
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. 9,448.00
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 (AKA credit for contributions for nonprofit scholarship-funding organizations)	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. Qualified Improvement Property Decoupling.	19.
20. Business Meal Expenses at a Restaurant.	20.
21. Film, Television, and Live theatrical production expenses.	21.
22. Other additions (attach schedule)	22.
23. Total Lines 1 through 22. Enter total on Line 23 and on Page 1, Line 3.	23. 9,448.00

<b>Schedule II - Subtractions from Federal Taxable Income</b>	
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. Total ▶
2. Gross subpart F income less attributable expenses (a) Enter s. 951, IRC subpart F income \$ _____ (b) less direct and indirect expenses \$ _____	2. Total ▶
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) <b>STATEMENT 3</b>	3. 15,998.00
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. Depreciation of qualified improvement property	11.
12. Film, Television, and Live Theatrical Expenses.	12.
13. Other subtractions (attach statement)	13.
14. Total Lines 1 through 13. Enter total on Line 14 and on Page 1, Line 5.	14. 15,998.00



NAME COMMUNITY FOUNDATION OF COLLIER FEIN 59-2396243 TAXABLE YEAR ENDING 06/30/22

<b>Schedule III - Apportionment of Adjusted Federal Income</b>					
<b>III-A For use by taxpayers doing business outside Florida, except those providing insurance or transportation services.</b>					
	(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.					<b>1.000000</b>
<b>III-B For use in computing average value of property (use original cost).</b>	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. _____		
<b>III-C Sales Factor</b>	(a) TOTAL WITHIN FLORIDA (Numerator)		(b) TOTAL EVERYWHERE (Denominator)		
1. Sales (gross receipts)	<b>N/A</b>				
2. Sales delivered or shipped to Florida purchasers			<b>N/A</b>		
3. Other gross receipts (rents, royalties, interest, etc. when applicable)					
4. TOTAL SALES (Enter on Schedule III-A, Line 3, Columns [a] and [b])					
<b>III-D Special Apportionment Fractions (see instructions)</b>	(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					

<b>Schedule IV - Computation of Florida Portion of Adjusted Federal Income</b>	
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 06/30/22

<b>Schedule V - Credits Against the Corporate Income/Franchise Tax</b>	
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 (AKA voluntary cleanup tax credit) (attach tax credit certificate)	10.
11. State housing tax credit (attach certification letter)	11.
12. Florida Tax Credit: Scholarship Program Credits. (AKA credit for contributions to nonprofit scholarship-funding organizations) (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 06/30/22

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

1. Florida income expected in taxable year .....	1.	\$	<u>78,479.00</u>
2. Florida exemption \$50,000 (Members of a controlled group, see instructions on Page 14 of Florida Form F-1120N) .....	2.	\$	<u>50,000.00</u>
3. Estimated Florida net income (Line 1 less Line 2) .....	3.	\$	<u>28,479.00</u>
4. Total Estimated Florida tax (5.5% of Line 3) .....		\$	<u>1,566.00</u>
Less: Credits against the tax .....	4.	\$	<u>1,566.00</u>
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](http://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.

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FL F-1120	COMPUTATION OF LATE PAYMENT INTEREST	STATEMENT 1
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REMAINING BALANCE	PERIOD OF UNDERPAYMENT	DAYS	INTEREST RATE	AMOUNT OF INTEREST
1,007.00	12/01/2022 05/15/2023	165	7.0000	32.00
TOTAL LATE PAYMENT INTEREST TO PAGE 1, LINE 14D				32.00

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FL F-1120	UNDERPAYMENT OF TENTATIVE TAX PENALTY	STATEMENT 2
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REMAINING BALANCE	PERIOD OF UNDERPAYMENT	DAYS	ANNUAL RATE	AMOUNT OF PENALTY
1,007.00	12/01/2022 05/15/2023	165	12.0000	55.00
TOTAL UNDERPAYMENT PENALTY INCLUDED IN PAGE 1, LINE 14B				55.00

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FL F-1120

NET OPERATING LOSS CARRYOVERS

STATEMENT 3

YEAR	APPORZION 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
2019	0%	0.	3,252.	0.	3,252.00
TOTAL NET OPERATING LOSS CARRYOVER AVAILABLE					15,998.00





COMMUNITY FOUNDATION OF COLLIER COUNTY,

1019  
F-1120  
R. 01/22

FEIN 59-2396243

DATA Page 1 of 2

592396243	0	0	1599800
9447700	0	0	0
2847900	0	0	0
100700	0	0	0
0	0	0	0
5500	0	0	0
8700	0	0	0
3200	0	0	0
109400	0	0	0
0	0	0	0
2	0	0	0
2	0	0	0
2	0	0	0
2	0	0	0
00000000	0	0	0
0	0	0	0
0	0	0	0
0	944800	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	100

