

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

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014**

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 or town, state or province, country, and ZIP or foreign postal 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 \$ 43,942,740. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.CFCOLLIER.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1985 M State of legal domicile: FL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: CONNECTING DONORS TO COMMUNITY NEEDS AND PROVIDING LEADERSHIP ON CRITICAL COMMUNITY ISSUES. 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 22 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 22 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 14 6 Total number of volunteers (estimate if necessary) 6 75 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 471. b Net unrelated business taxable income from Form 990-T, line 34 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 6,963,448. Prior Year 12,939,189. Current Year 9 Program service revenue (Part VIII, line 2g) 24,249. 21,307. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,010,933. 4,408,190. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 47,616. 15,656. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 9,046,246. 17,384,342.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 9,458,218. 7,164,450. 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) 906,616. 830,053. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 319,319. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 944,686. 833,892. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 11,309,520. 8,828,395. 19 Revenue less expenses. Subtract line 18 from line 12 -2,263,274. 8,555,947.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 64,157,718. Beginning of Current Year 77,630,146. End of Year 21 Total liabilities (Part X, line 26) 3,435,035. 5,011,656. 22 Net assets or fund balances. Subtract line 21 from line 20 60,722,683. 72,618,490.	

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 12/01/14	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 or note to any line in this Part III

1 Briefly describe the organization's mission:
**THE COMMUNITY FOUNDATION OF COLLIER COUNTY IMPROVES THE QUALITY OF
LIFE IN COLLIER COUNTY BY CONNECTING DONORS TO COMMUNITY NEEDS AND
PROVIDING LEADERSHIP ON CRITICAL COMMUNITY ISSUES. CONTINUED ON
SCHEDULE O.**

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

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

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

4a (Code:) (Expenses \$ 7,007,529. including grants of \$ 6,606,166.) (Revenue \$ 21,307.)
**DONOR SERVICES
SEE SCHEDULE O.**

4b (Code:) (Expenses \$ 651,134. including grants of \$ 421,779.) (Revenue \$)
**COMMUNITY GRANTMAKING
SEE SCHEDULE O.**

4c (Code:) (Expenses \$ 187,932. including grants of \$ 128,336.) (Revenue \$)
**COLLIER 211
SEE SCHEDULE O.**

4d Other program services (Describe in Schedule O.)
(Expenses \$ 66,688. including grants of \$ 8,168.) (Revenue \$)

4e Total program service expenses **7,913,283.**

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COLLIER COUNTY, INC.

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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 other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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COLLIER COUNTY, INC.

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Part IV Checklist of Required Schedules (continued)

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

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Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

Section A. Governing Body and Management

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

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

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MR. ALAN M. HORTON CHAIR	4.00	X		X				0.	0.	0.
(2) MR. DENNIS C. BROWN CHAIR ELECT	2.00	X		X				0.	0.	0.
(3) MR. THOMAS D. MCCANN IMMEDIATE PAST CHAIR	2.00	X		X				0.	0.	0.
(4) MS. JENNIFER B. WALKER SECRETARY	2.00	X		X				0.	0.	0.
(5) MR. WILLIAM D. LANGE TREASURER	2.00	X		X				0.	0.	0.
(6) MS. KIM CICCARELLI KANTOR 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. T. ROBERT BULLOCH DIRECTOR	1.00	X						0.	0.	0.
(9) MR. PAUL W. DRESSELHAUS DIRECTOR	1.00	X						0.	0.	0.
(10) MRS. CHRISTINE FLYNN DIRECTOR	1.00	X						0.	0.	0.
(11) MR. JOHN D. FUMAGALLI DIRECTOR	1.00	X						0.	0.	0.
(12) MS. MANA HOLTZ DIRECTOR	1.00	X						0.	0.	0.
(13) MS. PATRICIA A. JILK DIRECTOR	1.00	X						0.	0.	0.
(14) MS. KATHLEEN KIRCHER 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. JOHN J. MORGAN, JR. 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. J. RICHARD MUNRO DIRECTOR	1.00	X						0.	0.	0.
(19) MS. MARY LYNN MYERS DIRECTOR	1.00	X						0.	0.	0.
(20) MR. JOHN F. SOREY, III DIRECTOR	1.00	X						0.	0.	0.
(21) MR. MARIO VALLE DIRECTOR	1.00	X						0.	0.	0.
(22) MR. HAROLD L. ZINK DIRECTOR	1.00	X						0.	0.	0.
(23) MS. EILEEN CONNOLLY-KEESLER PRESIDENT & CEO	40.00			X				152,651.	0.	22,688.
(24) MS. MARY GEORGE VP OF COMMUNITY GRANTMAKING	40.00			X				97,488.	0.	4,874.
(25) MS. LISETTE HOLMES CFO (FROM OCTOBER 2013)	40.00			X				16,446.	0.	445.
1b Sub-total								266,585.	0.	28,007.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								266,585.	0.	28,007.

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 **1**

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

Section B. Independent Contractors

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

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

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

COMMUNITY FOUNDATION OF
COLLIER COUNTY, INC.

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Part VIII Statement of Revenue

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

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	119,427.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	12,819,762.			
	g Noncash contributions included in lines 1a-1f: \$		5,851,802.			
	h Total. Add lines 1a-1f		12,939,189.			
	Program Service Revenue	2 a ADMINISTRATIVE FEES	Business Code			
		812900	21,307.	21,307.		
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f		21,307.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,507,874.	471.	1,507,403.	
	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	29,417,035.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	26,516,719.			
		c Gain or (loss)	2,900,316.			
	d Net gain or (loss)		2,900,316.		2,900,316.	
	8 a Gross income from fundraising events (not including \$ 119,427. of contributions reported on line 1c). See Part IV, line 18	a	42,558.			
		b Less: direct expenses	41,679.			
		c Net income or (loss) from fundraising events		879.		879.
	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	1,577.		1,577.	
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		1,577.			
12 Total revenue. See instructions.		17,384,342.	21,307.	471.	4,423,375.	

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

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	6,682,685.	6,682,685.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	246,856.	246,856.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	234,909.	234,909.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	266,585.	146,622.	53,317.	66,646.
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	399,051.	241,827.	69,877.	87,347.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	24,789.	14,428.	4,605.	5,756.
9 Other employee benefits	86,051.	48,910.	16,507.	20,634.
10 Payroll taxes	53,577.	31,155.	9,965.	12,457.
11 Fees for services (non-employees):				
a Management				
b Legal	5,556.		5,556.	
c Accounting	21,050.		21,050.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	311,512.		311,512.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	87,817.	52,583.	10,570.	24,664.
12 Advertising and promotion	70,687.	40,867.	13,253.	16,567.
13 Office expenses	40,595.	22,362.	8,104.	10,129.
14 Information technology	70,616.	38,943.	14,077.	17,596.
15 Royalties				
16 Occupancy	157,651.	86,708.	31,530.	39,413.
17 Travel	12,799.	7,161.	2,506.	3,132.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	17,827.	10,056.	3,454.	4,317.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,462.		3,462.	
23 Insurance	10,205.	5,613.	2,041.	2,551.
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	17,218.	1,282.	7,968.	7,968.
b HIRING AND RELOCATION F	6,324.		6,324.	
c TAXES, LICENSES & FEES	573.	316.	115.	142.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	8,828,395.	7,913,283.	595,793.	319,319.
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 or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	6,873,218.	2	8,873,249.
	3 Pledges and grants receivable, net	6,500.	3	0.
	4 Accounts receivable, net	53,985.	4	33,308.
	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	35,572.	9	58,240.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 203,813.		
	b Less: accumulated depreciation	10b 189,724.	10c	14,089.
	11 Investments - publicly traded securities	40,911,322.	11	52,564,315.
	12 Investments - other securities. See Part IV, line 11	14,177,637.	12	13,699,844.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,091,716.	15	2,387,101.
16 Total assets. Add lines 1 through 15 (must equal line 34)	64,157,718.	16	77,630,146.	
Liabilities	17 Accounts payable and accrued expenses	96,777.	17	83,242.
	18 Grants payable	97,347.	18	73,902.
	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	3,240,911.	25	4,854,512.
	26 Total liabilities. Add lines 17 through 25	3,435,035.	26	5,011,656.
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	58,630,966.	27	70,231,389.
	28 Temporarily restricted net assets	2,091,717.	28	2,387,101.
	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	60,722,683.	33	72,618,490.	
34 Total liabilities and net assets/fund balances	64,157,718.	34	77,630,146.	

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	17,384,342.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,828,395.
3	Revenue less expenses. Subtract line 2 from line 1	3	8,555,947.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	60,722,683.
5	Net unrealized gains (losses) on investments	5	3,077,117.
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	262,743.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	72,618,490.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	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 (2013)

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.

OMB No. 1545-0047

2013

Open to Public Inspection

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

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

Employer identification number
59-2396243

Part I 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?
 - (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).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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) 2013

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,845,562.	5,940,437.	6,277,207.	6,963,448.	12,939,189.	37,965,843.
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	5,845,562.	5,940,437.	6,277,207.	6,963,448.	12,939,189.	37,965,843.
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)						10,031,362.
6 Public support. Subtract line 5 from line 4.						27,934,481.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	5,845,562.	5,940,437.	6,277,207.	6,963,448.	12,939,189.	37,965,843.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	791,878.	879,580.	1,193,242.	1,215,201.	1,521,074.	5,600,975.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	23,524.	12,109.	10,747.	13,421.	879.	60,680.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	55,513.	8,950.	111,114.	20,995.	1,577.	198,149.
11 Total support. Add lines 7 through 10						43,825,647.
12 Gross receipts from related activities, etc. (see instructions)					12	116,103.
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 2013 (line 6, column (f) divided by line 11, column (f))	14	63.74	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	58.75	%
16a 33 1/3% support test - 2013. 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 - 2012. 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 - 2013. 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 - 2012. 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. 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 - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

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

OTHER INCOME

2009 AMOUNT: \$ 55,513.

2010 AMOUNT: \$ 8,950.

2011 AMOUNT: \$ 111,114.

2012 AMOUNT: \$ 20,995.

2013 AMOUNT: \$ 1,577.

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.**

OMB No. 1545-0047

2013

Open to Public Inspection

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

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

Part I 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	135	
2 Aggregate contributions to (during year)	8,748,603.	
3 Aggregate grants from (during year)	5,290,632.	
4 Aggregate value at end of year	28,588,454.	

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? Yes 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? Yes 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).

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 ▶ \$ _____

COMMUNITY FOUNDATION OF
COLLIER COUNTY, INC.

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

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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	34,372,996.	33,332,949.	31,372,598.	28,943,687.	25,682,921.
b Contributions	3,864,824.	1,654,618.	4,577,164.	382,346.	3,482,071.
c Net investment earnings, gains, and losses	4,760,056.	2,859,940.	-360,943.	4,526,718.	2,530,220.
d Grants or scholarships	1,706,916.	2,872,963.	1,778,431.	2,023,660.	2,355,394.
e Other expenditures for facilities and programs	243,592.	129,095.			
f Administrative expenses	531,816.	472,453.	477,439.	456,493.	396,131.
g End of year balance	40,515,552.	34,372,996.	33,332,949.	31,372,598.	28,943,687.

- 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.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		110,594.	108,382.	2,212.
d Equipment		93,219.	81,342.	11,877.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				14,089.

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

Schedule D (Form 990) 2013

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Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) PRIVATE EQUITY	3,585,957.	END-OF-YEAR MARKET VALUE
(B) HEDGE FUNDS	10,113,887.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	13,699,844.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FUNDS HELD FOR AGENCIES	4,265,748.
(3) ANNUITY OBLIGATIONS	588,764.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	4,854,512.

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

Schedule D (Form 990) 2013

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

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

1	Total revenue, gains, and other support per audited financial statements	1	20,149,947.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	3,077,117.
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	3,077,117.
3	Subtract line 2e from line 1	3	17,072,830.
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	311,512.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	311,512.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	17,384,342.

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

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

1	Total expenses and losses per audited financial statements	1	8,516,883.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	8,516,883.
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	311,512.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	311,512.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	8,828,395.

Part XIII Supplemental Information.

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

PART V, LINE 4:

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

PART X, LINE 2:

THE INTERNAL REVENUE SERVICE HAS DETERMINED THE FOUNDATION TO BE EXEMPT FROM INCOME TAXES UNDER THE PROVISIONS OF INTERNAL REVENUE CODE SECTION 501(C)(3). IN ADDITION, THE FOUNDATION HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE TO BE OTHER THAN A PRIVATE FOUNDATION WITHIN THE MEANING OF SECTION 509(A) OF THE CODE. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THESE FINANCIAL STATEMENTS.

Part XIII Supplemental Information (continued)

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

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 JEOPARDIZE 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 2011-2013 ARE OPEN TO EXAMINATION BY FEDERAL AND STATE AUTHORITIES.

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No. 1545-0047

2013

Open to Public
Inspection

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

Employer identification number
59-2396243

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA & CARIBBEAN	0	0	GRANTS		36,336.
EAST ASIA & THE PACIFIC	0	0	GRANTS		71,300.
EUROPE	0	0	GRANTS		6,000.
MIDDLE EAST & NORTH AFRICA	0	0	GRANTS		95,000.
SOUTH ASIA	0	0	GRANTS		10,000.
SUB-SAHARAN AFRICA	0	0	GRANTS		750.
MIDDLE EAST & NORTH AFRICA	0	0	GRANTS		15,523.
3 a Sub-total	0	0			234,909.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			234,909.

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

Schedule F (Form 990) 2013

COMMUNITY FOUNDATION OF
COLLIER COUNTY, INC.

Schedule F (Form 990) 2013

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & CARIBBEAN	ORPHANAGE IN HONDURAS & VARIOUS PROJECTS	17,000.	CHECK	0.		
		CENTRAL AMERICA & CARIBBEAN	GENERAL SUPPORT	5,086.	CHECK	0.		
		CENTRAL AMERICA & CARIBBEAN	HAITI HURRICANE RELIEF AND RECOVERY	6,250.	CHECK	0.		
		EAST ASIA & THE PACIFIC	RELIEF FOR TYPHOON IN THE PHILIPPINES	40,850.	CHECK	0.		
		EAST ASIA & THE PACIFIC	RELIEF FOR TYPHOON IN THE PHILIPPINES	15,000.	CHECK	0.		
		EAST ASIA & THE PACIFIC	RELIEF FOR TYPHOON IN THE PHILIPPINES	15,000.	CHECK	0.		
		MIDDLE EAST & NORTH AFRICA	SOLAR COOKER PROJECT	25,000.	CHECK	0.		
		MIDDLE EAST & NORTH AFRICA	SUDAN MEDICAL CLINIC	30,000.	CHECK	0.		

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

3 Enter total number of other organizations or entities **14**

Schedule F (Form 990) 2013

COMMUNITY FOUNDATION OF
COLLIER COUNTY, INC.

Schedule F (Form 990)

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Page 2

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST & NORTH AFRICA	UNRESTRICTED USE	20,000.	CHECK	0.		
		MIDDLE EAST & NORTH AFRICA	PROGRAMS IN AFGHANISTAN & IRAQ	10,000.	CHECK	0.		
		MIDDLE EAST & NORTH AFRICA	GRANTMAKING	10,000.	CHECK	0.		
		SOUTH ASIA	SHIPMENT OF MEDICAL SUPPLIES TO CHRISTIAN MISSION	10,000.	CHECK	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) 2013

Part V Supplemental Information

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

PART I, LINE 2:

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

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)	POWER OF THE PURSE (event type)	1 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	96,490.	40,845.	24,650.	161,985.
	2	Less: Contributions	74,718.	29,179.	15,530.	119,427.
	3	Gross income (line 1 minus line 2)	21,772.	11,666.	9,120.	42,558.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	3,240.	2,385.	1,740.	7,365.
	7	Food and beverages	10,000.	7,862.	7,000.	24,862.
	8	Entertainment	3,730.	2,933.	2,789.	9,452.
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through 9 in column (d)				41,679.
	11	Net income summary. Subtract line 10 from line 3, column (d)				879.

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. Subtract line 7 from line 1, column (d)				

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: _____

COMMUNITY FOUNDATION OF

Schedule G (Form 990 or 990-EZ) 2013 COLLIER COUNTY, INC.

59-2396243 Page 3

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____ .
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

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

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

**Employer identification number
59-2396243**

Part I 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)	6,885.	0.			TO PURCHASE A NEW PHONE SYSTEM
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-FL GULF COAST CHAPTER - 14010 ROOSEVELT BLVD #709 - CLEARWATER, FL 33762-3820	59-2378435	501(C)(3)	10,250.	0.			UNRESTRICTED USE, AND THE CAREGIVER CONNECTION
ALZHEIMER'S ASSOCIATION - NATIONAL OFFICE - 225 N. MICHIGAN AVE FLOOR17 - CHICAGO, IL 60601-7633	13-3039601	501(C)(3)	35,810.	0.			UNRESTRICTED USE
AMERICAN BIRD CONSERVANCY 4249 LOUDOUN AVENUE P.O. BOX 249 THE PLAINS, VA 20198	52-1501259	501(C)(3)	5,000.	0.			GENERAL SUPPORT
AMERICAN CANCER SOCIETY 5020 TAMiami TRAIL N., #108 NAPLES, FL 34103	13-1788491	501(C)(3)	11,895.	0.			UNRESTRICTED USE, GERMAIN SUPPORTS PINK- THE GERMAIN TEAM

- 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) (2013)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

COMMUNITY FOUNDATION OF
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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN DIABETES ASSOCIATION 1511 N. WEST SHORE BLVD TAMPA, FL 33607	13-1623888	501(C)(3)	10,395.	0.			UNRESTRICTED USE
AMERICAN HEART ASSOCIATION NATIONAL BEQUEST CENTER - P.O. BOX 22035 - ST. PETERSBURG, FL 33742	13-5613797	501(C)(3)	20,705.	0.			HEART 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 P.O. BOX 4002018 DES MOINES, IA 50340-2018	53-0196605	501(C)(3)	5,107.	0.			EMERGENCY RELIEF SERVICES, RESPONSE TO COLORADO FLOODS
AMYOTROPHIC LATERAL SCLEROSIS ASSOCIATION - ALABAMA CHAPTER - P. O. BOX 2888 - HUNTSVILLE, AL 35804	20-2218566	501(C)(3)	5,000.	0.			GENERAL FUND
ARTHRITIS RESEARCH INSTITUTE OF AMERICA - 300 S. DUNCAN AVENUE, #188 - CLEARWATER, FL 34615	59-2438325	501(C)(3)	10,310.	0.			UNRESTRICTED USE
ARTIS-NAPLES, INC. 5833 PELICAN BAY BLVD. NAPLES, FL 34108-2740	59-2322926	501(C)(3)	63,785.	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)	22,000.	0.			UNRESTRICTED USE, VOLUNTEER TRAINING AND 60TH ANNIVERSARY PROJECTS RELATED TO EVERGLADES
AVOW HOSPICE, INC. 1095 WHIPPORWILL LANE NAPLES, FL 34105	59-2201250	501(C)(3)	18,437.	0.			SUPPORT OF PROGRAMS & UNRESTRICTED USE

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BIG BROTHERS BIG SISTERS OF THE SUN COAST, INC - 809 WALKERBILT ROAD, #3 - NAPLES, FL 34110	59-1361826	501(C)(3)	7,999.	0.			UNRESTRICTED USE
BLOOMINGTON HOSPITAL FOUNDATION, INC. - P.O. BOX 1149 - BLOOMINGTON, IN 47402	35-1720795	501(C)(3)	22,500.	0.			SUPPORT OF HERITAGE SOCIETY & HOSPICE HOUSE
BOY SCOUTS OF AMERICA-SOUTHWEST FLORIDA COUNCIL - 1801 BOY SCOUT DRIVE - FT. MYERS, FL 33907	59-1150488	501(C)(3)	5,000.	0.			TO BENEFIT THE COLLIER COUNTY ALLIGATOR DISTRICT.
BOYS & GIRLS CLUB OF COLLIER COUNTY - P.O. BOX 8896 - NAPLES, FL 34101	65-0279110	501(C)(3)	15,400.	0.			JUNIOR WOMEN INITIATIVE, KINGSLEY PINE CAMPERS, COMPUTER PURCHASES, WINDSTAR'S GIVEBACK &
BOYS & GIRLS CLUB OF SOUTHERN MAINE - 277 CUMBERLAND AVE - PORTLAND, ME 04112	01-0211543	501(C)(3)	5,000.	0.			KINGSLEY PINES CAMPERSHIPS
BRIAN BEX REPORT, INC. 100 WOODPECKER ROAD N. HAGERSTOWN, IN 47346	35-1133977	501(C)(3)	27,500.	0.			UNRESTRICTED USE
BRIGHTFOCUS FOUNDATION 22512 GATEWAY CENTER DRIVE CLARKSBURG, MD 30982	23-7337229	501(C)(3)	11,010.	0.			NATIONAL GLAUCOMA RESEARCH & UNRESTRICTED USE
CARE CLUB OF COLLIER COUNTY 1800 SANTA BARBARA BLVD. NAPLES, FL 34116	65-0253054	501(C)(3)	31,500.	0.			WEBSITE REDEVELOPMENT, CRISIS SUPPORT FOR WOMEN CAREGIVERS & UNRESTRICTED USE
CATHOLIC CHARITIES OF COLLIER COUNTY - 2210 SANTA BARBARA BLVD. - NAPLES, FL 34116	59-1026096	501(C)(3)	28,668.	0.			EMERALD BALL SUPPORT & SUPPORT OF VARIOUS PROGRAMS FURTHERING THEIR CHARITABLE PURPOSE

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CENTRAL NEW YORK COMMUNITY FOUNDATION, INC. - 431 EAST FAYETTE STREET, #100 - SYRACUSE, NY 13202	15-0626910	501(C)(3)	500,000.	0.			LOCAL PERFORMING ARTS
CHAMELEON THEATRE CIRCLE 5664 142ND STREET W. APPLE VALLEY, MN 55124	41-1899943	501(C)(3)	11,000.	0.			GENERAL FUND
CHRISTIANA CARE HEALTH SYSTEM, INC. - OFFICE OF DEVELOPMENT 13 READS WAY, #203 - NEW CASTLE, DE 19720	52-1479538	501(C)(3)	10,000.	0.			LANNY EDELSON M.D. NEURO CRITICAL CARE UNIT
CINCINNATI COUNTRY DAY SCHOOL, DEVELOPMENT OFFICE - 6905 GIVEN ROAD - CINCINNATI, OH 45243	31-0536970	501(C)(3)	5,000.	0.			CLASS OF '53 SCHOLARSHIP FUND
CITY OF NAPLES 735 8TH STREET S. NAPLES, FL 34102	59-6000382	501(C)(3)	15,150.	0.			NAPLES DOG PARK FUND, 15 PARK BENCHES
CIVIL WAR PRESERVATION TRUST 1156 15TH STREET NW, #900 WASHINGTON, DC 20005	54-1426643	501(C)(3)	5,000.	0.			GENERAL SUPPORT
COLLIER COUNTY HOUSING AUTHORITY LAND ACQUISITION NEW DEVELOP, INC. - 1800 FARMWORKER WAY - IMMOKALEE, FL 34142	65-0238516	501(C)(3)	11,000.	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)	20,800.	0.			ATTEND THE INDIANA UNIVERSITY'S FUNDRAISING SCHOOL, RAPID REHOUSING ASSISTANCE FOR FAMILIES
COLLIER COUNTY PUBLIC SCHOOLS-LAWS OF LIFE CONTEST - 5775 OSCEOLA TRAIL, DEPT 9223 - NAPLES, FL 34109	59-2663954	501(C)(3)	8,400.	0.			LAWS OF LIFE PROGRAM

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COLLIER HARVEST FOUNDATION P.O. BOX 11143 NAPLES, FL 34101	65-0307084	501(C)(3)	9,500.	0.			UNRESTRICTED USE
COLLIER SENIOR RESOURCES 4755 TAMiami TRAIL N., #140 NAPLES, FL 34103	27-0946278	501(C)(3)	6,000.	0.			TO HIRE A PROGRAM DIRECTOR
CONSERVANCY OF SOUTHWEST FLORIDA, INC., - 1495 SMITH PRESERVE WAY - NAPLES, FL 34102	59-1157084	501(C)(3)	75,560.	0.			ENHANCING THE CONSERVANCY'S VOLUNTEER BASE, CAPITAL CONTRIBUTION, ANNUAL
CORTLAND COLLEGE FOUNDATION, INC. P. O. BOX 2000 CORTLAND, NY 13045	16-0979814	501(C)(3)	25,000.	0.			EDUCATING CHAMPIONS
COUNCIL FOR NATIVE HAWAIIAN ADVANCEMENT - 2149 LAUWILIWILI, #200 KAPOLEI, HI - KAPOLEI, HI 96814	91-0313383	501(C)(3)	10,000.	0.			HAWAIIAN WAY FUND
COVENANT HOUSE FLORIDA, INC. 733 BREAKERS AVENUE FORT LAUDERDALE, FL 33304	59-2323607	501(C)(3)	8,250.	0.			UNRESTRICTED USE
DAVID LAWRENCE FOUNDATION MENTAL HEALTH, INC. - 6075 BATHEY LANE - NAPLES, FL 34116	59-1756753	501(C)(3)	10,500.	0.			ATTEND THE NATIONAL COUNCIL CONFERENCE & 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.			FOSTER GRANDPARENT AND SENIOR COMPANION PROGRAM
EARTHJUSTICE 50 CALIFORNIA STREET, #500 SAN FRANCISCO, CA 94111	94-1730465	501(C)(3)	11,881.	0.			UNRESTRICTED USE

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EDUCATION FOUNDATION - CHAMPIONS FOR LEARNING - 3606 ENTERPRISE AVENUE, #150 - NAPLES, FL 34104	65-0230582	501(C)(3)	55,051.	0.			SUPPORT OF VARIOUS PROGRAMS TO FULFILL THEIR CHARITABLE PURPOSE
EMPOWERMENT ALLIANCE OF SOUTHWEST FLORIDA - 750 S. 5TH STREET - IMMOKALEE, FL 34142	59-3682139	501(C)(3)	15,000.	0.			SUPPORT OF EMPOWERMENT ALLIANCE OF SOUTHWEST FLORIDA IN ORDER TO FULFILL ITS CHARITABLE
FARM AID 501 CAMBRIDGE STREET 3RD FLOOR CAMBRIDGE, MA 02141	36-3383233	501(C)(3)	10,000.	0.			ASSISTANCE TO FARMERS AFFECTED BY FLOODING IN COLORADO
FEMINIST MAJORITY FOUNDATION 433 SOUTH BEVERLY DR BEVERLY HILLS, CA 90212	54-1426440	501(C)(3)	20,000.	0.			CAMPAIGN FOR AFGHAN WOMEN AND GIRLS
FINGER LAKES LAND TRUST 202 E. COURT STREET ITHICA, NY 14850	22-2983688	501(C)(3)	55,000.	0.			LAND ACQUISITION OF SPAFFORD & UNRESTRICTED USE
FIRST BOOK 1319 F. STREET NW, #1000 WASHINGTON, DC 20004	52-1779606	501(C)(3)	124,397.	0.			BOOK DONATIONS TO COLLIER COUNTY STUDENTS
FLORIDA CHRISTIAN COLLEGE 1011 BILL BECK BLVD. KISSIMMEE, FL 34744	51-0173775	501(C)(3)	10,310.	0.			UNRESTRICTED USE
FLORIDA GULF COAST UNIVERSITY FOUNDATION, INC. - 10501 FGCU BLVD. S - FT. MYERS, FL 33965	65-0403969	501(C)(3)	6,000.	0.			PRESIDENT'S SOCIETY - ANNUAL MEMBERSHIP, RUTH & G. BURT HOLMES RESTRICTED SCHOLARSHIP FUND
FOOD FOR THE POOR 6401 LYONS ROAD COCONUT CREEK, FL 33073	59-2174510	501(C)(3)	6,000.	0.			UNRESTRICTED USE

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FREE WHEELCHAIR MISSION 15259 ALTON PARKWAY, #300 IRVINE, CA 92618	31-1781635	501(C)(3)	25,500.	0.			PROVIDE FUNDS FOR APPROXIMATELY 1000 WHEELCHAIRS & UNRESTRICTED USE
FRIENDS OF FOSTER CHILDREN OF SOUTHWEST FLORIDA - 2640 GOLDEN GATE PARKWAY, #112 - NAPLES, FL 34105	59-3598933	501(C)(3)	16,000.	0.			TO LAUNCH AN EVENT MANAGEMENT DATABASE, CIRCLE OF FRIENDS, FUND A NEED & UNRESTRICTED USE
FRIENDS OF ROOKERY BAY 300 TOWER ROAD NAPLES, FL 34113	65-0094703	501(C)(3)	30,000.	0.			7TH GRADE EDUCATION PROGRAM.
FRONT RANGE COMMUNITY COLLEGE FOUNDATION FOR EDUCATION EXCELLENCE - 2190 MILLER DRIVE - LONGMONT, CO 80501	84-1311148	501(C)(3)	30,000.	0.			ART PROGRAM
FUN TIME EARLY CHILDHOOD ACADEMY, INC. - 102 12TH STREET N. - NAPLES, FL 34102	59-1039978	501(C)(3)	23,739.	0.			TO ATTEND THE INDIANA UNIVERSITY'S FUNDRAISING SCHOOL, PROVIDE SCHOLARSHIPS TO AFRICAN
GOODWILL INDUSTRIES OF SOUTHWEST FLORIDA, INC. - 5100 TICE STREET - FT. MYERS, FL 33905	59-6196141	501(C)(3)	10,000.	0.			JOBLINK MOBILE UNIT
GRACE PLACE FOR CHILDREN AND FAMILIES, INC. - P.O.BOX 990531 - NAPLES, FL 34116	65-1229558	501(C)(3)	18,891.	0.			SUPPORT OF VARIOUS PROGRAMS TO FULFILL THEIR CHARITABLE PURPOSE
GRANT FOUNDATION DBA HOPITAL ALBERT SCHWEITZER - 2840 LIBERTY AVENUE #201 - PITTSBURGH, PA 15217	25-1017587	501(C)(3)	40,000.	0.			WATER PROVISION AND FILTRATION IN REMOTE COMMUNITIES WITHIN THE HAS SERVICE AREA &
GREAT LAKES CHRISTIAN COLLEGE 6211 W. WILLOW HIGHWAY LANSING, MI 48917	38-6080947	501(C)(3)	10,310.	0.			UNRESTRICTED USE

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GREENWOOD HOUSE HOME FOR THE JEWISH AGED, INC. - 53 WALTER STREET - EWING, NJ 08628-3085	21-0639867	501(C)(3)	11,000.	0.			ENDOWMENT FUND IN HONOR OF THE STAFF AT ABRAMS AND GREENWOOD HOUSE, AND ANNUAL MEMBERSHIP
GUADALUPE CENTER, INC. 509 HOPE CIRCLE IMMOKALEE, FL 34142	59-2617151	501(C)(3)	10,777.	0.			TO ATTEND THE INDIANA UNIVERSITY'S FUNDRAISING SCHOOL, BENEFIT THE AFTERSCHOOL PROGRAM,
GULF RESTORATION NETWORK P. O. BOX 2245 NEW ORLEANS, LA 70176	72-1447742	501(C)(3)	25,000.	0.			FLORIDA CLEAN WATER NETWORK, INC.
HABITAT FOR HUMANITY OF COLLIER COUNTY - 11145 TAMiami TRAIL E. - NAPLES, FL 34113	59-1834379	501(C)(3)	83,249.	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)	17,200.	0.			SUPPORT OF VARIOUS PROGRAMS TO FULFILL THEIR CHARITABLE PURPOSE & UNRESTRICTED USE
HEALTHCARE NETWORK OF SOUTHWEST FLORIDA - 1454 MADISON AVENUE - IMMOKALEE, FL 34142	26-0229508	501(C)(3)	49,200.	0.			SUPPORT OF RONALD MCDONALD CARE MOBILE PROGRAM, BREAST CANCER EDUCATION & UNRESTRICTED
HEALTHY START COALITION OF SW FL 1921 JEFFERSON AVENUE FT. MYERS, FL 33901	65-0378720	501(C)(3)	6,000.	0.			TEEN FATHER PROGRAM
HERITAGE FOUNDATION 214 MASSACHUSETTES AVE. NE WASHINGTON, DC 20002	23-7327730	501(C)(3)	5,000.	0.			UNRESTRICTED USE
HISTORICAL SOCIETY OF WESTERN PENNSYLVANIA - 1212 SMALLMAN STREET - PITTSBURGH, PA 15222	25-0965391	501(C)(3)	62,246.	0.			SUPPORT OF MEADOWCROFT MUSEUM

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HOOD COLLEGE OF FREDERICK MARYLAND 401 ROSEMONT AVENUE FREDERICK, MD 21701	52-0591608	501(C)(3)	10,000.	0.			SCHOLARHIPS IN MATH & SCIENCE
HUMANE SOCIETY OF COLLIER COUNTY 370 AIRPORT ROAD N. NAPLES, FL 34104	59-1033966	501(C)(3)	34,221.	0.			UNRESTRICTED USE
HUNTSVILLE SYMPHONY ORCHESTRA ASSOCIATION - P. O. BOX 2400 - HUNTSVILLE, AL 35804	63-0463802	501(C)(3)	10,000.	0.			OPERATING FUND
IMMOKALEE CHILD CARE CENTER 3775 AIRPORT PULLING RD. N., #B NAPLES, FL 34105-2530	59-1209842	501(C)(3)	7,265.	0.			UNRESTRICTED USE
IMMOKALEE FOUNDATION 3960 RADIO ROAD #207 NAPLES, FL 34104-0847	63-0315664	501(C)(3)	12,000.	0.			CAREER DEVELOPMENT AND READINESS PROGRAMS, CHARITY CLASSIC, FUND A DREAM AUCTION, GENERAL
INTERNATIONAL SERVICE FELLOWSHIP USA - P. O. BOX 418 - UPPER DARBY, PA 19082	23-1644377	501(C)(3)	9,000.	0.			NOOR ACCOUNT TO PURCHASE A SLIT LAMP WITH A TEACHING HEAD
INTREPID FALLEN HEROES FUND 1 INTREPID SQUARE NEW YORK, NY 10036	20-0366717	501(C)(3)	50,000.	0.			UNRESTRICTED USE
INSTITUTE FOR HUMANE STUDIES, GEORGE MASON UNIVERSITY - 3301 NORTH FAIRFAX DRIVE, #440 - ARLINGTON, VA 22201	94-1623852	501(C)(3)	40,614.	0.			THE SCHOLARSHIP FUND ADMINISTERED BY HIS
INVISIBLE THEATRE 1400 N. 1ST AVENUE TUSCON, AZ 85719	86-0283009	501(C)(3)	7,500.	0.			UNRESTRICTED USE

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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
JDRF INTERNATIONAL - FLORIDA SUNCOAST CHAPTER - 5625 STRAND BLVD, #504 - NAPLES, FL 34110	23-1907729	501(C)(3)	5,000.	0.			"PAIRINGS PARTY" SPONSORSHIP FOR THE LUCAS CUP EVENT
JEWISH FAMILY & COMMUNITY SERVICES OF SOUTHWEST FLORIDA - 5025 CASTELLO DRIVE, #10 - NAPLES, FL 34103	45-3980909	501(C)(3)	42,500.	0.			PJ LIBRARY FUND, FUNDING TOWARD NEW SENIOR CENTER, TO HELP SPONSOR THE 2ND ANNUAL COLLIER
JOE FOSS INSTITUTE, INC. 8925 E. PIMA CENTER PKWY., #100 SCOTTSDALE, AZ 85258-4409	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)	7,850.	0.			TO ATTEND THE JUNIOR ACHIEVEMENT PROGRAM MANAGEMENT TRAINING, TO ATTEND THE PRESIDENT'S
LEGAL AID SERVICE OF COLLIER COUNTY - 4125 E TAMiami TRAIL - NAPLES, FL 34112	59-1547191	501(C)(3)	10,250.	0.			WOMEN & GIRLS IN NEED PROJECT, GENERAL PURPOSE
LEUKEMIA & LYMPHOMA SOCIETY WESTERN & CENTRAL NEW YORK CHAPTER - 4043 MAPLE ROAD #105 - AMHERST, NY 14226	13-5644916	501(C)(3)	25,000.	0.			SUPPORT OF THE DINNER FOR HERM & BEST USE
LIBERTY YOUTH RANCH P. O. BOX 366206 BONITA SPRINGS, FL 34136	38-3674666	501(C)(3)	18,000.	0.			UNRESTRICTED USE
LORENZO WALKER INSTITUTE OF TECHNOLOGY - 3702 ESTEY AVENUE - NAPLES, FL 34104-4498	59-6000557	501(C)(3)	21,618.	0.			TUITION FOR STUDENTS ENROLLED AT LORENZO WALKER INSTITUTE OF TECHNOLOGY IN THE LPN OR

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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
LUKE'S WINGS 1238 WISCONSIN AVENUE, #401 WASHINGTON, DC 20007	26-1691195	501(C)(3)	10,000.	0.			UNRESTRICTED USE
MASSACHUSETTS INSTITUTE OF TECHNOLOGY: MIT ALUMNI FUND - 600 MEMORIAL DRIVE, W98-200 - CAMBRIDGE, MA 02139-4822	04-2103594	501(C)(3)	6,000.	0.			CLASS OF 1960 ENDOWMENT FOR INNOVATION IN EDUCATION
MAUI ADULT DAY CARE CENTER FOR SENIOR CITIZENS & DISABLED, INC. - 11 MAHAOLO STREET, #B - KAHALUI, HI 96732	99-0216306	501(C)(3)	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)	15,310.	0.			UNRESTRICTED USE
MEMORIAL SLOAN-KETTERING CANCER CENTER - 1275 YORK AVENUE - NEW YORK, NY 10065	91-2154267	501(C)(3)	10,310.	0.			UNRESTRICTED USE
MERCY HOME FOR BOYS AND GIRLS 1140 WEST JACKSON BLVD. CHICAGO, IL 60607	36-2171726	501(C)(3)	12,000.	0.			UNRESTRICTED USE
MIAMI CHILDREN'S HOSPITAL FOUNDATION - 3000 SW 62ND AVENUE - MIAMI, FL 33155	59-1720704	501(C)(3)	46,399.	0.			UNRESTRICTED USE
MICHIGAN ANIMAL RESCUE LEAGUE 790 FEATHERSTONE PONTIAC, MI 48342	38-1557622	501(C)(3)	5,000.	0.			UNRESTRICTED USE IN MEMORY OF NORMA GORDINIER
MOREAN ARTS CENTER 719 CENTRAL AVENUE ST. PETERSBURG, FL 32704	59-6163303	501(C)(3)	182,269.	0.			MOREAN CENTER FOR CLAY, CHILDREN'S MUSEUM

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MUNSON HEALTHCARE REGIONAL FOUNDATION - 1150 MEDICAL CAMPUS DRIVE - TRAVERSE CITY, MI 49684	38-2642724	501(C)(3)	100,000.	0.			COWELL FAMILY CANCER CENTER
NAMI OF COLLIER COUNTY 6216 TRAIL BLVD NAPLES, FL 34108	65-0047747	501(C)(3)	20,000.	0.			TO IMPROVE A COLLABORATIVE APPROACH TO CHILDREN'S MENTAL HEALTH SERVICES THROUGH THE HUGS
NAPLES ALLIANCE FOR CHILDREN 660 9TH STREET N., #35-D NAPLES, FL 34102	59-2770492	501(C)(3)	7,800.	0.			TO HIRE A CONSULTANT TO ASSIST WITH NAPLES ALLIANCE FOR CHILDREN HULA HOOP-A-THON, APPLE
NAPLES ART ASSOCIATION, INC., VON LIEBIG ART CENTER, - 585 PARK STREET - NAPLES, FL 34102-6611	59-1022882	501(C)(3)	5,500.	0.			TO ASSIST IN PURCHASING COMPUTERIZED TABLETS, CREATIVE EXPRESSIONS: ARTS FOR HEALTH AND
NAPLES BOTANICAL GARDEN, INC. 4820 BAYSHORE DRIVE, #D NAPLES, FL 34112	65-0511429	501(C)(3)	13,800.	0.			SUPPORT OF VARIOUS PROGRAMS TO FULFILL THEIR CHARITABLE PURPOSE
NAPLES CHILDREN AND EDUCATION FOUNDATION - 6200 SHIRLEY STREET, #206 - NAPLES, FL 34109	65-1001650	501(C)(3)	8,500.	0.			GENERAL SUPPORT
NAPLES CHRISTIAN CHURCH 8000 GOODLETTE ROAD NORTH NAPLES, FL 34109	59-6519467	501(C)(3)	10,310.	0.			UNRESTRICTED USE
NAPLES COMMUNITY CHURCH, INC. 849 7TH AVENUE S., #696 NAPLES, FL 34102	20-5956100	501(C)(3)	60,000.	0.			CAPITAL CONTRIBUTION, GARY BRUTON MEMORIAL FOR NCC FACILITY PURCHASE
NAPLES COUNCIL ON WORLD AFFAIRS 2316 PINE RIDGE ROAD #361 NAPLES, FL 34109	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)	16,000.	0.			TO FUND THE LAST PHASE OF THE SOCIETY'S CAPITAL IMPROVEMENT PROJECT AT THE HISTORIC PALM
NAPLES MUSIC CLUB P.O. BOX 112383 NAPLES, FL 34108	59-6213932	501(C)(3)	11,120.	0.			OUTREACH PROGRAM, TO CONVERT DONOR DATA FOR THE NEW DONOR INFORMATION SYSTEM
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-FRANK ROAD NAPLES, FL 34102	56-2412630	501(C)(3)	14,000.	0.			UNRESTRICTED USE IN MEMORY OF FRED BROTHERS, AND GENERAL USE BY THE ZOO
NATIONAL MUSEUM OF COMMERCIAL AVIATION - 5442 FRONTAGE ROAD, #110 - FOREST PARK, GA 30297	20-4328419	501(C)(3)	8,000.	0.			UNRESTRICTED USE
NATIONAL VETERANS LEGAL SERVICE PROGRAM - P.O. BOX 65762 - WASHINGTON, DC 20035	52-1238058	501(C)(3)	10,000.	0.			GENERAL SUPPORT
NATIVE AMERICAN RIGHTS FUND 1506 BROADWAY BOULDER, CO 80302	84-0611876	501(C)(3)	5,000.	0.			GENERAL SUPPORT
NATURE CONSERVANCY CENTRAL/WESTERN NEW YORK - 1048 UNIVERSITY AVENUE - ROCHESTER, NY 14607	53-0242652	501(C)(3)	125,000.	0.			UNRESTRICTED USE
NCH HEALTHCARE FOUNDATION 350 7TH STREET N., P.O. BOX 234 NAPLES, FL 34106	59-2314655	501(C)(3)	439,423.	0.			SUPPORT OF VARIOUS PROGRAMS TO FULFILL THEIR CHARITABLE PURPOSE

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NEIGHBORHOOD HEALTH CLINIC 121 GOODLETTE ROAD N. NAPLES, FL 34102	59-3546884	501(C)(3)	56,801.	0.			TO PURCHASE AN ALL IN ONE COPIER/PRINTER/SCANNER, HEALTHY LIFESTYLES PROGRAM & UNRESTRICTED
NEW ENGLAND COLLEGE OF OPTOMETRY, OFFICE OF INSTITUTIONAL ADVANCEMENT - 424 BEACON STREET - BOSTON, MA 02115	04-1591060	501(C)(3)	10,000.	0.			SUPPORT OF HOLMES FUND
NEW HORIZONS OF SOUTHWEST FLORIDA, INC. - P.O. BOX 111833 - NAPLES, FL 34108-3410	11-3678086	501(C)(3)	12,100.	0.			TO PROVIDE TRAINING FOR BOARD DEVELOPMENT, SUPER KIDS CLUB -- AFTER SCHOOL TUTORING AND MENTORING
NEW JERSEY INSTITUTE OF TECHNOLOGY FOUNDATION, NJIT OFC FOR UNIV. ADVANCE - 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 DENVER CARES 6900 W. 117TH AVENUE BROOMFIELD, CO 80020	27-2622785	501(C)(3)	50,000.	0.			UNRESTRICTED USE
NORTHWESTERN UNIVERSITY 1201 DAVIS STREET EVANSTON, IL 60201-4410	36-2167817	501(C)(3)	5,000.	0.			ALUMNI SCHOLARSHIP FUND
NORTHWOOD SCHOOL, ADVANCEMENT OFFICE - P.O. BOX 1070 - LAKE PLACID, NY 12946	14-1401103	501(C)(3)	50,000.	0.			CAPITAL CAMPAIGN
OHANA MAKAMAE, INC. P.O. BOX 914 HANA, HI 96713	99-0342126	501(C)(3)	10,750.	0.			GENERAL SUPPORT
OMNI MONTESSORI SCHOOL 9536 BLAKENEY-HEATH ROAD CHARLOTTE, NC 28277	56-1466119	501(C)(3)	6,000.	0.			GENERAL FUND SPONSORED BY JEANNE TROTH DOWD

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ONE BY ONE LEADERSHIP FOUNDATION, INC., - 1390 NORTH 15TH STREET, #A P.O. BOX 5393 - IMMOKALEE, FL 34142	59-1711633	501(C)(3)	22,740.	0.			TO FULFILL THE ACTIVITIES DESCRIBED IN THE GRANT FROM JPMORGAN CHASE FOUNDATION, SUPPORT THE
ONONDAGA COMMUNITY COLLEGE FOUNDATION, INC. - 4585 W. SENECA TURNPIKE - SYRACUSE, NY 13215	22-2318303	501(C)(3)	100,000.	0.			CAPITAL CAMPAIGN SUPPORT
OPERA NAPLES, INC. 2408 LINWOOD AVENUE NAPLES, FL 34112	42-1671038	501(C)(3)	10,250.	0.			UNRESTRICTED USE
OPHTHALMOLOGY RESEARCH FOUNDATION, INC. - P. O. BOX 15869 - MIAMI, FL 33101	23-7081974	501(C)(3)	5,000.	0.			SUPPORT THE INSTITUTE'S PROJECT IN NAPLES IN HONOR OF DR. GEORGE CORRENT
PLANNED PARENTHOOD OF COLLIER COUNTY - 1425 CREECH ROAD - NAPLES, FL 34103	65-0450515	501(C)(3)	12,096.	0.			TO ATTEND THE INDIANA UNIVERSITY'S FUNDRAISING SCHOOL, TO PURCHASE THREE DESKTOP COMPUTERS,
PORTLAND AFTER SCHOOL TENNIS, INC. 7519 N. BURLINGTON AVENUE ST. JOHNS RACQUET CENTER - PORTLAND, OR 97203	93-1256066	501(C)(3)	7,210.	0.			ERNIE HARTZOG SCHOLARSHIP FUND & UNRESTRICTED USE
PROFESSIONAL GIVERS ANONYMOUS OF COLLIER COUNTY, INC. - P. O. BOX 573 - NAPLES, FL 34106	65-0213073	501(C)(3)	20,500.	0.			HUMAN SERVICES & UNRESTRICTED USE
RCMA 402 W. MAIN STREET IMMOKALEE, FL 34142	59-1221966	501(C)(3)	52,438.	0.			TO SECURE MATCHING STATE DOLLARS FOR THE CHILD CARE EXECUTIVE PARTNERSHIP FOR ZIP CODE
REBUILDING TOGETHER, INC. 1899 L STREET NW, #1000 WASHINGTON, DC 20036	52-1585880	501(C)(3)	7,500.	0.			SUPPORT OF VETERANS HOUSING PROGRAM

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REDHOUSE ARTS CENTER, INC. 201 S. WEST STREET SYRACUSE, NY 13202	22-2366669	501(C)(3)	21,000.	0.			UNRESTRICTED USE
REMNANT TRUST, INC. 1101 PARK AVENUE WINONA LAKE, IN 46590	35-2072847	501(C)(3)	150,000.	0.			RPR 2008 CLAT, OPERATIONS, ENDOWMENT & UNRESTRICTED USE
SALVATION ARMY 823 E. AUBURN RD ROCHESTER HILLS, MI 48307	36-2167910	501(C)(3)	5,000.	0.			UNRESTRICTED USE
SALVATION ARMY P.O. BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	1,067,280.	0.			NCC AND THE SALVATION ARMY SHALL USE THE FUNDS FOR THE NEW YOUTH CENTER, LATCHKEY KIDS PROGRAM
SHELTER FOR ABUSED WOMEN P.O. BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	148,812.	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)	6,000.	0.			BENEFIT THE SHRINERS HOSPITALS FOR CHILDREN, CINCINNATI
SIGHTLINE INSTITUTE 1402 THIRD AVENUE, #500 SEATTLE, WA 98101	52-1833599	501(C)(3)	10,000.	0.			GENERAL FUND SPONSORED BY CHRISTOPHER H. TROTH
SKANEATELES LAKE ASSOCIATION, INC. P. O. BOX 1 SKANEATELES, NY 13152	23-7045486	501(C)(3)	25,000.	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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SOLEBURY SCHOOL 6832 PHILLIPS MILL ROAD NEW HOPE, PA 18938	23-1365969	501(C)(3)	6,000.	0.			PAGE AND OTTO MARX ENDOWMENT FUND & ANNUAL FUND
SOUTH FLORIDA NATIONAL PARKS TRUST 1390 S. DIXIE HIGHWAY, #2203 CORAL GABLES, FL 33146	13-4341209	501(C)(3)	15,000.	0.			SWAMP WATER & ME PROGRAM (SWAMP) AT BIG CYPRESS
SOUTHWEST FLORIDA LAND PRESERVATION TRUST - 1100 5TH AVENUE S., #201 - NAPLES, FL 34102	65-0066474	501(C)(3)	10,000.	0.			FUNDING TOWARD THE GORDON RIVER GREENWAY PROJECT
SPECIAL OPERATIONS FUND 901 N. STUART STREET, #200 ARLINGTON, VA 22203	52-1765222	501(C)(3)	10,000.	0.			UNRESTRICTED USE
ST. ANN CATHOLIC CHURCH 475 9TH AVENUE S. NAPLES, FL 34102	59-0823952	501(C)(3)	17,295.	0.			UNRESTRICTED USE
ST. ANN SCHOOL FOUNDATION, INC. 475 9TH AVENUE S. NAPLES, FL 34102	59-2201867	501(C)(3)	53,000.	0.			ENDOWMENT
ST. JOHN NEUMANN HIGH SCHOOL 3000 53RD STREET SW NAPLES, FL 34116	91-1641584	501(C)(3)	17,295.	0.			UNRESTRICTED USE
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	46,399.	0.			UNRESTRICTED USE
ST. MATTHEW'S HOUSE 2001 AIRPORT ROAD S. NAPLES, FL 34112	65-1110501	501(C)(3)	34,100.	0.			TO ATTEND THE INDIANA UNIVERSITY'S FUNDRAISING SCHOOL, GENERAL SUPPORT FOR ST. MATTHEW'S HOUSE

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ST. PAUL ACADEMY AND SUMMIT SCHOOL 1712 RANDOLPH AVE ST. PAUL, MN 55104	41-0943433	501(C)(3)	5,000.	0.			2013 ANNUAL FUND
ST. VINCENT DE PAUL SOCIETY, INC. 4451 MERCANTILE AVENUE NAPLES, FL 34103	59-1711287	501(C)(3)	7,862.	0.			MEALS ON WHEELS PROGRAM & UNRESTRICTED USE
TAFT SCHOOL CORPORATION 110 WOODBURY RD. WATERTOWN, CT 06795	06-0646921	501(C)(3)	33,333.	0.			WILLY'S REQUEST
TAMPA BAY RESEARCH INSTITUTE 10900 ROOSEVELT BLVD., N. ST. PETERSBURG, FL 33716	59-2076218	501(C)(3)	10,000.	0.			UNRESTRICTED USE
THE ABLE TRUST 3320 THOMASVILLE ROAD TALLAHASSEE, FL 32308	59-3052307	501(C)(3)	6,000.	0.			DISABLED YOUTH LEADERSHIP FORUM
THE EVERGLADES FOUNDATION, INC. 185 10TH STREET SOUGH NAPLES, FL 34102	59-3228899	501(C)(3)	5,250.	0.			UNRESTRICTED USE
THE FELLOWSHIP FOUNDATION 514 THE CAPITOL 402 S. MONROE STREET TALLAHASSEE, FL 32399	53-0204604	501(C)(3)	5,000.	0.			VARIOUS PROJECTS
THE FIRST PRESBYTERIAN CHURCH OF SKANEATELES NY - 97 EAST GENESEE STREET SKANEATELES - SKANEATELES, NY 13152	15-0549304	501(C)(3)	12,000.	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

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THE NATURE CONSERVANCY OF COLORADO 2424 SPRUCE STREET BOULDER, CO 80302	53-0242652	501(C)(3)	25,000.	0.			UNRESTRICTED USE
THE PRENTICE SCHOOL 18341 LASSEN DRIVE SANTA ANA, CA 92705	33-0120257	501(C)(3)	6,000.	0.			ENROLLMENT ENHANCEMENT PROJECT & UNRESTRICTED USE
THE WOMEN'S FUND OF SOUTHWEST FLORIDA - 27320 HIDDEN RIVER COURT - BONITA SPRINGS, FL 34134	45-2514055	501(C)(3)	12,200.	0.			TO ATTEND THE INDIANA UNIVERSITY'S FUNDRAISING SCHOOL, TO SUPPORT THE SOUTHWEST FLORIDA
TRINITY-BY-THE-COVE EPISCOPAL CHURCH - 553 GALLEON DRIVE - NAPLES, FL 34102	59-0774204	501(C)(3)	25,486.	0.			FOR USE BY THE OUTREACH COMMISSION, EDUCATIONAL PURPOSES, MUSIC PROGRAM, RESTORATION FUND
TRUSTEES OF DARTMOUTH COLLEGE 8000 CUMMINGS HALL HANOVER, NH 03755	02-0222111	501(C)(3)	77,500.	0.			DARTMOUTH COLLEGE CLASS OF 58 REUNION FUND, EDDIE JERIMAH FUND FOR HOCKEY EXCELLENCE, DARTMOUTH
UNITED CEREBRAL PALSY OF SW FLORIDA - 4227 EXCHANGE AVENUE - NAPLES, FL 34104	65-0583793	501(C)(3)	6,753.	0.			TO PROVIDE TRAINING FOR BOARD MEMBERS TO IMPROVE THEIR FUNDRAISING AND DEVELOPMENT EXPERTISE, TO
UNITED WAY OF COLLIER COUNTY 9015 STRADA STELL COURT, #204 NAPLES, FL 34109	59-1026096	501(C)(3)	197,042.	0.			TO CONTINUE TO MANAGE COLLIER 211 ACCORDING TO THE AGREEMENT, 5 MONTHS OF THE SWITCHBOARD OF
WELLESLEY COLLEGE 106 CENTRAL STREET WELLESLEY, MA 02481	04-2103637	501(C)(3)	5,000.	0.			UNRESTRICTED USE
YAMPA VALLEY LAND TRUST, INC. P.O. BOX 773014 STEAMBOAT SPRINGS, CO 80477	84-1225573	501(C)(3)	26,000.	0.			UNRESTRICTED USE

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YMCA OF MONROE COUNTY, INC. 2125 S. HIGHLAND AVENUE BLOOMINGTON, IN 47401	35-1384859	501(C)(3)	50,000.	0.			CAPITAL CAMPAIGN
YMCA OF THE PALMS/GREATER NAPLES YMCA - 5450 YMCA ROAD - NAPLES, FL 34109	23-7039993	501(C)(3)	76,095.	0.			REBUILD THE YMCA, YOUTH SPORTS SPONSOR/BALANCE TO HEALTHY KIDS PROGRAM
YOUNG LIFE P. O. BOX 112481 NAPLES, FL 34108	84-0385934	501(C)(3)	13,250.	0.			SUPPORT YOUNG LIFE METRO AREA # AG 367
YOUNG LIFE P. O. BOX 520 COLORADO SPRINGS, CO 80901	84-0385934	501(C)(3)	5,000.	0.			SUPPORT THE NEW YOUNG LIFE CHAPTER IN COMAYAGUA, HONDURAS
YOUTH HAVEN 5867 WHITAKER ROAD NAPLES, FL 34112	23-7065187	501(C)(3)	20,749.	0.			COUNSELING SERVICES & UNRESTRICTED USE

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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	76	246,856.	0.		

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

PART I, LINE 2:

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

Part IV Supplemental Information

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

AUDUBON OF FLORIDA/CORKSCREW SWAMP SANCTUARY

(H) PURPOSE OF GRANT OR ASSISTANCE: UNRESTRICTED USE, VOLUNTEER TRAINING AND 60TH ANNIVERSARY PROJECTS RELATED TO EVERGLADES RESTORATION IN THE CORKSCREW SANCTUARY

NAME OF ORGANIZATION OR GOVERNMENT: BOYS & GIRLS CLUB OF COLLIER COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: JUNIOR WOMEN INITIATIVE, KINGSLEY PINE CAMPERS, COMPUTER PURCHASES, WINDSTAR'S GIVEBACK & UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT:

COLLIER COUNTY HUNGER AND HOMELESS COALITION

(H) PURPOSE OF GRANT OR ASSISTANCE: ATTEND THE INDIANA UNIVERSITY'S FUNDRAISING SCHOOL, RAPID REHOUSING ASSISTANCE FOR FAMILIES WITH STUDENTS IN COLLIER COUNTY PUBLIC SCHOOLS & UNRESTRICTED USE

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

CONSERVANCY OF SOUTHWEST FLORIDA, INC.,

(H) PURPOSE OF GRANT OR ASSISTANCE: ENHANCING THE CONSERVANCY'S

VOLUNTEER BASE, CAPITAL CONTRIBUTION, ANNUAL FUND, WILDLIFE

REHABILITATION CENTER & UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT:

EMPOWERMENT ALLIANCE OF SOUTHWEST FLORIDA

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT OF EMPOWERMENT ALLIANCE OF

SOUTHWEST FLORIDA IN ORDER TO FULFILL ITS CHARITABLE PURPOSES

NAME OF ORGANIZATION OR GOVERNMENT:

FUN TIME EARLY CHILDHOOD ACADEMY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ATTEND THE INDIANA UNIVERSITY'S

FUNDRAISING SCHOOL, PROVIDE SCHOLARSHIPS TO AFRICAN AMERICAN STUDENTS,

PURCHASE DIGITAL CAMERAS, 2013 ANNUAL APPEAL, TUITION ASSISTANCE &

UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT:

GRANT FOUNDATION DBA HOPITAL ALBERT SCHWEITZER

(H) PURPOSE OF GRANT OR ASSISTANCE: WATER PROVISION AND FILTRATION IN

REMOTE COMMUNITIES WITHIN THE HAS SERVICE AREA & GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:

GREENWOOD HOUSE HOME FOR THE JEWISH AGED, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ENDOWMENT FUND IN HONOR OF THE STAFF

AT ABRAMS AND GREENWOOD HOUSE, AND ANNUAL MEMBERSHIP CAMPAIGN

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: GUADALUPE CENTER, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ATTEND THE INDIANA UNIVERSITY'S
FUNDRAISING SCHOOL, BENEFIT THE AFTERSCHOOL PROGRAM, TUITION ASSISTANCE
FOR THE PRE-K PROGRAM AND 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: IMMOKALEE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: CAREER DEVELOPMENT AND READINESS
PROGRAMS, CHARITY CLASSIC, FUND A DREAM AUCTION, GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:

JEWISH FAMILY & COMMUNITY SERVICES OF SOUTHWEST FLORIDA

(H) PURPOSE OF GRANT OR ASSISTANCE: PJ LIBRARY FUND, FUNDING TOWARD NEW
SENIOR CENTER, TO HELP SPONSOR THE 2ND ANNUAL COLLIER COUNTY CONFERENCE ON
AGING, OUTREACH AND SUPPORT PROGRAM FOR AT RISK SENIORS, HEALTHY
SOCIALIZATION SKILLS: AN OUTREACH PROGRAM FOR TEENS AND PRE-TEENS &
GENERAL DONATION

NAME OF ORGANIZATION OR GOVERNMENT: JUNIOR ACHIEVEMENT OF SW FLORIDA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ATTEND THE JUNIOR ACHIEVEMENT
PROGRAM MANAGEMENT TRAINING, TO ATTEND THE PRESIDENT'S ROUNDTABLE
CONFERENCE, TO HIRE A CONSULTANT TO ASSIST WITH THE ANNUAL GIVING &
ENDOWMENT CAMPAIGN AND UNRESTRICTED USE

Part IV Supplemental Information

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: NAMI OF COLLIER COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO IMPROVE A COLLABORATIVE APPROACH

TO CHILDREN'S MENTAL HEALTH SERVICES THROUGH THE HUGS MOBILE, TALKING,
LOVING AND COMMUNICATION THROUGH HUGS & UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: NAPLES ALLIANCE FOR CHILDREN

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HIRE A CONSULTANT TO ASSIST WITH

NAPLES ALLIANCE FOR CHILDREN HULA HOOP-A-THON, APPLE BLOSSOM AWARDS, TO
HIRE A WEBSITE DESIGNER TO CREATE A COMMUNITY CALENDAR FOR THE YOUTH
RESOURCE CENTER

NAME OF ORGANIZATION OR GOVERNMENT:

NAPLES ART ASSOCIATION, INC., VON LIEBIG ART CENTER,

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST IN PURCHASING COMPUTERIZED

TABLETS, CREATIVE EXPRESSIONS: ARTS FOR HEALTH AND WELLNESS PILOT PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: NAPLES HISTORICAL SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND THE LAST PHASE OF THE

SOCIETY'S CAPITAL IMPROVEMENT PROJECT AT THE HISTORIC PALM COTTAGE, FUND
TRANSPORTATION OF SCHOOL CHILDREN TO PALM COTTAGE FOR EDUCATIONAL
OUTINGS, ENDOWMENT FUND, GRANT

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: NEIGHBORHOOD HEALTH CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PURCHASE AN ALL IN ONE

COPIER/PRINTER/SCANNER, HEALTHY LIFESTYLES PROGRAM & UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT:

NEW HORIZONS OF SOUTHWEST FLORIDA, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE TRAINING FOR BOARD

DEVELOPMENT, SUPER KIDS CLUB -- AFTER SCHOOL TUTORING AND MENTORING FOR
STUDENTS, K-5TH AT SHADOWLAWN ELEMENTARY SCHOOL

NAME OF ORGANIZATION OR GOVERNMENT:

ONE BY ONE LEADERSHIP FOUNDATION, INC.,

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FULFILL THE ACTIVITIES DESCRIBED
IN THE GRANT FROM JPMORGAN CHASE FOUNDATION, SUPPORT THE IMBIZ ECONOMIC
DEVELOPMENT PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: PLANNED PARENTHOOD OF COLLIER COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ATTEND THE INDIANA UNIVERSITY'S
FUNDRAISING SCHOOL, TO PURCHASE THREE DESKTOP COMPUTERS, MATCHING GRANT
PROGRAM, TO PURCHASE AN AUTOCLAVE AUTOMATIC STERILIZER FOR THE IMMOKALEE
HEALTH CENTER & UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: RCMA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SECURE MATCHING STATE DOLLARS FOR
THE CHILD CARE EXECUTIVE PARTNERSHIP FOR ZIP CODE 34142, SUPPORT OF RCMA
IN ORDER TO FULFILL ITS CHARITABLE PURPOSES

NAME OF ORGANIZATION OR GOVERNMENT: SALVATION ARMY

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: NCC AND THE SALVATION ARMY SHALL USE THE FUNDS FOR THE NEW YOUTH CENTER, LATCHKEY KIDS PROGRAM TECHNOLOGY LAB, YOUTH CENTER - BAND/MUSIC ROOM & UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: ST. MATTHEW'S HOUSE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ATTEND THE INDIANA UNIVERSITY'S FUNDRAISING SCHOOL, GENERAL SUPPORT FOR ST. MATTHEW'S HOUSE IN NAPLES AND IMMOKALEE, UNRESTRICTED USE IN MEMORY OF GARY BRUTON & UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: THE WOMEN'S FUND OF SOUTHWEST FLORIDA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ATTEND THE INDIANA UNIVERSITY'S FUNDRAISING SCHOOL, TO SUPPORT THE SOUTHWEST FLORIDA REGIONAL CENTER ON HUMAN TRAFFICKING, TO HIRE 3 CONSULTANTS TO PLAN AND IMPLEMENT THE SMART PARTY

NAME OF ORGANIZATION OR GOVERNMENT: TRINITY-BY-THE-COVE EPISCOPAL CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR USE BY THE OUTREACH COMMISSION, EDUCATIONAL PURPOSES, MUSIC PROGRAM, RESTORATION FUND & UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: TRUSTEES OF DARTMOUTH COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: DARTMOUTH COLLEGE CLASS OF 58 REUNION FUND, EDDIE JERIMAH FUND FOR HOCKEY EXCELLENCE, DARTMOUTH GEISEL MEDICAL SCHOOL - CAPITAL CONTRIBUTION

NAME OF ORGANIZATION OR GOVERNMENT: UNITED CEREBRAL PALSY OF SW FLORIDA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE TRAINING FOR BOARD MEMBERS TO IMPROVE THEIR FUNDRAISING AND DEVELOPMENT EXPERTISE, TO CREATE A PROMOTIONAL VIDEO, TO HIRE A CONSULTANT TO HELP BUILD THE UCP NAPLES

Part IV Supplemental Information

DONOR BASE & UNRESTRICTED USE

NAME OF ORGANIZATION OR GOVERNMENT: UNITED WAY OF COLLIER COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONTINUE TO MANAGE COLLIER 211

ACCORDING TO THE AGREEMENT, 5 MONTHS OF THE SWITCHBOARD OF MIAMI

CONTRACT; FEBRUARY 2014 - JUNE 2014 TO OPERATE COLLIER 211, ANNUAL GIFT

& UNRESTRICTED USE

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2013

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Employer identification number
59-2396243

Part I Questions Regarding Compensation

	Yes	No
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. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <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 directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <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) 2013

COMMUNITY FOUNDATION OF
COLLIER COUNTY, INC.

Schedule J (Form 990) 2013

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. EILEEN CONNOLLY-KEESLER PRESIDENT & CEO	(i)	140,651.	12,000.	0.	5,678.	17,010.	175,339.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 7:

THE CEO RECEIVED A DISCRETIONARY BONUS DURING THE YEAR OF

12,000.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	43	5,398,691.	FAIR MARKET VALUE
10 Securities - Closely held stock	X	1	453,111.	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** **1**

	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) (2013)

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

SCHEDULE M, LINE 32B:

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2013

Open to Public
Inspection

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

Employer identification number
59-2396243

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

CONTINUATION FROM PART III: 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

IMPROVE THE QUALITY OF LIFE IN COLLIER COUNTY BY CONNECTING DONORS TO

COMMUNITY NEEDS AND PROVIDING LEADERSHIP ON CRITICAL COMMUNITY ISSUES.

GIFTS TO THE FOUNDATION ARE MANAGED AND OVERSEEN BY THE BOARD OF

TRUSTEES AND THE PROFESSIONAL STAFF OF THE FOUNDATION. ORGANIZATIONS,

INDIVIDUALS AND FAMILIES CAN INVEST WITH THE FOUNDATION IN A WAY THAT

BEST FITS THEIR FINANCIAL AND CHARITABLE GOALS. ACCOUNTABILITY,

FLEXIBILITY AND EXPERTISE ARE THE VALUES AND BEHAVIORS THAT GOVERN ALL

FOUNDATION TRANSACTIONS. THE TAX BENEFITS OF INVESTING WITH THE

FOUNDATION ARE REALIZED IMMEDIATELY AND CHARITABLE DECISIONS CAN BE

DEFERRED.

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

EXPLANATION: TRANSFERRED COLLIER 211 TO THE UNITED WAY OF COLLIER

COUNTY - SEE DETAILED NARRATIVE ON 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

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

Schedule O (Form 990 or 990-EZ) (2013)

332211
09-04-13

Name of the organization	COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.	Employer identification number	59-2396243
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FUNDS, DESIGNATED FUNDS AND NONPROFIT AGENCY FUNDS. THE FUND'S ASSETS ARE MANAGED PROFESSIONALLY AND IN A MANNER IN WHICH THE FOUNDATION BELIEVES WILL EARN RETURNS, WITH AS LITTLE RISK AS POSSIBLE, THAT WILL SUSTAIN GRANTMAKING INTO THE FUTURE. PART OF DONOR 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 HAS 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

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

Employer identification number
59-2396243

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 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:

COLLIER 211

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 TRANSITIONED TO THE UNITED
WAY OF COLLIER COUNTY IN OCTOBER OF 2013.

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

OTHER PROGRAMS

332212
09-04-13

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

Employer identification number
59-2396243

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 ALMOST \$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 IN ITS SEVENTH 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 PHILANTHROPIC NETWORK GRANTMAKING PROGRAM, AND THE POWER OF THE PURSE.

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

PER THE COMMUNITY FOUNDATION'S BY-LAWS, IN THE INTERVAL BETWEEN BOARD MEETINGS, THE EXECUTIVE COMMITTEE HAS AND MAY EXERCISE ALL THE POWERS OF THE BOARD EXCEPT THAT IT CANNOT ADOPT, AMEND OR REPEAL THE BY-LAWS OR FILL VACANCIES ON THE BOARD OR ANY COMMITTEE. ALL ACTIONS BY THE EXECUTIVE COMMITTEE ARE REPORTED TO THE BOARD AT THE BOARD 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.

Name of the organization	COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.	Employer identification number	59-2396243
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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 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 CEO BASED ON THIRD PARTY SALARY SURVEYS. GOALS WERE SET FOR THE PRESIDENT AND CEO AND A FORMAL EVALUATION WAS COMPLETED IN JUNE 2014. COMPENSATION OF KEY EMPLOYEES IS

Name of the organization COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.	Employer identification number 59-2396243
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DETERMINED BY THE PRESIDENT & CEO AFTER A REVIEW OF THEIR PERFORMANCE AND ACCOMPLISHMENTS, A REVIEW OF COMPARABLE COMPENSATION DATA OBTAINED FROM INDEPENDENT RESOURCES AND AN ANALYSIS OF BUDGET LIMITATIONS.

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

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

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

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT	221,026.
CHANGE IN VALUE OF BENEFICIAL INTEREST AGREEMENT	41,717.
TOTAL TO FORM 990, PART XI, LINE 9	262,743.

FORM 990, PART XII, LINE 2C:

THE PROCESS OF ASSUMING RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF THE ORGANIZATION'S FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT HAS NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CFCC REAL ESTATE, LLC - 26-0144559 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			COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2013

COMMUNITY FOUNDATION OF

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

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

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

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

COMMUNITY FOUNDATION OF
COLLIER COUNTY, INC.

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

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

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

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

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

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

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

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

NAME OF RELATED ORGANIZATION:

CHARITABLE REMAINDER TRUST (4)

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

NAME OF RELATED ORGANIZATION:

CHARITABLE LEAD TRUST (1)

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