

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2012

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2012 calendar year, or tax year beginning **JUL 1, 2012** and ending **JUN 30, 2013**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COMMUNITY FOUNDATION OF COLLIER COUNTY, INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2400 TAMIAMI TRAIL N #300 City, town, or post office, state, and ZIP code NAPLES, FL 34103 F Name and address of principal officer: EILEEN CONNOLLY-KEESLER SAME AS C ABOVE	D Employer identification number 59-2396243 E Telephone number 239-649-5000 G Gross receipts \$ 29,374,714. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.CFCOLLIER.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1985 M State of legal domicile: FL

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: PROVIDING DONORS W/PHILANTHROPIC KNOWLEDGE AND FINANCIAL STEWARDSHIP TO STRENGTHEN OUR COMMUNITY.			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	21	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21	
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	12	
	6 Total number of volunteers (estimate if necessary)	6	75	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 6,277,207.	Current Year 6,963,448.
9 Program service revenue (Part VIII, line 2g)		29,994.	24,249.	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,337,891.	2,010,933.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		135,061.	47,616.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,780,153.	9,046,246.	
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,719,879.	9,458,218.
		14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
		15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,075,956.	906,616.
		16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
		b Total fundraising expenses (Part IX, column (D), line 25) ▶ 332,368.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	895,848.	944,686.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,691,683.	11,309,520.	
	19 Revenue less expenses. Subtract line 18 from line 12	88,470.	-2,263,274.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 63,470,740.	End of Year 64,157,718.	
	21 Total liabilities (Part X, line 26)	3,628,644.	3,435,035.	
	22 Net assets or fund balances. Subtract line 21 from line 20	59,842,096.	60,722,683.	

Part II Signature Block

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

Sign Here	Signature of officer EILEEN CONNOLLY-KEESLER, CEO Type or print name and title	Date 		
Paid Preparer Use Only	Print/Type preparer's name MARTIN REDOVAN, CPA	Preparer's signature MARTIN REDOVAN, CPA	Date 01/09/14	Check <input type="checkbox"/> if self-employed PTIN P01281045
	Firm's name ▶ CLIFTONLARSONALLEN LLP	Firm's EIN ▶ 41-0746749	Firm's address ▶ 4099 TAMIAMI TRAIL N., STE. 300 NAPLES, FL 34103	
		Phone no. 239-262-8686		

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

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

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

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

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

4a (Code:) (Expenses \$ 9,280,166. including grants of \$ 9,034,912.) (Revenue \$ 24,249.)
DONOR SERVICES
SEE SCHEDULE O.

4b (Code:) (Expenses \$ 356,858. including grants of \$ 242,685.) (Revenue \$)
COMMUNITY GRANTMAKING
SEE SCHEDULE O.

4c (Code:) (Expenses \$ 219,077. including grants of \$ 49,000.) (Revenue \$)
WOMEN'S INITIATIVE NETWORK
SEE SCHEDULE O.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 390,097. including grants of \$ 131,621.) (Revenue \$)

4e Total program service expenses **▶** 10,246,198.

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Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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Part IV Checklist of Required Schedules (continued)

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

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Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1a	21		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
1c			
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	12		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3a			
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4a			
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5a			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5b			
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	X	
6a			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
6b			
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7c			
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
7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
7h			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
8			
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		X
9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
9b			
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	21		
1b	Enter the number of voting members included in line 1a, above, who are independent		
	21		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **FL**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **LISETTE HOLMES - 239-649-5000**
2400 TAMIAMI TRAIL N, NO. #300, NAPLES, FL 34103

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MR. THOMAS D. MCCANN CHAIR	4.00	X		X				0.	0.	0.
(2) MR. ALAN M. HORTON CHAIR ELECT	2.00	X		X				0.	0.	0.
(3) MR. CHRISTOPHER BRAY IMMEDIATE PAST CHAIR	2.00	X		X				0.	0.	0.
(4) MS. KIM CICCARELLI KANTOR SECRETARY	2.00	X		X				0.	0.	0.
(5) MR. DENNIS C. BROWN TREASURER	2.00	X		X				0.	0.	0.
(6) MR. JOHN J. MORGAN JR. MEMBER EXECUTIVE COMMITTEE	2.00	X		X				0.	0.	0.
(7) MS. DEBORAH L. RUSSELL MEMBER EXECUTIVE COMMITTEE	2.00	X		X				0.	0.	0.
(8) MR. PAUL W. DRESSELHAUS DIRECTOR	1.00	X						0.	0.	0.
(9) MR. JOHN FUMAGALLI DIRECTOR	1.00	X						0.	0.	0.
(10) MRS. CHRISTINE FLYNN DIRECTOR	1.00	X						0.	0.	0.
(11) MS. MANA HOLTZ DIRECTOR	1.00	X						0.	0.	0.
(12) MS. PATRICIA A. JILK DIRECTOR	1.00	X						0.	0.	0.
(13) MS. KATHLEEN KIRCHER DIRECTOR	1.00	X						0.	0.	0.
(14) MR. WILLIAM D. LANGE DIRECTOR	1.00	X						0.	0.	0.
(15) MRS. SUZANNE LOUNT DIRECTOR	1.00	X						0.	0.	0.
(16) MR. BRIAN MCAVOY DIRECTOR	1.00	X						0.	0.	0.
(17) MR. J. RICHARD MUNRO DIRECTOR	1.00	X						0.	0.	0.

COMMUNITY FOUNDATION OF
COLLIER COUNTY, INC.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MR. JOHN F. SOREY, III DIRECTOR	1.00	X					0.	0.	0.	
(19) MR. MARIO VALLE DIRECTOR	1.00	X					0.	0.	0.	
(20) MS. JENNIFER B. WALKER DIRECTOR	1.00	X					0.	0.	0.	
(21) MR. HAROLD L. ZINK DIRECTOR	1.00	X					0.	0.	0.	
(22) MS. EILEEN CONNOLLY-KEESLER PRESIDENT & CEO (1/1/2013 - PRESENT)	40.00			X			0.	0.	0.	
(23) MS. MARY GEORGE ACTING CEO (5/2012 TO 12/31/2012)	40.00			X			117,190.	0.	5,302.	
(24) MS. KAREN WARNKEN VP FINANCE & ADMIN(5/2012 TO 5/2013)	40.00			X			85,450.	0.	16,268.	
(25) MS. COLLEEN MURPHY PRESIDENT & CEO (7/1/2011 TO 5/2012)	0.00					X	114,732.	0.	2,418.	
1b Sub-total							317,372.	0.	23,988.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							317,372.	0.	23,988.	

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		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 to any question 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, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	33,665.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	6,929,783.			
	g Noncash contributions included in lines 1a-1f: \$		3,265,239.			
	h Total. Add lines 1a-1f		6,963,448.			
	Program Service Revenue	2 a ADMINISTRATIVE FEES	Business Code 812900	24,249.	24,249.	
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			24,249.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,202,001.		1,202,001.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real	13,200.			
		(ii) Personal				
		b Less: rental expenses	0.			
		c Rental income or (loss)	13,200.			
	d Net rental income or (loss)		13,200.		13,200.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	21,070,066.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	20,261,134.			
		c Gain or (loss)	808,932.			
	d Net gain or (loss)		808,932.		808,932.	
	8 a Gross income from fundraising events (not including \$ 33,665. of contributions reported on line 1c). See Part IV, line 18	a	80,755.			
		b Less: direct expenses	67,334.			
c Net income or (loss) from fundraising events			13,421.		13,421.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a OTHER REVENUE		812900	20,995.		20,995.	
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		20,995.			
12 Total revenue. See instructions.		9,046,246.	24,249.	0.	2,058,549.	

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12-10-12

Form 990 (2012)

**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 to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	9,055,474.	9,055,474.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	236,150.	236,150.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	166,594.	166,594.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	300,071.	175,512.	66,053.	58,506.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	421,890.	227,609.	103,026.	91,255.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	26,520.	14,844.	6,192.	5,484.
9 Other employee benefits	97,986.	53,132.	23,786.	21,068.
10 Payroll taxes	60,149.	33,552.	14,104.	12,493.
11 Fees for services (non-employees):				
a Management				
b Legal	10,513.		10,513.	
c Accounting	21,500.		21,500.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	369,441.		369,441.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	190,156.	90,442.	29,981.	69,733.
12 Advertising and promotion	42,556.	20,471.	6,023.	16,062.
13 Office expenses	44,396.	24,251.	10,202.	9,943.
14 Information technology	50,643.	27,477.	12,285.	10,881.
15 Royalties				
16 Occupancy	150,200.	97,630.	30,040.	22,530.
17 Travel	8,375.	6,275.	700.	1,400.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	15,424.	11,008.	1,471.	2,945.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,963.		1,963.	
23 Insurance	8,199.	5,329.	1,640.	1,230.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DUES & SUBSCRIPTIONS	17,471.		8,736.	8,735.
b HIRING AND RELOCATION F	13,160.		13,160.	
c TAXES, LICENSES & FEES	689.	448.	138.	103.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	11,309,520.	10,246,198.	730,954.	332,368.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

COMMUNITY FOUNDATION OF
COLLIER COUNTY, INC.

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Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	8,063,486.	2	6,873,218.
	3 Pledges and grants receivable, net	3,500.	3	6,500.
	4 Accounts receivable, net	60,700.	4	53,985.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	34,680.	9	35,572.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 199,084.		
	b Less: accumulated depreciation	10b 191,316.	10c	7,768.
	11 Investments - publicly traded securities	36,373,641.	11	40,911,322.
	12 Investments - other securities. See Part IV, line 11	16,327,923.	12	14,177,637.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,605,252.	15	2,091,716.
16 Total assets. Add lines 1 through 15 (must equal line 34)	63,470,740.	16	64,157,718.	
Liabilities	17 Accounts payable and accrued expenses	125,867.	17	96,777.
	18 Grants payable	54,477.	18	97,347.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	3,448,300.	25	3,240,911.
	26 Total liabilities. Add lines 17 through 25	3,628,644.	26	3,435,035.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	57,236,844.	27	58,630,966.
	28 Temporarily restricted net assets	2,605,252.	28	2,091,717.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	59,842,096.	33	60,722,683.	
34 Total liabilities and net assets/fund balances	63,470,740.	34	64,157,718.	

Form 990 (2012)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,046,246.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,309,520.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,263,274.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	59,842,096.
5	Net unrealized gains (losses) on investments	5	3,032,174.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	111,687.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	60,722,683.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

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

Form 990 (2012)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

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

Employer identification number
59-2396243

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2012

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,978,716.	3,976,762.	5,940,437.	6,277,207.	6,963,448.	32,136,570.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	8,978,716.	3,976,762.	5,940,437.	6,277,207.	6,963,448.	32,136,570.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						10,427,843.
6 Public support. Subtract line 5 from line 4.						21,708,727.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	8,978,716.	3,976,762.	5,940,437.	6,277,207.	6,963,448.	32,136,570.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	758,285.	778,678.	866,380.	1,193,242.	1,215,201.	4,811,786.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						36,948,356.
12 Gross receipts from related activities, etc. (see instructions)					12	237,710.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	58.75 %
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	62.86 %
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 9 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. 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 - 2011. 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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

2012

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" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	147	
2 Aggregate contributions to (during year)	5,630,030.	
3 Aggregate grants from (during year)	6,080,080.	
4 Aggregate value at end of year	22,840,915.	
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" to Form 990, Part IV, line 7.

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

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

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

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

Yes No

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

7 Amount of expenses incurred in monitoring, inspecting, 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" to Form 990, Part IV, line 8.

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

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

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

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

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to 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	33,332,949.	31,372,598.	28,943,687.	25,682,921.	28,683,834.
b Contributions	1,654,618.	4,577,164.	382,346.	3,482,071.	2,970,755.
c Net investment earnings, gains, and losses	2,859,940.	-360,943.	4,526,718.	2,530,220.	-4,268,736.
d Grants or scholarships	2,872,963.	1,778,431.	2,023,660.	2,355,394.	1,337,629.
e Other expenditures for facilities and programs	129,095.				
f Administrative expenses	472,453.	477,439.	456,493.	396,131.	365,303.
g End of year balance	34,372,996.	33,332,949.	31,372,598.	28,943,687.	25,682,921.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 100.00 %
 - b Permanent endowment %
 - c Temporarily restricted endowment %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) unrelated organizations | | X |
| (ii) related organizations | | X |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | | |

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

Part VI Land, Buildings, and Equipment. 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				
c Leasehold improvements		107,644.	107,644.	0.
d Equipment		91,440.	83,672.	7,768.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				7,768.

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

Schedule D (Form 990) 2012

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Part VII Investments - Other Securities. 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/HEDGE		
(B) FUNDS	14,177,637.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	14,177,637.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FUNDS HELD AS AGENCY ENDOWMENTS	2,580,258.
(3) ANNUITY OBLIGATIONS	660,653.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,240,911.

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

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

1	Total revenue, gains, and other support per audited financial statements	1	11,708,979.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	3,032,174.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	3,032,174.
3	Subtract line 2e from line 1	3	8,676,805.
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	369,441.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	369,441.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	9,046,246.

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

1	Total expenses and losses per audited financial statements	1	10,940,079.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	10,940,079.
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	369,441.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	369,441.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	11,309,520.

Part XIII Supplemental Information

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

PART V, LINE 4: ENDOWMENT FUNDS ARE USED TO PROVIDE GRANTS TO

NON-PROFIT ORGANIZATIONS.

PART X, LINE 2: THE FOUNDATION FOLLOWS THE INCOME TAX STANDARD

REGARDING THE RECOGNITION AND MEASUREMENT OF UNCERTAIN TAX POSITIONS. THIS

GUIDANCE CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES

RECOGNIZED IN AN ORGANIZATION'S FINANCIAL STATEMENTS. THE IMPLEMENTATION

OF THIS STANDARD HAD NO IMPACT ON THE FINANCIAL STATEMENTS.

Part XIII Supplemental Information (continued)

THE FOUNDATION'S INCOME TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AND STATE AUTHORITIES. THE FOUNDATION IS NOT AWARE OF ANY ACTIVITIES THAT WOULD JEAPORDIZE ITS TAX-EXEMPT STATUS. THE FOUNDATION IS NOT AWARE OF ANY ACTIVITIES THAT ARE SUBJECT TO TAX ON UNRELATED BUSINESS INCOME OR EXCISE OR OTHER TAXES. THE TAX RETURNS FOR THE FISCAL YEARS ENDING 2010-2012 ARE OPEN TO EXAMINATION BY FEDERAL AND STATE AUTHORITIES.

Multiple horizontal lines for supplemental information.

COMMUNITY FOUNDATION OF
COLLIER COUNTY, INC.

Schedule F (Form 990) 2012

59-2396243

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Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST & NORTH AFRICA	GRANTMAKING	10,000.		0.		
		MIDDLE EAST & NORTH AFRICA	CAMPAIGN FOR AFGHAN WOMEN AND GIRLS	20,000.		0.		
		CENTRAL AMERICA & CARIBBEAN	WATER PROVISION & FILTRATION FOR VERRETTES COMMUNE, HAITI	10,000.		0.		
		MIDDLE EAST & NORTH AFRICA	GENERAL SUPPORT	10,394.		0.		
		MIDDLE EAST & NORTH AFRICA	MEDICAL CLINIC	41,000.		0.		
		CENTRAL AMERICA & CARIBBEAN	CAPITAL IMPROVEMENTS	5,000.		0.		
		CENTRAL AMERICA & CARIBBEAN	HURRICANE RELIEF	23,700.		0.		
		EUROPE	GENERAL SUPPORT	5,000.		0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **1**

3 Enter total number of other organizations or entities **12**

COMMUNITY FOUNDATION OF
COLLIER COUNTY, INC.

59-2396243

Schedule F (Form 990)

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & CARIBBEAN	SUPPORT FOR WORK OF SISTER JUDY, HAITI	10,000.		0.		
		SUB-SAHARAN AFRICA	GENERAL SUPPORT	6,500.		0.		
		MIDDLE EAST & NORTH AFRICA	PROGRAMS IN AFGHANISTAN & IRAQ	10,000.		0.		
		MIDDLE EAST & NORTH AFRICA	SOLAR COOKER PROJECT	15,000.		0.		

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 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)* 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 file Form 5713, International Boycott Report. (see Instructions for Form 5713)* Yes No

Schedule F (Form 990) 2012

COMMUNITY FOUNDATION OF

Part II Fundraising Events. Complete if the organization answered "Yes" to 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	
		WOMEN OF INITIATIVE (event type)	WIN ANNUAL RPT LUNCH (event type)	3 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	90,125.	12,950.	11,345.	114,420.
	2	Less: Contributions	27,790.	3,500.	2,375.	33,665.
	3	Gross income (line 1 minus line 2)	62,335.	9,450.	8,970.	80,755.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	75.	170.	100.	345.
	7	Food and beverages	13,149.	7,313.	11,227.	31,689.
	8	Entertainment	3,730.		852.	4,582.
	9	Other direct expenses	22,351.	4,320.	4,047.	30,718.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				(67,334)
	11	Net income summary. Combine line 3, column (d), and line 10				13,421.

Part III Gaming. Complete if the organization answered "Yes" to 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))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				()
8	Net gaming income summary. Combine line 1, column d, and line 7				

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

**Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.**

OMB No. 1545-0047

2012

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ABLE ACADEMY, INC. 5860 GOLDEN GATE PARKWAY NAPLES, FL 34116	20-3571795	501(C)(3)	8,375.	0.			CONDUCT BOARD ROLES & RESPONSIBILITIES TRAINING, THERAPY SERVICES & DEVELOP
ADOPT-A-NATIVE-ELDER P.O. BOX 3401 PARK CITY, UT 84060	87-0490211	501(C)(3)	15,000.	0.			GENERAL SUPPORT
ALZHEIMER'S ASSOCIATION-NATIONAL OFFICE - 225 N. MICHIGAN AVENUE, FLOOR 17 - CHICAGO, IL 60601	13-3039601	501(C)(3)	9,826.	0.			UNRESTRICTED USE
AMERICAN CANCER SOCIETY P. O. BOX 13600 TAMPA, FL 33681	59-0657320	501(C)(3)	10,644.	0.			COLLIER COUNTY UNIT, UNRESTRICTED USE
AMERICAN CANCER SOCIETY 5020 TAMiami TRAIL N., #108 NAPLES, FL 34103	13-1788491	501(C)(3)	12,106.	0.			UNRESTRICTED USE
AMERICAN DIABETES ASSOCIATION 4902 EISENHOWER BLVD, #295 TAMPA, FL 33634	13-1623888	501(C)(3)	11,106.	0.			UNRESTRICTED USE

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **173.**
- 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) (2012)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

COMMUNITY FOUNDATION OF
COLLIER COUNTY, INC.

Schedule I (Form 990)

59-2396243

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICARES FOUNDATION, INC., DONOR RELATIONS - 88 HAMILTON AVENUE - STAMFORD, CT 06902	06-1008595	501(C)(3)	7,500.	0.			OKLAHOMA TORNADO RELIEF, HURRICANE SANDY RELIEF
AMERICAN HEART ASSOCIATION NATIONAL BEQUEST CENTER - P.O. BOX 22035 - ST. PETERSBURG, FL 33742	13-5613797	501(C)(3)	20,432.	0.			RESEARCH & UNRESTRICTED USE
AMERICAN INDIAN COLLEGE FUND 8333 GREENWOOD BLVD. DENVER, CO 80221	52-1573446	501(C)(3)	10,000.	0.			TRIBAL SCHOLARSHIPS
AMERICAN RED CROSS 2610 NORTHBROOKE PLAZA DRIVE NAPLES, FL 34119	53-0196605	501(C)(3)	13,000.	0.			DISASTER RELIEF & UNRESTRICTED USE
AMERICAN RED CROSS P.O. BOX 4002018 DES MOINES, IA 50340-2018	53-0196605	501(C)(3)	9,853.	0.			SANDY STORM DISASTER FUND & OKLAHOMA TORNADO RELIEF
ANTI-DEFAMATION LEAGUE FOUNDATION, 621 NW 53RD STREET, #450 BOCA RATON, FL 33487	13-2887439	501(C)(3)	10,394.	0.			UNRESTRICTED USE
ARTHRITIS RESEARCH INSTITUTE OF AMERICA - 300 S. DUNCAN AVENUE, #188 - CLEARWATER, FL 34615	59-2438325	501(C)(3)	9,326.	0.			UNRESTRICTED USE
ARTIS-NAPLES, INC. 5833 PELICAN BAY BLVD. NAPLES, FL 34108-2740	59-2322926	501(C)(3)	316,286.	0.			SUPPORT OF VARIOUS PROGRAMS SUPPORTING THEIR CHARITABLE PURPOSE & UNRESTRICTED USE
AUDUBON OF FLORIDA/CORKSCREW SWAMP SANCTUARY - 375 SANCTUARY ROAD - NAPLES, FL 34120-9803	13-1624102	501(C)(3)	93,850.	0.			UNRESTRICTED USE

Schedule I (Form 990)

COMMUNITY FOUNDATION OF
COLLIER COUNTY, INC.

Schedule I (Form 990)

59-2396243

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AVERY COUNTY HUMANE SOCIETY P. O. BOX 1213 NEWLAND, NC 28657	56-1321762	501(C)(3)	140,000.	0.			UNRESTRICTED USE
AVOW HOSPICE, INC. 1095 WHIPPORWILL LANE NAPLES, FL 34105	59-2201250	501(C)(3)	126,249.	0.			SUPPORT OF PROGRAMS & UNRESTRICTED USE
BAYSHORE CULTURAL AND PERFORMING ARTS CENTER, INC. - 4069 BAYSHORE DRIVE, #1 - NAPLES, FL 34112	20-1793831	501(C)(3)	6,165.	0.			PURCHASE OF COMPUTER EQUIPMENT & FACILITIES PLANNING STUDY
BIG BROTHERS BIG SISTERS OF THE SUN COAST, INC - 809 WALKERBILT ROAD, #3 - NAPLES, FL 34110	59-1361826	501(C)(3)	5,000.	0.			UNRESTRICTED USE
BLOOMINGTON HOSPITAL FOUNDATION, INC. - P.O. BOX 1149 - BLOOMINGTON, IN 47402	35-1720795	501(C)(3)	18,750.	0.			SUPPORT OF HERITAGE SOCIETY & HOSPICE HOUSE
BOYS & GIRLS CLUB OF COLLIER COUNTY - P.O. BOX 8896 - NAPLES, FL 34101	65-0279110	501(C)(3)	7,683.	0.			JUNIOR WOMEN INITIATIVE, CAMPAIGN FOR YOUTH & UNRESTRICTED USE
BRIAN BEX REPORT, INC. 100 WOODPECKER ROAD N. HAGERSTOWN, IN 47346	35-1133977	501(C)(3)	80,000.	0.			UNRESTRICTED USE
BRIGHTFOCUS FOUNDATION 22512 GATEWAY CENTER DRIVE CLARKSBURG, MD 30982	23-7337229	501(C)(3)	9,576.	0.			NATIONAL GLAUCOMA RESEARCH & UNRESTRICTED USE
BUCKNELL UNIVERSITY 301 MARKET STREET, #2 LEWISBURG, PA 17837	24-0772407	501(C)(3)	28,300.	0.			MEMORIAL FUND, RESEARCH & UNRESTRICTED USE

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CARE CLUB OF COLLIER COUNTY 1800 SANTA BARBARA BLVD. NAPLES, FL 34116	65-0253054	501(C)(3)	20,163.	0.			ASSISTANCE TO ATTEND FL COUNCIL ON AGING CONFERENCE & UNRESTRICTED USE
CATHOLIC CHARITIES OF COLLIER COUNTY - 2210 SANTA BARBARA BLVD. - NAPLES, FL 34116	59-1026096	501(C)(3)	68,830.	0.			EMERALD BALL SUPPORT & SUPPORT OF VARIOUS PROGRAMS FURTHERING THEIR CHARITABLE PURPOSE
CATHOLIC CHARITIES OF THE DIOCESE OF VENICE - P.O. BOX 2116 - VENICE, FL 34284-2116	59-2473176	501(C)(3)	449,434.	0.			SUPPORT OF THE CATHOLIC CHARITIES & UNRESTRICTED USE
CENTRAL FLORIDA ZOO P. O. BOX 470309 LAKE MONROE, FL 32747	59-1357197	501(C)(3)	10,000.	0.			RHINOCEROS EXHIBIT
CHARITY FOR CHANGE, LLC 194 RIDGE DRIVE NAPLES, FL 34108	26-2139488	501(C)(3)	6,833.	0.			PURCHASE OF OFFICE EQUIPMENT, UPDATE DATABASE & UNRESTRICTED USE
CIVIL WAR PRESERVATION TRUST 1156 15TH STREET NW, #900 WASHINGTON, DC 20005	54-1426643	501(C)(3)	5,000.	0.			GENERAL SUPPORT
COLLIER COUNTY AUDUBON SOCIETY 1020 8TH AVENUE S., #2 NAPLES, FL 34102	23-7030698	501(C)(3)	5,718.	0.			PURCHASE OF LAPTOP COMPUTER & UNRESTRICTED USE
COLLIER COUNTY HOUSING AUTHORITY LAND ACQUISITION NEW DEVELOP, INC. - 1800 FARMWORKER WAY - IMMOKALEE, FL 34142	65-0238516	501(C)(3)	8,500.	0.			TO ADD ADULT EDUCATION CLASSES TO THE FAMILY LITERACY ACADEMY OF IMMOKALEE
COLLIER COUNTY HUNGER AND HOMELESS COALITION - P.O. BOX 9202 - NAPLES, FL 34101	04-3610154	501(C)(3)	8,150.	0.			DEVELOP BUSINESS PLAN FOR YOUTH DROP-IN CENTER & UNRESTRICTED USE

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COLLIER COUNTY PUBLIC SCHOOLS-LAWS OF LIFE CONTEST - 5775 OSCEOLA TRAIL, DEPT 9223 - NAPLES, FL 34109	59-2663954	501(C)(3)	7,000.	0.			SUPPORT OF LAWS OF LIFE PROGRAM
COLLIER HARVEST FOUNDATION 7986 BEAUMONT COURT NAPLES, FL 34109	65-0307084	501(C)(3)	24,533.	0.			UNRESTRICTED USE
COLUMBIA LAW SCHOOL, COLUMBIA ALUMNI CENTER - 622 W. 113TH STREET - NEW YORK, NY 10025	13-5598093	501(C)(3)	162,488.	0.			FOR SCHOLARSHIP GRANTS
CORTLAND COLLEGE FOUNDATION, INC. P. O. BOX 2000 CORTLAND, NY 13045	16-0979814	501(C)(3)	25,000.	0.			DAWN ALLYN SCHOLARSHIP FUND
COUNCIL FOR NATIVE HAWAIIAN ADVANCEMENT - 1050 QUEEN STREET # 200 - HONOLULU, HI 96814	91-0313383	501(C)(3)	8,750.	0.			SUPPORT OF HAWAIIAN WAY FUND
COVENANT HOUSE FLORIDA, INC. 733 BREAKERS AVENUE FORT LAUDERDALE, FL 33304	59-2323607	501(C)(3)	8,500.	0.			UNRESTRICTED USE
DAVID LAWRENCE FOUNDATION MENTAL HEALTH, INC. - 6075 BATHEY LANE - NAPLES, FL 34116	59-1756753	501(C)(3)	38,000.	0.			SUPPORT OF VARIOUS PROGRAMS TO FULFILL THEIR CHARITABLE PURPOSE & UNRESTRICTED USE
DISABLED AMERICAN VETERANS CHARITABLE SERVICE TRUST - 3725 ALEXANDRIA PIKE - COLD SPRING, KY 41076	52-1521276	501(C)(3)	14,394.	0.			UNRESTRICTED USE
DR. PIPER CENTER FOR SOCIAL SERVICES, INC. - 2607 DR. ELLA PIPER WAY - FT. MYERS, FL 33916	65-0788551	501(C)(3)	17,500.	0.			SUPPORT OF FOSTER GRANDPARENT AND SENIOR COMPANION PROGRAM

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DUBLIN SCHOOL, INC. P. O. BOX 522 DUBLIN, NH 03444	02-0229869	501(C)(3)	5,000.	0.			UNRESTRICTED USE
EDUCATION FOUNDATION - CHAMPIONS OF LEARNING - 3606 ENTERPRISE AVENUE, #150 - NAPLES, FL 34104	65-0230582	501(C)(3)	63,565.	0.			SUPPORT OF VARIOUS PROGRAMS TO FULFILL THEIR CHARITABLE PURPOSE
EMMANUEL LUTHERAN CHURCH 777 MOORING LINE DRIVE NAPLES, FL 34102	59-1377616	501(C)(3)	250,000.	0.			CAPITAL APPEAL FOR ELC RENOVATIONS
EMPOWERMENT ALLIANCE OF SOUTHWEST FLORIDA - 750 S. 5TH STREET - IMMOKALEE, FL 34142	59-3682139	501(C)(3)	55,033.	0.			GENERAL SUPPORT
ESF COLLEGE FOUNDATION, INC. 214 BRAY HALL, 1 FORESTRY DRIVE SYRACUSE, NY 13210	15-6023443	501(C)(3)	200,000.	0.			SUPPORT OF CENTER FOR NATIVE PEOPLES & UNRESTRICTED USE
FARM AID 501 CAMBRIDGE STREET 3RD FLOOR CAMBRIDGE, MA 02141	36-3383233	501(C)(3)	10,000.	0.			FAMILY FARM DISASTER FUND FOR DIRECT ASSISTANCE TO FARMERS
FIRST BOOK 1319 F. STREET NW, #1000 WASHINGTON, DC 20004	52-1779606	501(C)(3)	95,404.	0.			SUPPORT BOOK DONATIONS TO COLLIER COUNTY STUDENTS
FLATIRONS HABITAT FOR HUMANITY 1455 DIXON AVENUE, #210 LAFAYETTE, CO 80026	84-1229714	501(C)(3)	50,000.	0.			LAND ACQUISITION
FLORIDA CHRISTIAN COLLEGE 1011 BILL BECK BLVD. KISSIMEE, FL 34744	51-0173775	501(C)(3)	9,326.	0.			UNRESTRICTED USE

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FLORIDA GULF COAST UNIVERSITY FOUNDATION, INC. - 10501 FGCU BLVD. S - FT. MYERS, FL 33965	65-0403969	501(C)(3)	15,000.	0.			SUPPORT OF SCHOLARSHIP FUNDS AND STUDENT EMERGENCY FUND
FOOD BANK OF CENTRAL NEW YORK 7066 INTERSTATE ISLAND ROAD SYRACUSE, NY 13209	22-2816988	501(C)(3)	25,000.	0.			UNRESTRICTED USE
FOUNDATION FOR THE DEVELOPMENTALLY DISABLED - 5621 STRAND BLVD., #206 - NAPLES, FL 34110	59-2516162	501(C)(3)	6,500.	0.			CONSULTING SERVICES & UNRESTRICTED USE
FREEDOM WATERS FOUNDATION, INC 895 10TH STREET S STE 302-F NAPLES, FL 34102	20-4513735	501(C)(3)	12,000.	0.			TO DEVELOP A MARKETING AND STRATEGIC PLAN, TO HIRE A FUNDRAISING CONSULTANT & UNRESTRICTED
FRIENDS OF ROOKERY BAY 300 TOWER ROAD NAPLES, FL 34113	65-0094703	501(C)(3)	7,500.	0.			TO PURCHASE AN ENGINE AND EQUIPMENT
FUN TIME EARLY CHILDHOOD ACADEMY, INC. - 102 12TH STREET N. - NAPLES, FL 34102	59-1039978	501(C)(3)	45,750.	0.			PURCHASE OF PLAYGROUND IMPROVEMENTS, EQUIPMENT, SCHOLARSHIP SUPPORT & UNRESTRICTED USE
GEORGIA CONSERVANCY, INC. 817 W. PEACHTREE ST. NW, #200 ATLANTA, GA 30308	58-1027246	501(C)(3)	5,500.	0.			UNRESTRICTED USE
GRACE PLACE FOR CHILDREN AND FAMILIES, INC. - P.O.BOX 990531 - NAPLES, FL 34116	65-1229558	501(C)(3)	13,318.	0.			SUPPORT OF VARIOUS PROGRAMS TO FULFILL THEIR CHARITABLE PURPOSE
GRANT FOUNDATION DBA HOPITAL ALBERT SCHWEITZER - P.O.BOX 81046 - PITTSBURG, PA 15217	25-1017587	501(C)(3)	25,000.	0.			PURCHASE OF WATER FILTRATION EQUIPMENT FOR VERRETTES, HAITI COMMUNE & GENERAL SUPPORT

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GREAT LAKES CHRISTIAN COLLEGE 6211 W. WILLOW HIGHWAY LANSING, MI 48917	38-6080947	501(C)(3)	9,326.	0.			UNRESTRICTED USE
GUADALUPE CENTER, INC. 509 HOPE CIRCLE IMMOKALEE, FL 34142	59-2617151	501(C)(3)	39,977.	0.			SUPPORT OF VARIOUS PROGRAMS TO FULFILL THEIR CHARITABLE PURPOSE & UNRESTRICTED USE
GULFSHORE PLAYHOUSE 755 8TH AVENUE S. NAPLES, FL 34102-6942	90-0178566	501(C)(3)	5,400.	0.			TO ASSIST IN THE PLANNING AND DEVELOPMENT OF A NEW THEATRE
HABITAT FOR HUMANITY OF COLLIER COUNTY - 11145 TAMiami TRAIL E. - NAPLES, FL 34113	59-1834379	501(C)(3)	112,036.	0.			SUPPORT OF VARIOUS PROGRAMS TO FULFILL THEIR CHARITABLE PURPOSE & UNRESTRICTED USE
HARRY CHAPIN FOOD BANK 3760 FOWLER STREET FT. MYERS, FL 33901	59-2332120	501(C)(3)	19,450.	0.			SUPPORT OF VARIOUS PROGRAMS TO FULFILL THEIR CHARITABLE PURPOSE & UNRESTRICTED USE
HEALTHCARE NETWORK OF SOUTHWEST FLORIDA - 1454 MADISON AVENUE - IMMOKALEE, FL 34142	59-1741277	501(C)(3)	11,250.	0.			SUPPORT OF RONALD MCDONALD CARE MOBILE PROGRAM, BREAST CANCER EDUCATION & UNRESTRICTED
HERITAGE FOUNDATION 214 MASSACHUSETTES AVE., NE WASHINGTON, DC 20002	23-7327730	501(C)(3)	5,000.	0.			UNRESTRICTED USE
HEALTHY START COALITION OF SW FL 1921 JEFFERSON AVENUE FT. MYERS, FL 33901	65-0378720	501(C)(3)	5,000.	0.			PROVIDE A PROGRAM THAT SUPPORTS THE UNIQUE NEEDS OF TEEN MOMS
HISTORICAL SOCIETY OF WESTERN PENNSYLVANIA - 1212 SMALLMAN STREET - PITTSBURGH, PA 15222	25-0965391	501(C)(3)	60,442.	0.			SUPPORT OF MEADOWCROFT MUSEUM

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HODGES UNIVERSITY, FINANCIAL AID OFFICE - 2655 NORTHBROOKE DRIVE - NAPLES, FL 34119	59-6605703	501(C)(3)	60,000.	0.			TO BUILD A NEW AND EXPANDED CENTER FOR NONPROFIT EXCELLENCE (CNE)
HOLOCAUST MUSEUM OF SOUTHWEST FLORIDA, INC. - 4760 TAMiami TRAIL N., #7 - NAPLES, FL 34103	59-3740883	501(C)(3)	17,744.	0.			STUDENT TRANSPORTATION AND EDUCATION COSTS, TO UPDATE TECHNOLOGY IN ORDER TO IMPROVE
HOOD COLLEGE OF FREDERICK MARYLAND 401 ROSEMONT AVENUE FREDERICK, MD 21701	52-0591608	501(C)(3)	10,000.	0.			MATH & SCIENCE SCHOLARSHIPS, & SUPPORT OF VARIOUS PROGRAMS TO FULFILL THEIR CHARITABLE
HUMANE SOCIETY OF COLLIER COUNTY 370 AIRPORT ROAD N. NAPLES, FL 34104	59-1033966	501(C)(3)	166,548.	0.			PURCHASE OF MEDICAL EQUIPMENT & UNRESTRICTED USE
IMMOKALEE CHILD CARE CENTER 3775 AIRPORT PULLING RD. N., #B NAPLES, FL 34105	59-1209842	501(C)(3)	15,712.	0.			MAKE BUILDING REPAIRS & UNRESTRICTED USE
IMMOKALEE HOUSING & FAMILY SERVICES - 2449 SANDERS PINE CIRCLE - IMMOKALEE, FL 34142	59-2716833	501(C)(3)	10,000.	0.			UPDATE KITCHEN, HIRE A FUNDRAISING CONSULTANT
INSTITUTE FOR HUMANE STUDIES, GEORGE MASON UNIVERSITY - 3301 NORTH FAIRFAX DRIVE, #440 - ARLINGTON, VA 22201	94-1623852	501(C)(3)	41,000.	0.			SCHOLARSHIP FUND
IRAQ & AFGHANISTAN VETERANS OF AMERICA FOUNDATION, INC. - 292 MADISON AVENUE, 10TH FLOOR - NEW YORK, NY 10017	20-1664531	501(C)(3)	7,500.	0.			GENERAL SUPPORT
JEWISH FAMILY & COMMUNITY SERVICES OF SOUTHWEST FLORIDA - 5025 CASTELLO DRIVE, #10 - NAPLES, FL 34103	45-3980909	501(C)(3)	15,867.	0.			SENIOR NEEDS ASSESSMENT FOR LEADERSHIP COALITION ON AGING & UNRESTRICTED USE

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JEWISH FEDERATION OF COLLIER COUNTY - 2500 VANDERBILT BEACH ROAD #2201 - NAPLES, FL 34109	59-2151725	501(C)(3)	11,644.	0.			2012 GENERAL DIVISION & UNRESTRICTED USE
JOE FOSS INSTITUTE, INC. 14415 N. 73RD ST., #109 SCOTTSDALE, AZ 85260	86-1026421	501(C)(3)	10,000.	0.			UNRESTRICTED USE
JUNIOR ACHIEVEMENT OF SW FLORIDA 9530 MARKETPLACE ROAD, #302 FT. MYERS, FL 33912	65-0503084	501(C)(3)	5,000.	0.			UNRESTRICTED USE
KINGDOM HARVEST, INC.COMMUNITY FOOD & OUTREACH CENTER - 150 W. MICHIGAN STREET, #A - ORLANDO, FL 32806	11-3697936	501(C)(3)	5,000.	0.			UNRESTRICTED USE
LEADERSHIP COLLIER FOUNDATION, INC. - 2390 TAMiami TRAIL N., #210 - NAPLES, FL 34103	20-0446620	501(C)(3)	6,455.	0.			SUPPORT OF YOUTH LEADERSHIP COLLIER PROGRAMS & UNRESTRICTED USE
LEGAL AID SERVICE OF COLLIER COUNTY - 4125 E TAMiami TRAIL - NAPLES, FL 34112	59-1547191	501(C)(3)	8,700.	0.			DEVELOP A MARKETING & COMMUNICATIONS PLAN TO PURCHASE SOFTWARE
LIBERTY YOUTH RANCH P. O. BOX 366206 BONITA SPRINGS, FL 34136	38-3674666	501(C)(3)	10,000.	0.			UNRESTRICTED USE
LIGHTHOUSE OF COLLIER, INC. 2685 HORSESHOE DRIVE S. #211 NAPLES, FL 34104	27-0401702	501(C)(3)	7,000.	0.			TO PURCHASE CLASSROOM TOOLS FOR THE BLIND/VISION IMPAIRED
LITERACY VOLUNTEERS OF COLLIER COUNTY - 8833 TAMiami TRAIL E. - NAPLES, FL 34113	65-0181251	501(C)(3)	18,850.	0.			TO PURCHASE TWO LARGE SCREEN COMPUTERS FOR CLASSROOM USE, SUPPORT OF LITERACY VOLUNTEERS OF

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LORENZO WALKER INSTITUTE OF TECHNOLOGY - 3702 ESTEY AVENUE - NAPLES, FL 34104-4498	59-6000557	501(C)(3)	22,058.	0.			TUITION FOR STUDENTS ENROLLED AT LORENZO WALKER INSTITUTE OF TECHNOLOGY IN THE LPN OR
MANLIUS PEBBLE HILL SCHOOL 5300 JAMESVILLE ROAD DEWITT, NY 13214	16-0973557	501(C)(3)	10,000.	0.			CAPITAL CONTRIBUTION
MARCH OF DIMES FOUNDATION 1275 MAMARONECK AVENUE WHITE PLAINS, NY 10605	13-1846366	501(C)(3)	10,394.	0.			UNRESTRICTED USE
MARCO ISLAND ROTARY CLUB FOUNDATION, INC. - P.O. BOX 353 - MARCO ISLAND, FL 34146	59-3188471	501(C)(3)	7,100.	0.			SCHOLARSHIP GRANTS
MASSACHUSETTS INSTITUTE OF TECHNOLOGY: MIT ALUMNI FUND - 600 MEMORIAL DRIVE, W98-200 - CAMBRIDGE, MA 02139	04-2103594	501(C)(3)	6,000.	0.			CLASS OF 1960 ENDOWMENT FOR INNOVATION IN EDUCATON
MAUI ADULT DAY CARE CENTER FOR SENIOR CITIZENS & DISABLED, INC. - 11 MAHAOLO STREET, #B - KAHALUI, HI 96732	99-0216306	501(C)(3)	10,750.	0.			HALE HULU MAMO SUPPORT
MAYO FOUNDATION FOR MEDICAL EDUCATION & RESEARCH: OFFICE OF DEVELOPMENT - OFFICE OF DEVELOPMENT, 200 FIRST STREET SW -	41-1506440	501(C)(3)	14,326.	0.			UNRESTRICTED USE
MEMORIAL SLOAN-KETTERING CANCER CENTER - 1275 YORK AVENUE - NEW YORK, NY 10065	91-2154267	501(C)(3)	9,826.	0.			UNRESTRICTED USE
MERCY HOME FOR BOYS AND GIRLS 1140 WEST JACKSON BLVD. CHICAGO, IL 60607	36-2171726	501(C)(3)	11,000.	0.			UNRESTRICTED USE

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MESOTHELIOMA APPLIED RESEARCH FOUNDATION - 1317 KING STREET - ALEXANDRIA, VA 22314	75-2816066	501(C)(3)	10,000.	0.			RESEARCH
MIAMI CHILDREN'S HOSPITAL FOUNDATION - 3000 SW 62ND AVENUE - MIAMI, FL 33155	59-1720704	501(C)(3)	46,054.	0.			UNRESTRICTED USE
MINNESOTA MEDICAL FOUNDATION 200 OAK STREET SE, #300 MINNEAPOLIS, MN 55455	41-6027707	501(C)(3)	25,000.	0.			SUPPORT OF 2013 DIAMOND AWARDS HALL OF FAME SPONSOR
MONTESSORI ACADEMY OF NAPLES, INC 2659 PROFESSIONAL CIRCLE, #1118 NAPLES, FL 34119	26-1570262	501(C)(3)	7,500.	0.			PURCHASE LESSON MATERIALS AND CLASSROOM FURNITURE
NAMI OF COLLIER COUNTY 6216 TRAIL BLVD NAPLES, FL 34108	65-0047747	501(C)(3)	6,000.	0.			TO PROVIDE SERVICES TO LATINO MOTHERS WHO NEED SPECIALIZED INTERVENTION
NAPLES BOTANICAL GARDEN, INC. 4820 BAYSHORE DRIVE, #D NAPLES, FL 34112	65-0511429	501(C)(3)	112,075.	0.			SUPPORT OF VARIOUS PROGRAMS TO FULFILL THEIR CHARITABLE PURPOSE
NAPLES CHRISTIAN CHURCH 8000 GOODLETTE ROAD NORTH NAPLES, FL 34109	59-6519467	501(C)(3)	9,326.	0.			UNRESTRICTED USE
NAPLES COMMUNITY CHURCH, INC. 849 7TH AVENUE S., #696 NAPLES, FL 34102	20-5956100	501(C)(3)	266,600.	0.			CAPITAL CONTRIBUTION & CHURCH HOME
NAPLES COUNCIL ON WORLD AFFAIRS C/O PHASE FIVE OF SW FLORIDA - 12290 TREELINE AVE - FORT MYERS, FL 33913	59-2139347	501(C)(3)	5,000.	0.			SUPPORT OF MUN PROGRAM

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NAPLES HISTORICAL SOCIETY P.O. BOX 201 NAPLES, FL 34106	59-6166907	501(C)(3)	9,000.	0.			TO CONTRACT FOR A FINANCIAL REVIEW OF ACCOUNTING RECORDS, TO FUND THE VIEWING STATION
NAPLES MUSIC CLUB P.O. BOX 112383 NAPLES, FL 34108	59-6213932	501(C)(3)	10,650.	0.			SCHOLARSHIP SUPPORT & UNRESTRICTED USE
NAPLES ORCHESTRA & CHORUS DBA I MUSICI DI NAPOL - P. O. BOX 9542 - NAPLES, FL 34101	65-0664069	501(C)(3)	5,000.	0.			TO FUND A COMPREHENSIVE PLAN TO MORE EFFECTIVELY REACH AND EXPAND THEIR AUDIENCE
NAPLES UNITED CHURCH OF CHRIST 5200 CRAYTON ROAD NAPLES, FL 34103	59-1555020	501(C)(3)	5,000.	0.			UNRESTRICTED USE
NAPLES ZOO 1590 GOODLETTE-FRANKE ROAD NAPLES, FL 34102	56-2412630	501(C)(3)	11,618.	0.			BOAT DOCK FOR MONKEY TOURS, GENERAL SUPPORT & UNRESTRICTED USE
NATIONAL MUSEUM OF COMMERCIAL AVIATION - 5442 FRONTAGE ROAD, #110 - FOREST PARK, GA 30297	20-4328419	501(C)(3)	7,700.	0.			PURCHASE OF MOBILE EDUCATION TRAILER & UNRESTRICTED USE
NATIONAL VETERANS LEGAL SERVICE PROGRAM - P.O. BOX 65762 - WASHINGTON, DC 20035	52-1238058	501(C)(3)	10,000.	0.			GENERAL SUPPORT
NATURE CONSERVANCY CENTRAL/WESTERN NEW YORK - 1048 UNIVERSITY AVENUE - ROCHESTER, NY 14607	53-0242652	501(C)(3)	405,000.	0.			HEART OF ADIRONDACK CAMPAIGN & UNRESTRICTED USE
NCH HEALTHCARE FOUNDATION 350 7TH STREET N., P.O. BOX 234 NAPLES, FL 34106	59-2314655	501(C)(3)	1,200,521.	0.			SUPPORT OF VARIOUS PROGRAMS TO FULFILL THEIR CHARITABLE PURPOSE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEIGHBORHOOD HEALTH CLINIC 121 GOODLETTE ROAD N. NAPLES, FL 34102	59-3546884	501(C)(3)	34,118.	0.			PURCHASE OF COMPUTER SOFTWARE & VARIOUS PROGRAMS TO FULFILL THEIR CHARITABLE PURPOSE
NEW ENGLAND COLLEGE OF OPTOMETRY 424 BEACON STREET BOSTON, MA 02115	04-1591060	501(C)(3)	10,000.	0.			SUPPORT OF HOLMES FUND
NEW JERSEY INSTITUTE OF TECHNOLOGY FOUNDATION, NJIT OFFICE FOR UNIVERSITY AD - 326 EBERHARDT HALL - NEWARK, NJ 07102	22-1714037	501(C)(3)	12,500.	0.			FOR THE MILOT BIOSAND FILTER PROJECT OF THE ENGINEERS WITHOUT BORDERS CHAPTER OF NJIT
NORTH STAR FUND 520 EIGHTH AVENUE, #2203 NEW YORK, NY 10018	13-2950801	501(C)(3)	7,500.	0.			HURRICANE SANDY RELIEF AND RECOVERY IN THE NY METRO AREA
NORTHWESTERN UNIVERSITY 2020 RIDGE AVENUE EVANSTON, IL 60208	36-2167817	501(C)(3)	5,000.	0.			UNDERGRADUATE SCHOLARSHIPS
OHANA MAKAMAE, INC. P.O. BOX 914 HANA, HI 96713	99-0342126	501(C)(3)	10,750.	0.			GENERAL SUPPORT
OHIO STATE UNIVERSITY FOUNDATION, OFFICE OF ESTATE GIFTS - 1480 W. LANE AVENUE - COLUMBUS, OH 43221	31-1145986	501(C)(3)	348,189.	0.			MERIT SCHOLARSHIP INITIATIVE PROGRAM
OMNI MONTESSORI SCHOOL 9536 BLAKENEY-HEATH ROAD CHARLOTTE, NC 28277	56-1466119	501(C)(3)	5,000.	0.			SUPPORT OF OMNI CAPITAL FUND
ONONDAGA COMMUNITY COLLEGE FOUNDATION, INC. - 4585 W. SENECA TURNPIKE - SYRACUSE, NY 13215	22-2318303	501(C)(3)	50,000.	0.			CAPITAL CAMPAIGN SUPPORT

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OPERA NAPLES, INC. 2408 LINWOOD AVENUE NAPLES, FL 34112	42-1671038	501(C)(3)	5,200.	0.			UNRESTRICTED USE
PACE CENTER FOR GIRLS 160 N. 1ST STREET IMMOKALEE, FL 34142-3703	59-2414492	501(C)(3)	10,500.	0.			PACE THANKSGIVING DINNER FOR TURKEYS AND PIES, GIRLS IN IMMOKALEE AND UNRESTRICTED USE
PARENTS TELEVISION COUNCIL, INC., DEVELOPMENT DEPARTMENT - 707 WILSHIRE BLVD., #2075 - LOS ANGELES, CA 90017	95-4819071	501(C)(3)	348,189.	0.			GENERAL USE
PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. - 434 WEST 33RD STEET - NEW YORK, NY 10001	13-1644147	501(C)(3)	162,488.	0.			GENERAL USE
PLANNED PARENTHOOD OF COLLIER COUNTY - 1425 CREECH ROAD - NAPLES, FL 34103	65-0450515	501(C)(3)	92,338.	0.			PURCHASE COMPUTER EQUIPMENT, PROVIDE AT-RISK WOMEN WITH BREAST EXAMS AND MAMMOGRAMS &
RCMA 402 W. MAIN STREET IMMOKALEE, FL 34142	59-1221966	501(C)(3)	35,000.	0.			SUPPORT OF 2013 CHILD CARE EXECUTIVE PARTNERSHIP PROGRAM
REBUILDING TOGETHER, INC. 1899 L STREET NW, #1000 WASHINGTON, DC 20036	52-1585880	501(C)(3)	7,500.	0.			SUPPORT OF VETERANS HOUSING PROGRAM
REMNANT TRUST, INC. 1101 PARK AVENUE WINONA LAKE, IN 46590	35-2072847	501(C)(3)	100,000.	0.			RPR 2008 CLAT & UNRESTRICTED USE
RUTGERS UNIVERSITY FOUNDATION WINANTS HALL 7 COLLEGE AVENUE NEW BRUNSWICK, NJ 08901	23-7318742	501(C)(3)	50,000.	0.			LESLIE & JOYCE GOODMAN SCHOLAR FUND AT THE W. M. KECK CENTER FOR COLLABORATIVE

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SALVATION ARMY 100 NORTH STREE HYANNIS, MA 02601	13-5562351	501(C)(3)	10,394.	0.			UNRESTRICTED USE
SALVATION ARMY P.O. BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	58,355.	0.			SUPPORT OF VARIOUS PROGRAMS TO FULFILL THEIR CHARITABLE PURPOSE & UNRESTRICTED USE
SALVATION ARMY OF THE SYRACUSE AREA - 677 S. SALINA ST - SYRACUSE, NY 13202	13-5562351	501(C)(3)	30,000.	0.			UNRESTRICTED USE
SHETLAND SHEEPDOG PLACEMENT SERVICES OF NJ, INC. - 370 UNION AVENUE - BRIDGEWATER, NJ 08807	22-3766990	501(C)(3)	5,000.	0.			UNRESTRICTED USE
SHELTER FOR ABUSED WOMEN P.O. BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	178,120.	0.			SUPPORT OF VARIOUS PROGRAMS TO FULFILL THEIR CHARITABLE PURPOSE
SHRINERS HOSPITALS FOR CHILDREN 2900 ROCKY POINT DRIVE TAMPA, FL 33607	36-2193608	501(C)(3)	5,000.	0.			CINCINNATI BURNS UNIT
SHY WOLF SANCTUARY, EDUCATION AND EXPERIENCE CENTER, INC. - 1161 27TH STREET SW - NAPLES, FL 34117	59-3691867	501(C)(3)	7,500.	0.			TO FUND THE CONDITIONAL USE PERMIT FOR CONSTRUCTION OF A NEW BUILDING AND WILDERNESS
SIGHTLINE INSTITUTE 1402 THIRD AVENUE, #500 SEATTLE, WA 98101	52-1833599	501(C)(3)	7,500.	0.			UNRESTRICTED USE
SOLDIERS PROJECT 4605 LANKERSHIM BLVD., #221 NORTH HOLLYWOOD, CA 91602	27-2815356	501(C)(3)	5,000.	0.			GENERAL SUPPORT

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SOUTHERN POVERTY LAW CENTER, INC. 400 WASHINGTON AVENUE MONTGOMERY, AL 36104	63-0598743	501(C)(3)	10,394.	0.			UNRESTRICTED USE
SPECIAL OPERATIONS FUND 901 N. STUART STREET, #200 ARLINGTON, VA 22203	52-1765222	501(C)(3)	10,000.	0.			UNRESTRICTED USE
SPECIAL OPERATIONS WARRIOR FOUNDATION - P.O. BOX 13483 - TAMPA, FL 33681	52-1183585	501(C)(3)	10,000.	0.			UNRESTRICTED USE
ST. ANN CATHOLIC CHURCH 475 9TH AVENUE S. NAPLES, FL 34102	59-0823952	501(C)(3)	16,986.	0.			UNRESTRICTED USE
ST. JOHN NEUMANN HIGH SCHOOL 3000 53RD STREET SW NAPLES, FL 34116	91-1641584	501(C)(3)	16,986.	0.			UNRESTRICTED USE
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	46,054.	0.			UNRESTRICTED USE
ST. MATTHEW'S HOUSE 2001 AIRPORT ROAD S. NAPLES, FL 34112	65-1110501	501(C)(3)	51,768.	0.			SUPPORT OF VARIOUS PROGRAMS TO FULFILL THEIR CHARITABLE PURPOSE & UNRESTRICTED USE
ST. VINCENT DE PAUL SOCIETY, INC. 4451 MERCANTILE AVENUE NAPLES, FL 34103	59-1711287	501(C)(3)	401,866.	0.			UNRESTRICTED USE
ST. WILLIAMS CATHOLIC CHURCH 750 SEAGATE DRIVE NAPLES, FL 34103	59-1492626	501(C)(3)	5,000.	0.			UNRESTRICTED USE

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THE COMMUNITY FOUNDATION OF LOUISVILLE - 325 WEST MAIN STREET WATERFRONT PLAZA, SUITE 1110 - LOUISVILLE, KY 40202	31-0997017	501(C)(3)	350,000.	0.			J.A. PARADIS, JR. FOUNDATION
THE CONSERVANCY OF SOUTHWEST FLORIDA, INC. - 1450 MERRIHUE DRIVE - NAPLES, FL 34102	59-1157084	501(C)(3)	157,249.	0.			SUPPORT OF VARIOUS PROGRAMS TO FULFILL THEIR CHARITABLE PURPOSE & UNRESTRICTED USE
THE EVERGLADES FOUNDATION, INC. 18001 OLD CUTLER ROAD, #625 PALMETTO BAY, FL 33157	59-3228899	501(C)(3)	5,000.	0.			UNRESTRICTED USE
THE NATURE CONSERVANCY FLORIDA CHAPTER - 222 S. WESTMONTE DRIVE #300 - ALTAMONTE SPRINGS, FL 32714	53-0242652	501(C)(3)	8,500.	0.			UNRESTRICTED USE
THE PRENTICE SCHOOL 18341 LASSEN DRIVE SANTA ANA, CA 92705	33-0120257	501(C)(3)	11,000.	0.			ENROLLMENT ENHANCEMENT PROJECT & UNRESTRICTED USE
THE QUEST EDUCATIONAL FOUNDATION 2706 HORSESHOE DRIVE S., #217 NAPLES, FL 34104	65-0516362	501(C)(3)	7,996.	0.			UNRESTRICTED USE
THE ROTARY CLUB OF NAPLES BAY FOUNDATION CORP. - P.O. BOX 1852 - NAPLES, FL 34106	27-3350623	501(C)(3)	5,199.	0.			UNRESTRICTED USE
THE WOMEN'S FUND OF SOUTHWEST FLORIDA - 27320 HIDDEN RIVER COURT - BONITA SPRINGS, FL 34134	45-2514055	501(C)(3)	10,000.	0.			TO HELP ESTABLISH THE NEW ESPERANZA ANTI-SLAVERY RESOURCE CENTER
TIDES CENTER, THE PRESIDIO P.O. BOX 29907 SAN FRANCISCO, CA 94129	51-0198509	501(C)(3)	25,000.	0.			CLEAN WATER NETWORK OF FLORIDA

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TRINITY-BY-THE-COVE EPISCOPAL CHURCH - 553 GALLEON DRIVE - NAPLES, FL 34102	59-0774204	501(C)(3)	24,230.	0.			FACILITIES, EDUCATIONAL PURPOSES & UNRESTRICTED USE
TRUSTEES OF DARTMOUTH COLLEGE 8000 CUMMINGS HALL HANOVER, NH 03755	02-0222111	501(C)(3)	105,306.	0.			CAPITAL CONTRIBUTIONS- DARTMOUTH MEDICAL SCHOOL AND THAYER SCHOOL OF ENGINEERING
U.S. ENGLISH FOUNDATION, INC. 2000 L STREET NW, #702 WASHINGTON, DC 20036	52-1524976	501(C)(3)	162,488.	0.			SUPPORT OF VARIOUS PROGRAMS TO FULFILL THEIR CHARITABLE PURPOSE
UNITED WAY OF COLLIER COUNTY 848 1ST AVENUE N., #240 NAPLES, FL 34102	59-1026096	501(C)(3)	10,650.	0.			UNRESTRICTED USE
UNIVERSITY OF MIAMI, BOWMAN FOSTER ASHE BUILDING - #158 P.O. BOX 249146 - CORAL GABLES, FL 33124	59-0624458	501(C)(3)	50,000.	0.			RANDOMIZED PHASE III STUDY OF RADIATION (HEAT) FOR PROSTATE CANCER
VISTAMAR SCHOOL 737 HAWAII STREET EL SEGUNDO, CA 90245	14-1841085	501(C)(3)	5,000.	0.			GENERAL SUPPORT
WELLESLEY COLLEGE 106 CENTRAL STREET WELLESLEY, MA 02481	04-2103637	501(C)(3)	5,000.	0.			UNRESTRICTED USE
WVCU PUBLIC MEDIA 10501 FGCU BLVD. S. FT. MYERS, FL 33965	65-0403969	501(C)(3)	164,088.	0.			UNRESTRICTED USE
WOUNDED WARRIOR PROJECT, INC. P. O. BOX 758517 TOPEKA, KS 66675	20-2370934	501(C)(3)	7,950.	0.			UNRESTRICTED USE

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YALE UNIVERSITY P.O. BOX 803 NEW HAVEN,, CT 06503-0803	06-0646973	501(C)(3)	5,000.	0.			UNRESTRICTED USE ON BEHALF OF ALAN HORTON, YALE CLASS OF 1965
YOUTH HAVEN 5867 WHITAKER ROAD NAPLES, FL 34112	23-7065187	501(C)(3)	20,268.	0.			ART THERAPY, DONOR DATABASE AND UNRESTRICTED USE

COMMUNITY FOUNDATION OF
COLLIER COUNTY, INC.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance
SCHOLARSHIPS	114	236,150.	0.		

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2: GRANTS FROM DONOR ADVISED FUNDS MUST BE DOCUMENTED WITH AN APPROPRIATE DONOR SUGGESTION FORM WITH AMOUNTS AND PURPOSES OF GRANTS LISTED. GRANTS FROM DONOR DESIGNATED FUNDS, FIELD OF INTEREST FUNDS, SCHOLARSHIP FUNDS AND UNRESTRICTED FUNDS MUST ALSO HAVE THE APPROPRIATE DOCUMENTATION SUPPORTED BY THEIR FUND AGREEMENTS OR GRANT REQUESTS. SCHOLARSHIP FUNDS AND UNRESTRICTED FUND GRANTS ARE REVIEWED BY THE APPROPRIATE COMMITTEES AND RECOMMENDED FOR APPROVAL BY THE BOARD. GRANT LETTERS ARE SENT WITH THE GRANT CHECKS TO THE GRANTEE WITH AMOUNTS AND PURPOSES CLEARLY LISTED. WE VERIFY THAT EACH GRANTEE IS A QUALIFIED

Part IV Supplemental Information

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 INTERNAL REVENUE SERVICE CODE. THE BOARD OF DIRECTORS APPROVES ALL GRANTS AFTER ALL DUE DILIGENCE IS PERFORMED AND VERIFIED. WE NOTIFY GRANTEEES THAT IF THE FUNDS CANNOT BE USED FOR THE INTENDED PURPOSE THAT THE GRANT MUST BE RETURNED. WHEN IT COMES TO OUR ATTENTION THAT A GRANTEE IS NOT USING THE FUNDS AS INTENDED, THE GRANTEE IS CONTACTED AND REQUESTED TO RETURN THE FUNDS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: ABLE ACADEMY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: CONDUCT BOARD ROLES & RESPONSIBILITIES TRAINING, THERAPY SERVICES & DEVELOP STRATEGIC PLAN

NAME OF ORGANIZATION OR GOVERNMENT: FREEDOM WATERS FOUNDATION, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DEVELOP A MARKETING AND STRATEGIC PLAN, TO HIRE A FUNDRAISING CONSULTANT & UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT:

HEALTHCARE NETWORK OF SOUTHWEST FLORIDA

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT OF RONALD MCDONALD CARE MOBILE PROGRAM, BREAST CANCER EDUCATION & UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT:

HOLOCAUST MUSEUM OF SOUTHWEST FLORIDA, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: STUDENT TRANSPORTATION AND EDUCATION COSTS, TO UPDATE TECHNOLOGY IN ORDER TO IMPROVE FUNDRAISING CAPABILITY,

Part IV Supplemental Information

ANNUAL FUND & UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: HOOD COLLEGE OF FREDERICK MARYLAND

(H) PURPOSE OF GRANT OR ASSISTANCE: MATH & SCIENCE SCHOLARSHIPS, &
SUPPORT OF VARIOUS PROGRAMS TO FULFILL THEIR CHARITABLE PURPOSE

NAME OF ORGANIZATION OR GOVERNMENT: LITERACY VOLUNTEERS OF COLLIER COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PURCHASE TWO LARGE SCREEN
COMPUTERS FOR CLASSROOM USE, SUPPORT OF LITERACY VOLUNTEERS OF COLLIER
COUNTY & UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT:

LORENZO WALKER INSTITUTE OF TECHNOLOGY

(H) PURPOSE OF GRANT OR ASSISTANCE: TUITION FOR STUDENTS ENROLLED AT
LORENZO WALKER INSTITUTE OF TECHNOLOGY IN THE LPN OR CNA NURSING PROGRAM,
SCHOLARSHIP GRANTS, TRAINING OF LPN'S AND NURSES

NAME OF ORGANIZATION OR GOVERNMENT: NAPLES HISTORICAL SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONTRACT FOR A FINANCIAL REVIEW
OF ACCOUNTING RECORDS, TO FUND THE VIEWING STATION PROJECT, PUBLIC SCHOOL
STUDENT TRANSPORTATION & UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: PLANNED PARENTHOOD OF COLLIER COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: PURCHASE COMPUTER EQUIPMENT, PROVIDE
AT-RISK WOMEN WITH BREAST EXAMS AND MAMMOGRAMS & UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: RUTGERS UNIVERSITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: LESLIE & JOYCE GOODMAN SCHOLAR FUND

Part IV Supplemental Information

AT THE W. M. KECK CENTER FOR COLLABORATIVE NEUROSCIENCE

NAME OF ORGANIZATION OR GOVERNMENT:

SHY WOLF SANCTUARY, EDUCATION AND EXPERIENCE CENTER, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND THE CONDITIONAL USE PERMIT
FOR CONSTRUCTION OF A NEW BUILDING AND WILDERNESS HABITAT

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

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

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<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 (e.g., maid, chauffeur, chef)		
<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 (e.g., 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	1b									
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<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				
<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 in 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?	4a	X								
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X								
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X								
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) and 501(c)(4) organizations must complete lines 5-9.										
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:										
a The organization?	5a	X								
b Any related organization?	5b	X								
If "Yes" to line 5a or 5b, describe in Part III.										
6 For persons listed in 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?	6a	X								
b Any related organization?	6b	X								
If "Yes" to line 6a or 6b, describe in Part III.										
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X								
8 Were any amounts reported in 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	8	X								
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9									

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

Schedule J (Form 990) 2012

COMMUNITY FOUNDATION OF
COLLIER COUNTY, INC.

Schedule J (Form 990) 2012

59-2396243

Page 2

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 in 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 are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MS. COLLEEN MURPHY PRESIDENT & CEO (7/1/2011 TO 5/2012)	(i)	114,732.	0.	0.	1,900.	518.	117,150.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to 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 1, LINE 4A. MS. COLLEEN MURPHY RECEIVED

SEVERANCE PAY OF \$32,502 DURING THE FISCAL YEAR ENDED JUNE 30, 2013

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2012

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.**

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	21	2,849,819.	FAIR MARKET VALUE
10 Securities - Closely held stock	X	1	415,420.	FAIR MARKET VALUE
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not 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 non-standard 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 did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2012)

Part II **Supplemental Information.** Complete this part to 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.

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2012

Open to Public
Inspection

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

THE COMMUNITY FOUNDATION OF COLLIER COUNTY IS A PUBLIC CHARITY ESTABLISHED TO INCREASE AND FOCUS PRIVATE PHILANTHROPY IN THE COLLIER COUNTY AREA. OUR MISSION IS TO PROVIDE DONORS WITH PHILANTHROPIC KNOWLEDGE AND FINANCIAL STEWARDSHIP TO STRENGTHEN OUR COMMUNITY FOREVER. GIFTS TO THE FOUNDATION ARE MANAGED AND OVERSEEN BY THE BOARD OF TRUSTEES AND THE PROFESSIONAL STAFF OF THE FOUNDATION. INDIVIDUALS AND FAMILIES CAN INVEST WITH THE FOUNDATION IN A WAY THAT BEST FITS THEIR FINANCIAL AND CHARITABLE GOALS. ACCOUNTABILITY, FLEXIBILITY AND EXPERTISE ARE THE VALUES AND BEHAVIORS THAT GOVERN ALL FOUNDATION TRANSACTIONS. THE TAX BENEFITS OF INVESTING WITH THE FOUNDATION ARE REALIZED IMMEDIATELY AND CHARITABLE DECISIONS CAN BE DEFERRED.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

SEE SCHEDULE O

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

DONOR SERVICES

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

Name of the organization COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.	Employer identification number 59-2396243
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SUSTAIN GRANTMAKING INTO THE FUTURE. PART OF DONOR SERVICES INCLUDE PROVIDING INFORMATION ABOUT NONPROFITS LOCATED IN COLLIER COUNTY. WE MAINTAIN A DIRECTORY OF 230 NONPROFITS THAT PROVIDE SERVICES TO THE CITIZENS OF COLLIER COUNTY. THIS DIRECTORY ASSISTS DONORS IN IDENTIFYING THE ORGANIZATIONS THEY WANT TO SUPPORT. THE FOUNDATION ALSO PROVIDES CUSTOMIZED COMMUNITY NEEDS REPORTING TO OUR FUND HOLDERS. WE ALSO PROVIDE RESEARCH TO ASSURE THAT ALL BENEFICIARIES ARE QUALIFIED CHARITIES AS RECOGNIZED BY THE INTERNAL REVENUE SERVICE. WE PROVIDE INFORMATION ON COMMUNITY PRIORITIES AND SPONSOR DONOR BRIEFINGS. WE COORDINATE ALL ACKNOWLEDGMENTS FOR THE FUNDS AND DOCUMENT ALL GRANTS. SERVICES ALSO INCLUDE PROVIDING DETAILED QUARTERLY FUND STATEMENTS THAT PROVIDE DETAIL OF ALL ACTIVITIES OF THE FUND, INCLUDING GRANTMAKING, CONTRIBUTIONS AND INVESTMENT RETURN. IF THE DONOR DESIRES, THE FOUNDATION PROVIDES ON-LINE FUND MANAGEMENT THROUGH OUR DONORCENTRAL PROGRAM. THE FOUNDATION IS COMMITTED TO PROVIDING EXCELLENT SERVICES TO ALL OF OUR DONORS.

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

COMMUNITY GRANTMAKING

FUNDING "COMMUNITY IMPACT" IS A MAJOR GOAL OF THE COMMUNITY FOUNDATION OF COLLIER COUNTY. THE BOARD OF TRUSTEES OF THE FOUNDATION HAVE DIRECTED THE COMMUNITY GRANTMAKING PROGRAM TO FOCUS ON GRANTS THAT STRENGTHEN THE INTERNAL CAPACITY OF NONPROFITS AND THEIR NEW AND EXISTING PROGRAMS THAT ADDRESS CRITICAL NEEDS. A SECOND, BUT EQUALLY IMPORTANT GOAL IS TO MOBILIZE COMMUNITY RESOURCES THROUGH ENGAGING OUR DONORS IN THE GRANT PROCESS AND LEVERAGING OUR DOLLARS TO THE COMMUNITY. THE PROGRAM GRANTS ARE FOCUSED ON FOUR MAIN FIELDS OF

Name of the organization	COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.	Employer identification number	59-2396243
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INTEREST THAT HAVE BEEN IDENTIFIED: HEALTHCARE, EDUCATION, HUMAN SERVICES, AND ARTS & THE ENVIRONMENT. THE GRANT COMMITTEES AND THE STAFF ARE COMMITTED TO WORKING WITH THE NONPROFIT COMMUNITY TO ENSURE BEST PRACTICES, AN EFFICIENT SERVICE DELIVERY MECHANISM AND SUSTAINABILITY THROUGH ENDOWMENT BUILDING.

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

WOMEN'S INITIATIVE NETWORK

PREVIOUSLY THE WOMEN'S PHILANTHROPIC NETWORK, THE WOMEN'S INITIATIVE NETWORK (WIN) WAS CREATED AS A FIELD OF INTEREST ENDOWMENT FUND, WHICH HAS GROWN TO MORE THAN \$500,000. THE MISSION OF THE WOMEN'S INITIATIVE NETWORK IS TO INCREASE THE ENDOWMENT FUNDS AVAILABLE TO HELP WOMEN AND GIRLS IN COLLIER COUNTY, AND TO BUILD IN ALL WOMEN A SENSE OF EMPOWERMENT THROUGH PHILANTHROPY. NOW EMBARKING UPON ITS SIXTH YEAR, THE PRIMARY FOCUS OF THE WIN GRANTS ARE: DISADVANTAGED GIRLS, WOMEN AS CAREGIVERS, AND AT-RISK SENIOR WOMEN. CURRENT PROGRAMS ARE: THE WOMEN OF INITIATIVE AWARDS, JUNIOR WOMEN OF INITIATIVE MENTORING PROGRAM, THE WOMEN'S INITIATIVE NETWORK GRANTMAKING PROGRAM, AND EMPOWERED TO LEAD.

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

OTHER PROGRAMS

SEVERAL PROGRAMS LAUNCHED BY THE COMMUNITY FOUNDATION OF COLLIER COUNTY BECAME SELF-SUFFICIENT DURING THE PAST FISCAL YEAR AND HAVE TRANSITIONED TO BE INDEPENDENT ENTITIES. THESE PROGRAMS INCLUDED THE CENTER FOR NONPROFIT EXCELLENCE (CNE) AND THE COLLIER 211 PROGRAM. THE CNE WAS ESTABLISHED IN 1998 TO PROVIDE TECHNICAL ASSISTANCE AND TRAINING FOR STAFF AND VOLUNTEERS FOR ALL NONPROFITS IN COLLIER COUNTY.

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THE CNE OFFERS A HOST OF LEARNING OPPORTUNITIES: MANAGEMENT AND GOVERNANCE TRAINING, CUSTOMIZED BOARD DEVELOPMENT, TRAINING FOR STAFF AND VOLUNTEERS, AND CONSULTING ON STRATEGIC PLANNING AND GOVERNANCE ISSUES TO HELP NONPROFITS ENHANCE THEIR PERFORMANCE. THESE PROGRAMS ARE DESIGNED TO HELP NONPROFITS BECOME MORE EFFECTIVE BUSINESSES SO THEY CAN FULFILL THEIR NONPROFIT MISSIONS MORE EFFECTIVELY.

WELL-MANAGED NONPROFIT ORGANIZATIONS MAKE THE MOST OF DONOR GIFTS BY DELIVERING PROGRAMS WITH THE GREATEST IMPACT AND THEREFORE PLAY A KEY ROLE IN MEETING LOCAL NEEDS. A GRANT OF \$150,000 TO HODGES UNIVERSITY WILL HELP TRANSITION THE PROGRAM AND EXPAND ITS OFFERINGS.

THE COMMUNITY FOUNDATION LAUNCHED COLLIER 211 IN FEBRUARY OF 2012. COLLIER 211 IS AN INFORMATION AND REFERRAL SERVICE AVAILABLE TO ALL RESIDENTS AND VISITORS IN COLLIER COUNTY BY DIALING 211 FROM A CELL PHONE OR LANDLINE. PHONE OPERATORS, WHO ALSO SERVE AS TRAINED CRISIS COUNSELORS, PROVIDE RELIABLE, UP-TO-DATE INFORMATION ON COLLIER COUNTY PROGRAMS AND SERVICES, AND HELP CONNECT CALLERS IN NEED WITH COMMUNITY RESOURCES. IN ADDITION TO PROVIDING A CRITICAL SERVICE TO THE CITIZENS OF COLLIER COUNTY, 211 DATA AND REPORTS WILL ENABLE COLLIER COUNTY GOVERNMENT, NONPROFITS AND FOR-PROFIT ORGANIZATIONS TO ASSESS AND MODIFY THEIR PROGRAMS BASED ON NEED. COLLIER 211 COMPLEMENTS THE OTHER WORK OF THE FOUNDATION'S INITIATIVES AND PROVIDES EXTENSIVE DATA ON COMMUNITY NEEDS AND SERVICES. THIS PROGRAM WILL TRANSITION TO THE UNITED WAY OF COLLIER COUNTY IN OCTOBER OF 2013.

FORM 990, PART VI, SECTION A, LINE 1: PER THE COMMUNITY FOUNDATION'S BY-LAWS, IN THE INTERVAL BETWEEN BOARD MEETINGS, THE EXECUTIVE COMMITTEE

Name of the organization **COMMUNITY FOUNDATION OF
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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. THIS COMMITTEE CURRENTLY HAS SEVEN MEMBERS, ALL OF WHOM ARE MEMBERS OF THE BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION B, LINE 11: THE AUDIT COMMITTEE WILL REVIEW THE FORM 990 WITH MEMBERS OF STAFF PRIOR TO IT BEING FILED WITH THE IRS. A COPY OF THE 990 IS PROVIDED TO THE BOARD OF TRUSTEES PRIOR TO THE FILING DATE.

FORM 990, PART VI, SECTION B, LINE 12C: THE COMMUNITY FOUNDATION HAS GOVERNANCE AND ETHICS POLICIES THAT INCLUDE CONFIDENTIALITY, CONFLICT OF INTEREST, ETHICS AND WHISTLEBLOWER POLICIES. ANNUALLY, EACH BOARD MEMBER IS REQUIRED TO DISCLOSE POTENTIAL AND ACTUAL CONFLICTS OF INTEREST AS WELL AS SIGN OFF THAT THEY UNDERSTAND AND WILL ADHERE TO THESE POLICIES. THE FOUNDATION'S GOVERNANCE COMMITTEE HANDLES ALL ETHICS, CONFIDENTIALITY, WHISTLEBLOWER AND CONFLICT OF INTEREST COMPLAINTS AND SHARES THESE INVESTIGATIONS WITH THE FULL BOARD. AT THE BEGINNING OF EACH BOARD MEETING, MEMBERS ARE REMINDED OF THESE POLICIES BY THE BOARD CHAIR. 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 OF INTEREST WITH ANY INVESTMENT FIRM THAT THE FOUNDATION RETAINS CANNOT VOTE ON ANY MATTERS RELATING TO THAT FIRM OR BE A MEMBER OF THE INVESTMENT COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 15: THE COMMUNITY FOUNDATION OF COLLIER COUNTY'S EXECUTIVE COMMITTEE IS CHARGED WITH THE ROLE OF THE COMPENSATION

Name of the organization	COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.	Employer identification number	59-2396243
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COMMITTEE. THIS 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 ACTING CEO BASED ON THIRD PARTY SALARY SURVEYS. THE FINANCE COMMITTEE RECOMMENDS TO THE BOARD OF TRUSTEES A MERIT POOL FOR THE PAY INCREASES OF ALL OTHER EMPLOYEES BESIDES THE PRESIDENT AND CEO. THE COMMITTEE USES COMPARATIVE INFORMATION FROM OUTSIDE SOURCES AS WELL AS THE INCREASE IN THE CONSUMER PRICE INDEX TO DETERMINE THIS POOL. THE PRESIDENT AND CEO IS ULTIMATELY RESPONSIBLE FOR THE ALLOCATION OF THESE DOLLARS. THE PRESIDENT AND CEO CONSULTS WITH OTHER SENIOR MANAGERS TO DETERMINE THE SALARIES OF SUPPORT STAFF. COMPENSATION INCREASES ARE BASED ON EACH EMPLOYEES ANNUAL PERFORMANCE EVALUATION. GOALS WERE SET FOR THE PRESIDENT & CEO AND A FORMAL EVALUATION WAS COMPLETED IN JUNE 2013.

FORM 990, PART VI, SECTION C, LINE 19: THE FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE AND THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE BY REQUEST DURING BUSINESS HOURS

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

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT	111,687.
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FORM 990, PART XII, LINE 2C:

232212
01-04-13

Related Organizations and Unrelated Partnerships

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

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" to 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 2400 TAMiami TRAIL N STE 300 NAPLES, FL 34103	REAL ESTATE HOLDING COMPANY WITH ZERO ASSETS, NO FINANCIAL ACTIVITY IN 2013	FLORIDA			COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.
CFCC COLLIER 211, LLC - 90-0723670 2400 TAMiami TRAIL N STE 300 NAPLES, FL 34103	AN INFORMATION AND REFERRAL SERVICE FOR COLLIER COUNTY	FLORIDA	111,436.	93,220.	COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to 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

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

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

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

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

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

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

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

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

NAME OF RELATED ORGANIZATION:

CHARITABLE REMAINDER TRUST (4)

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

NAME OF RELATED ORGANIZATION:

CHARITABLE LEAD TRUST (1)

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