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PUBLIC DISCLOSURE COPY

Form **990**

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

OMB No. 1545-0047

**2015**  
Open to Public Inspection

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](http://www.irs.gov/form990).

**A** For the 2015 calendar year, or tax year beginning **JUL 1, 2015** and ending **JUN 30, 2016**

<b>B</b> Check if applicable:  <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1110 PINE RIDGE ROAD, STE 200</b> City or town, state or province, country, and ZIP or foreign postal code <b>NAPLES, FL 34108</b> <b>F</b> Name and address of principal officer: <b>EILEEN CONNOLLY-KEESLER</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number  <b>59-2396243</b> <b>E</b> Telephone number  <b>239-649-5000</b> <b>G</b> Gross receipts \$ <b>51,190,598.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> 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		
<b>J</b> Website: ▶ <b>WWW.CFCOLLIER.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1985</b> <b>M</b> State of legal domicile: <b>FL</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>CONNECTING DONORS TO COMMUNITY NEEDS AND PROVIDING LEADERSHIP ON CRITICAL COMMUNITY ISSUES.</b> <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. <b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> <b>22</b> <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <b>22</b> <b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a) ..... <b>5</b> <b>10</b> <b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> <b>75</b> <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <b>1,501.</b> <b>7b</b> Net unrelated business taxable income from Form 990-T, line 34 ..... <b>7b</b> <b>451.</b>																									
<b>Revenue</b>		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr> <td><b>8</b> Contributions and grants (Part VIII, line 1h) .....</td> <td align="right">16,067,539.</td> <td align="right">15,364,524.</td> </tr> <tr> <td><b>9</b> Program service revenue (Part VIII, line 2g) .....</td> <td align="right">33,532.</td> <td align="right">72,703.</td> </tr> <tr> <td><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....</td> <td align="right">3,918,672.</td> <td align="right">1,352,932.</td> </tr> <tr> <td><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....</td> <td align="right">6,169.</td> <td align="right">-3,831.</td> </tr> <tr> <td><b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....</td> <td align="right">20,025,912.</td> <td align="right">16,786,328.</td> </tr> </tbody> </table>		Prior Year	Current Year	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	16,067,539.	15,364,524.	<b>9</b> Program service revenue (Part VIII, line 2g) .....	33,532.	72,703.	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	3,918,672.	1,352,932.	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	6,169.	-3,831.	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	20,025,912.	16,786,328.						
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**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.

<b>Sign Here</b>	Signature of officer <b>EILEEN CONNOLLY-KEESLER, CEO</b> Type or print name and title	Date _____			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>MARTIN REDOVAN, CPA</b>	Preparer's signature <b>MARTIN REDOVAN, CPA</b>	Date <b>01/30/17</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P01281045</b>
	Firm's name ▶ <b>CLIFTONLARSONALLEN LLP</b>	Firm's EIN ▶ <b>41-0746749</b>			
	Firm's address ▶ <b>4099 TAMiami TRAIL N., STE. 300</b> <b>NAPLES, FL 34103</b>	Phone no. <b>239-262-8686</b>			

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

COMMUNITY FOUNDATION OF  
COLLIER COUNTY, INC.

Form 990 (2015)

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**Part III Statement of Program Service Accomplishments**

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

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

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

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

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

4a (Code: ) (Expenses \$ 9,879,538. including grants of \$ 9,515,106. ) (Revenue \$ 72,703. )  
**DONOR SERVICES**  
**SEE SCHEDULE O.**

4b (Code: ) (Expenses \$ 711,402. including grants of \$ 414,444. ) (Revenue \$ )  
**COMMUNITY GRANTMAKING**  
**SEE SCHEDULE O.**

4c (Code: ) (Expenses \$ 127,786. including grants of \$ 63,752. ) (Revenue \$ )  
**WOMEN'S FOUNDATION OF COLLIER COUNTY**  
**SEE SCHEDULE O.**

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

4e Total program service expenses **10,718,726.**

COMMUNITY FOUNDATION OF  
COLLIER COUNTY, INC.

**Part IV Checklist of Required Schedules**

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

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

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>X</b>	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<b>X</b>	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	<b>X</b>	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		<b>X</b>
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		<b>X</b>
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		<b>X</b>
<b>27</b> 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> .....		<b>X</b>
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		<b>X</b>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		<b>X</b>
<b>c</b> 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> .....		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>X</b>	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	<b>X</b>	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	<b>X</b>	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>X</b>	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		<b>X</b>
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		<b>X</b>
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	<b>X</b>	

**Note.** All Form 990 filers are required to complete Schedule O .....

COMMUNITY FOUNDATION OF  
COLLIER COUNTY, INC.

Form 990 (2015)

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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
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	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		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	X	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>4b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		X
<b>9b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Form 990 (2015)

**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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	<b>1a</b> 22		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> 22		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **FL**
- 18** Section 6104 requires an organization to make its Forms 1023 (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, address, and telephone number of the person who possesses the organization's books and records: **LISETTE HOLMES - 239-649-5000**  
**1110 PINE RIDGE ROAD, STE 200, NAPLES, FL 34108**

COMMUNITY FOUNDATION OF  
COLLIER COUNTY, INC.

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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) MS. JENNIFER B. WALKER CHAIR	4.00	X		X				0.	0.	0.
(2) MR. DENNIS C. BROWN IMMEDIATE PAST CHAIR	2.00	X		X				0.	0.	0.
(3) MS. MARY LYNN MYERS CHAIR ELECT	2.00	X		X				0.	0.	0.
(4) MS. MARSHA MURPHY SECRETARY	2.00	X		X				0.	0.	0.
(5) MR. T. ROBERT BULLOCH TREASURER	2.00	X		X				0.	0.	0.
(6) MS. KIM CICCARELLI KANTOR MEMBER EXECUTIVE COMMITTEE	2.00	X		X				0.	0.	0.
(7) MR. GEORGE ABOUNADER DIRECTOR	1.00	X						0.	0.	0.
(8) MRS. CHRISTINE FLYNN DIRECTOR	1.00	X						0.	0.	0.
(9) MR. BLAKE GABLE DIRECTOR	1.00	X						0.	0.	0.
(10) MS. LAIRD GRANT GROODY DIRECTOR	1.00	X						0.	0.	0.
(11) MS. PATRICIA JILK DIRECTOR	1.00	X						0.	0.	0.
(12) MS. MARY BETH JOHNS DIRECTOR	1.00	X						0.	0.	0.
(13) MS. KATHLEEN KAPNICK DIRECTOR	1.00	X						0.	0.	0.
(14) REV. DR. KATHLEEN L. KIRCHER DIRECTOR	1.00	X						0.	0.	0.
(15) MR. WILLIAM D. LANGE DIRECTOR	1.00	X						0.	0.	0.
(16) MS. SUZANNE LOUNT DIRECTOR	1.00	X						0.	0.	0.
(17) MR. BRIAN MCAVOY DIRECTOR	1.00	X						0.	0.	0.



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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MS. DEBORAH L. RUSSELL DIRECTOR	1.00	X					0.	0.	0.	
(19) MR. JERRY TOSTRUD DIRECTOR	1.00	X					0.	0.	0.	
(20) MR. MARIO VALLE DIRECTOR	1.00	X					0.	0.	0.	
(21) DR. DAVID WATSON DIRECTOR	1.00	X					0.	0.	0.	
(22) MR. HAROLD ZINK DIRECTOR	1.00	X					0.	0.	0.	
(23) MS. EILEEN CONNOLLY-KEESLER PRESIDENT & CEO	40.00			X			176,725.	0.	26,656.	
(24) MS. MARY GEORGE VP OF COMMUNITY GRANTMAKING	40.00			X			83,397.	0.	4,902.	
(25) MS. LISETTE HOLMES CFO	40.00			X			92,400.	0.	19,670.	
<b>1b Sub-total</b>							352,522.	0.	51,228.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							352,522.	0.	51,228.	

**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
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

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

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

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

COMMUNITY FOUNDATION OF  
COLLIER COUNTY, INC.

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**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	514,180.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	14,850,344.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		9,062,680.				
	<b>h Total.</b> Add lines 1a-1f		15,364,524.				
	<b>Program Service Revenue</b>	<b>2 a</b> ADMINISTRATIVE FEES	<b>Business Code</b>	812900	72,703.	72,703.	
<b>b</b>							
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f				72,703.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			1,762,282.		1,760,781.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real	4,000.				
		(ii) Personal					
		<b>b</b> Less: rental expenses	0.				
		<b>c</b> Rental income or (loss)	4,000.				
	<b>d</b> Net rental income or (loss)			4,000.		4,000.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	33,791,594.				
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses	34,200,944.				
		<b>c</b> Gain or (loss)	-409,350.				
	<b>d</b> Net gain or (loss)			-409,350.		-409,350.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 514,180. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>	178,805.				
		<b>b</b> Less: direct expenses	203,326.				
<b>c</b> Net income or (loss) from fundraising events				-24,521.		-24,521.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses						
	<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold						
	<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> OTHER REVENUE		812900		16,690.		16,690.	
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			16,690.			
<b>12 Total revenue.</b> See instructions.			16,786,328.	72,703.	1,501.	1,347,600.	

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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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	9,406,940.	9,406,940.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	262,780.	262,780.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	323,582.	323,582.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	352,522.	203,716.	82,670.	66,136.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	425,758.	244,324.	100,797.	80,637.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	30,783.	17,651.	7,296.	5,836.
<b>9</b> Other employee benefits	85,165.	48,886.	20,155.	16,124.
<b>10</b> Payroll taxes	64,749.	37,270.	15,266.	12,213.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	23,473.		23,473.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	288,766.		288,766.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	18,000.		12,600.	5,400.
<b>12</b> Advertising and promotion	54,103.	13,573.		40,530.
<b>13</b> Office expenses	69,718.	20,582.	41,486.	7,650.
<b>14</b> Information technology	86,888.	49,254.	20,908.	16,726.
<b>15</b> Royalties				
<b>16</b> Occupancy	117,407.	55,180.	42,161.	20,066.
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	53,881.	27,802.	16,028.	10,051.
<b>20</b> Interest	8,110.		8,110.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	49,717.		49,717.	
<b>23</b> Insurance	13,899.	6,262.	5,360.	2,277.
<b>24</b> 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.)				
<b>a DUES &amp; SUBSCRIPTIONS</b>	18,128.	500.	8,814.	8,814.
<b>b LICENSE/TAXES/FEES</b>	770.	424.	192.	154.
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	11,755,139.	10,718,726.	743,799.	292,614.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

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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)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	17,567,970.	<b>2</b>	13,690,109.
	<b>3</b> Pledges and grants receivable, net .....	936,340.	<b>3</b>	805,885.
	<b>4</b> Accounts receivable, net .....	181,147.	<b>4</b>	119,276.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> 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 .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	49,047.	<b>9</b>	61,872.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 2,307,991.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 46,994.		
	<b>11</b> Investments - publicly traded securities .....	1,512,993.	<b>10c</b>	2,260,997.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	65,284,026.	<b>11</b>	80,435,155.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	18,981,834.	<b>12</b>	23,343,721.
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	2,289,257.	<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	106,802,614.	<b>15</b>	1,786,814.	
		<b>16</b>	122,503,829.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	73,129.	<b>17</b>	55,479.
	<b>18</b> Grants payable .....	661,831.	<b>18</b>	231,691.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	745,000.	<b>23</b>	406,950.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	25,495,067.	<b>25</b>	40,868,301.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	26,975,027.	<b>26</b>	41,562,421.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	76,991,647.	<b>27</b>	78,214,767.
	<b>28</b> Temporarily restricted net assets .....	2,835,940.	<b>28</b>	2,726,641.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
	<b>33</b> Total net assets or fund balances .....	79,827,587.	<b>33</b>	80,941,408.
	<b>34</b> Total liabilities and net assets/fund balances .....	106,802,614.	<b>34</b>	122,503,829.

Form 990 (2015)

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

**Part XI Reconciliation of Net Assets**

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

<b>1</b> Total revenue (must equal Part VIII, column (A), line 12) .....	<b>1</b>	16,786,328.
<b>2</b> Total expenses (must equal Part IX, column (A), line 25) .....	<b>2</b>	11,755,139.
<b>3</b> Revenue less expenses. Subtract line 2 from line 1 .....	<b>3</b>	5,031,189.
<b>4</b> Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .....	<b>4</b>	79,827,587.
<b>5</b> Net unrealized gains (losses) on investments .....	<b>5</b>	-3,644,184.
<b>6</b> Donated services and use of facilities .....	<b>6</b>	
<b>7</b> Investment expenses .....	<b>7</b>	
<b>8</b> Prior period adjustments .....	<b>8</b>	
<b>9</b> Other changes in net assets or fund balances (explain in Schedule O) .....	<b>9</b>	-273,184.
<b>10</b> Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) .....	<b>10</b>	80,941,408.

**Part XII Financial Statements and Reporting**

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

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

**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

**2015**

Open to Public Inspection

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://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 (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

COMMUNITY FOUNDATION OF

**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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	6,277,207.	6,963,448.	12,939,189.	16,067,539.	15,364,524.	57,611,907.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....	6,277,207.	6,963,448.	12,939,189.	16,067,539.	15,364,524.	57,611,907.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						16,914,347.
<b>6 Public support.</b> Subtract line 5 from line 4.						40,697,560.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>7</b> Amounts from line 4 .....	6,277,207.	6,963,448.	12,939,189.	16,067,539.	15,364,524.	57,611,907.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	1,193,242.	1,215,201.	1,521,074.	2,208,586.	1,766,282.	7,904,385.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...	10,747.	13,421.	879.			25,047.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	111,114.	20,995.	1,577.	16,994.	16,690.	167,370.
<b>11 Total support.</b> Add lines 7 through 10						65,708,709.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	181,785.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	61.94 %
<b>15</b> Public support percentage from 2014 Schedule A, Part II, line 14 .....	<b>15</b>	63.72 %
<b>16a 33 1/3% support test - 2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2014.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2015.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2014.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

(Complete only if you checked the box on line 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 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**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2015.** 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 - 2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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



**Part IV Supporting Organizations**

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		

COMMUNITY FOUNDATION OF

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

COMMUNITY FOUNDATION OF

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2015 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013			
<b>e</b> From 2014			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2015 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013			
<b>d</b> Excess from 2014			
<b>e</b> Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

COMMUNITY FOUNDATION OF

Schedule A (Form 990 or 990-EZ) 2015 COLLIER COUNTY, INC.

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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

OTHER INCOME

2011 AMOUNT: \$ 111,114.

2012 AMOUNT: \$ 20,995.

2013 AMOUNT: \$ 1,577.

2014 AMOUNT: \$ 16,994.

2015 AMOUNT: \$ 16,690.

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Name of the organization

COMMUNITY FOUNDATION OF  
COLLIER COUNTY, INC.

Employer identification number

59-2396243

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization <b>COMMUNITY FOUNDATION OF                  COLLIER COUNTY, INC.</b>	Employer identification number 59-2396243
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 6,094,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 1,440,874.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 474,255.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 380,228.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 311,836.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.</b>	Employer identification number <b>59-2396243</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	PUBLICLY TRADED SECURITIES <hr/> <hr/> <hr/>	\$ 6,094,000.	12/23/15
2	PUBLICLY TRADED SECURITIES <hr/> <hr/> <hr/>	\$ 1,057,374.	03/09/16
4	PUBLICLY TRADED SECURITIES <hr/> <hr/> <hr/>	\$ 380,228.	07/30/15
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____



<b>Name of organization</b> COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.	<b>Employer identification number</b> 59-2396243
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

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

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	180	
2 Aggregate value of contributions to (during year) .....	11,888,893.	
3 Aggregate value of grants from (during year) .....	6,597,891.	
4 Aggregate value at end of year .....	37,473,708.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

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

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

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 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, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

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

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

Yes  No

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

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

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

COMMUNITY FOUNDATION OF  
COLLIER COUNTY, INC.

**Part 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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	39,450,027.	40,515,552.	34,372,996.	33,332,949.	31,372,598.
b Contributions	4,117,870.	1,441,161.	3,864,824.	1,654,618.	4,577,164.
c Net investment earnings, gains, and losses	-1,119,554.	555,742.	4,760,056.	2,859,940.	-360,943.
d Grants or scholarships	3,411,564.	2,052,256.	1,706,916.	2,872,963.	1,778,431.
e Other expenditures for facilities and programs	419,865.	407,380.	243,592.	129,095.	
f Administrative expenses	603,100.	602,792.	531,816.	472,453.	477,439.
g End of year balance	38,013,814.	39,450,027.	40,515,552.	34,372,996.	33,332,949.

- 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 on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes                      | No                                  |
|--|--------------------------|-------------------------------------|
| (i) unrelated organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/>            |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		2,104,610.	30,066.	2,074,544.
c Leasehold improvements				
d Equipment		203,381.	16,928.	186,453.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,260,997.

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

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other		
(A) PRIVATE EQUITY	5,444,394.	END-OF-YEAR MARKET VALUE
(B) HEDGE FUNDS	8,650,709.	END-OF-YEAR MARKET VALUE
(C) STRUCTURED INVESTMENTS	80,670.	END-OF-YEAR MARKET VALUE
(D) FIXED INCOME	7,434,614.	END-OF-YEAR MARKET VALUE
(E) REAL ESTATE INVESTMENT		
(F) FUNDS	1,733,334.	END-OF-YEAR MARKET VALUE
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	<b>23,343,721.</b>	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FUNDS HELD FOR AGENCIES	40,320,435.
(3) ANNUITY OBLIGATIONS	547,866.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>40,868,301.</b>

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

COMMUNITY FOUNDATION OF  
COLLIER COUNTY, INC.

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	12,853,378.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-3,644,184.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	-3,644,184.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	16,497,562.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	288,766.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	288,766.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	16,786,328.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	11,466,373.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	11,466,373.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	288,766.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	288,766.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	11,755,139.

**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 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. THIS STANDARD HAS HAD NO IMPACT ON THE FINANCIAL STATEMENTS.

COMMUNITY FOUNDATION OF  
COLLIER COUNTY, INC.

Schedule D (Form 990) 2015

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**Part XIII** Supplemental Information *(continued)*

Lined area for supplemental information

**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.

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

OMB No. 1545-0047

**2015**

Open to Public Inspection

Name of the organization <b>COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.</b>	Employer identification number <b>59-2396243</b>
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**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		178,675.
EAST ASIA & THE PACIFIC	0	0	GRANTS		3,300.
EUROPE	0	0	GRANTS		5,500.
MIDDLE EAST & NORTH AFRICA	0	0	GRANTS		54,907.
SOUTH AMERICA	0	0	GRANTS		1,200.
SOUTH ASIA	0	0	GRANTS		1,000.
SUB-SAHARAN AFRICA	0	0	GRANTS		78,000.
NORTH AMERICA	0	0	GRANTS		1,000.
<b>3 a</b> Sub-total .....	0	0			323,582.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			323,582.

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

Schedule F (Form 990) 2015

COMMUNITY FOUNDATION OF  
COLLIER COUNTY, INC.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & CARIBBEAN	TO SUPPORT MISSION WORK	89,500	CHECK	0.		
		CENTRAL AMERICA & CARIBBEAN	GENERAL SUPPORT AND WATER FILTRATION	45,000	CHECK	0.		
		CENTRAL AMERICA & CARIBBEAN	GENERAL SUPPORT	10,000	CHECK	0.		
		CENTRAL AMERICA & CARIBBEAN	TO SUPPORT THE YOUNG LIFE CHAPTER IN COMAYAGUA, HONDURAS	7,500	CHECK	0.		
		MIDDLE EAST & NORTH AFRICA	CAMPAIGN FOR AFGHAN WOMEN AND GIRLS	15,000	CHECK	0.		
		MIDDLE EAST & NORTH AFRICA	GRANTMAKING IN THE MIDDLE EAST	15,000	CHECK	0.		
		MIDDLE EAST & NORTH AFRICA	PROGRAMS IN AFGHANISTAN & IRAQ	15,000	CHECK	0.		
		SUB-SAHARAN AFRICA	GENERAL SUPPORT	50,300	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 ..... **13**

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



COMMUNITY FOUNDATION OF  
COLLIER COUNTY, INC.

Schedule F (Form 990)

59-2396243

Page 2

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & CARIBBEAN	TIMBER REINTRODUCTION PROGRAM	5,000	CHECK	0.		
		CENTRAL AMERICA & CARIBBEAN	GENERAL SUPPORT	5,000	CHECK	0.		
		SUB-SAHARAN AFRICA	BUILD A NEW SUDAN CLINIC	10,000	CHECK	0.		
		EUROPE	GENERAL SUPPORT	5,000	CHECK	0.		
		CENTRAL AMERICA & CARIBBEAN	TO SUPPORT THE WORK OF SISTER JUDY IN HAITI	10,000	CHECK	0.		



COMMUNITY FOUNDATION OF  
COLLIER COUNTY, INC.

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* .....  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* .....  Yes  No

**Part V Supplemental Information**

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

**PART I, LINE 2:**

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



COMMUNITY FOUNDATION OF

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		TURTLES ON THE TOWN	POWER OF THE PURSE	2		
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	466,350.	102,910.	123,725.	692,985.
	2	Less: Contributions	350,960.	75,875.	87,345.	514,180.
	3	Gross income (line 1 minus line 2)	115,390.	27,035.	36,380.	178,805.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	36,648.	60.	641.	37,349.
	7	Food and beverages	54,965.	17,050.	34,514.	106,529.
	8	Entertainment	28,425.	11,940.	15,170.	55,535.
	9	Other direct expenses		1,838.	2,075.	3,913.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				203,326.
11	Net income summary. Subtract line 10 from line 3, column (d)				-24,521.	

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

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

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

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

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_



**Part IV** Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

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

Employer identification number  
**59-2396243**

**Part I General Information on Grants and Assistance**

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

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ABLE TRUST 3320 THOMASVILLE ROAD TALLAHASSEE, FL 32308	59-3052307	501(C)(3)	5,300.	0.			COLLIER COUNTY FLORIDA YOUTH LEADERSHIP FORUM
ADOPT-A-NATIVE-ELDER P.O. BOX 3401 PARK CITY, UT 84060	87-0490211	501(C)(3)	20,000.	0.			GENERAL SUPPORT AND SOLAR COOKING
ALZHEIMER'S ASSOCIATION - NATIONAL OFFICE - 225 N. MICHIGAN AVENUE - CHICAGO, IL 60601-7633	13-3039601	501(C)(3)	11,780.	0.			UNRESTRICTED USE
ALZHEIMER'S SUPPORT NETWORK 660 TAMiami TRAIL N., #21 NAPLES, FL 34102	59-2198939	501(C)(3)	6,250.	0.			LADIES CLUB
AMERICAN BIRD CONSERVANCY 4249 LOUDOUN AVENUE THE PLAINS, VA 20198	52-1501259	501(C)(3)	5,000.	0.			UNRESTRICTED USE
AMERICAN CANCER SOCIETY 5020 TAMiami TRAIL N., #108 NAPLES, FL 34103	13-1788491	501(C)(3)	40,858.	0.			BUCKET LIST BASH SUPPORT

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **154.**

**3** Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2015)

COMMUNITY FOUNDATION OF  
COLLIER COUNTY, INC.

Schedule I (Form 990)

59-2396243

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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
AMERICAN DIABETES ASSOCIATION 1511 N. WEST SHORE BLVD. TAMPA, FL 33607	13-1623888	501(C)(3)	10,608.	0.			UNRESTRICTED USE
AMERICAN HEART ASSOCIATION NATIONAL BEQUEST CENTER - P.O. BOX 22035 - ST. PETERSBURG, FL 33742	13-5613797	501(C)(3)	21,388.	0.			HEART RESEARCH ONLY
AMERICAN INDIAN COLLEGE FUND 8333 GREENWOOD BLVD. DENVER, CO 80221	52-1573446	501(C)(3)	10,000.	0.			SCHOLARSHIPS FOR UTE TRIBAL MEMBERS
AMIGOS EN CRISTO, INC. D.B.A. AMIGOS CENTER - 25999 OLD 41 ROAD - BONITA SPRINGS, FL 34135	59-3646095	501(C)(3)	8,901.	0.			FOOD PURCHASE FOR FOOD PANTRY
ARTHRITIS RESEARCH INSTITUTE OF AMERICA - 300 S. DUNCAN AVENUE, #188 - CLEARWATER, FL 34615	59-2438325	501(C)(3)	10,780.	0.			UNRESTRICTED USE
ARTIS-NAPLES, INC. 5833 PELICAN BAY BLVD. NAPLES, FL 34108-2740	59-2322926	501(C)(3)	79,502.	0.			COMMITTEE OF A THOUSAND
AVOW 1095 WHIPPOORWILL LANE NAPLES, FL 34105	59-2201250	501(C)(3)	26,481.	0.			OPERATING
BOYS & GIRLS CLUB OF BLOOMINGTON P.O. BOX 1716 BLOOMINGTON, IN 47402	35-0997525	501(C)(3)	200,000.	0.			CAPITAL CAMPAIGN
BOYS & GIRLS CLUB OF COLLIER COUNTY - P.O. BOX 8896 - NAPLES, FL 34101	65-0279110	501(C)(3)	151,787.	0.			AFTER-SCHOOL PROGRAM

Schedule I (Form 990)

COMMUNITY FOUNDATION OF  
COLLIER COUNTY, INC.

Schedule I (Form 990)

59-2396243

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIAN BEX REPORT, INC. 100 WOODPECKER ROAD N. HAGERSTOWN, IN 47346	35-1133977	501(C)(3)	7,500.	0.			UNRESTRICTED USE
BRIGHTFOCUS FOUNDATION 22512 GATEWAY CENTER DRIVE CLARKSBURG, MD 30982	23-7337229	501(C)(3)	10,780.	0.			UNRESTRICTED USE
BUCKNELL UNIVERSITY 301 MARKET STREET, #2 LEWISBURG, PA 17837	24-0772407	501(C)(3)	26,000.	0.			UNRESTRICTED USE
CANCER ALLIANCE OF NAPLES, INC. 990 FIRST AVENUE S., #200 NAPLES, FL 34102	22-3879709	501(C)(3)	12,784.	0.			UNRESTRICTED USE
CARE CLUB OF COLLIER COUNTY 1800 SANTA BARBARA BLVD. NAPLES, FL 34116	65-0253054	501(C)(3)	20,250.	0.			BEST USE OF FUNDS
CATHOLIC CHARITIES OF COLLIER COUNTY - 2210 SANTA BARBARA BLVD. - NAPLES, FL 34116	53-0196617	501(C)(3)	26,958.	0.			BEST USE OF FUNDS
CHAMELEON THEATRE CIRCLE 5664 142ND STREET W. APPLE VALLEY, MN 55124	41-1899943	501(C)(3)	6,000.	0.			GENERAL FUND
CHILDREN'S ADVOCACY CENTER OF COLLIER COUNTY - 1036 6TH AVENUE N. - NAPLES, FL 34102	65-0049492	501(C)(3)	13,500.	0.			UNRESTRICTED USE
CHIVE CHARITIES 98 SAN JACINTO BLVD., #160 AUSTIN, TX 78701	45-5415041	501(C)(3)	100,000.	0.			UNRESTRICTED USE

Schedule I (Form 990)

COMMUNITY FOUNDATION OF  
COLLIER COUNTY, INC.

Schedule I (Form 990)

59-2396243

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF NAPLES 735 8TH STREET S. NAPLES, FL 34102	59-6000382	501(C)(3)	35,012.	0.			REEF PROJECT #15V77
CLASSIC CHAMBER CONCERTS, INC. P.O. BOX 7854 NAPLES, FL 34101	59-3459770	501(C)(3)	11,620.	0.			ACQUISITION OF KINDFUL - A DONOR BASED MANAGEMENT SOFTWARE SYSTEM
COLLIER CHILD CARE RESOURCES, INC. 2335 TAMIAMI TRAIL N., #504 NAPLES, FL 34103	26-2646032	501(C)(3)	28,000.	0.			CCCR BUSINESS 100 FOR CICCARELLI ADVISORY SERVICES, INC.
COLLIER COUNTY - BOARD OF COUNTY COMMISSIONERS - 3301 TAMIAMI TRAIL E. - NAPLES, FL 34112	59-6000558	501(C)(3)	294,000.	0.			REEF PROJECT #44038.1, FUND 117
COLLIER COUNTY HUNGER AND HOMELESS COALITION - P.O. BOX 9202 - NAPLES, FL 34101	04-3610154	501(C)(3)	17,400.	0.			GENERAL SUPPORT
COLLIER COUNTY JUNIOR DEPUTIES LEAGUE, INC. - P.O. BOX 1833 - NAPLES, FL 34106	59-1638443	501(C)(3)	150,564.	0.			BUILDING CAMPAIGN FOR FACILITY AT CAMP DISCOVERY
COLLIER COUNTY PUBLIC SCHOOLS 5775 OSCEOLA TRAIL NAPLES, FL 34109	59-2663954	501(C)(3)	72,383.	0.			GOLDEN GATE MIDDLE SCHOOL FOR 30 HP STREAM LAPTOPS & A CART
COLLIER COUNTY PUBLIC SCHOOLS-LAWS OF LIFE CONTEST - 5775 OSCEOLA TRAIL - NAPLES, FL 34109	59-2663954	501(C)(3)	8,250.	0.			SUPPORT LAWS OF LIFE FOR 2015
COLLIER HARVEST FOUNDATION P. O. BOX 11143 NAPLES, FL 34101	65-0307084	501(C)(3)	63,077.	0.			TWO-YEAR TECHNICAL SOFTWARE SUPPORT

Schedule I (Form 990)

COMMUNITY FOUNDATION OF  
COLLIER COUNTY, INC.

Schedule I (Form 990)

59-2396243

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLLIER SENIOR RESOURCES 4755 TAMiami TRAIL N., #140 NAPLES, FL 34103	27-0946278	501(C)(3)	6,500.	0.			BOARD ASSESSMENT AND STRATEGIC PLANNING
COMMUNITY SCHOOL OF NAPLES 13275 LIVINGSTON ROAD NAPLES, FL 34109	59-1920297	501(C)(3)	19,373.	0.			COMMUNITY SCHOOL SCHOLARSHIP PROGRAM
CONSERVANCY OF SOUTHWEST FLORIDA, INC. - 1495 SMITH PRESERVE WAY - NAPLES, FL 34102	59-1157084	501(C)(3)	307,854.	0.			ANNUAL GIFT
COUNCIL FOR NATIVE HAWAIIAN ADVANCEMENT - 2149 LAUWILIWILI, #200 - KAPOLEI, HI 96707	91-0313383	501(C)(3)	10,000.	0.			UNRESTRICTED USE
COVENANT HOUSE FLORIDA, INC. 733 BREAKERS AVENUE FORT LAUDERDALE, FL 33304	59-2323607	501(C)(3)	8,250.	0.			TO SUPPORT THE GOOD WORK WITH YOUTH IN DISTRESS.
DAVID LAWRENCE FOUNDATION MENTAL HEALTH, INC. - 6075 BATHEY LANE - NAPLES, FL 34116	59-1756753	501(C)(3)	252,350.	0.			ANNUAL FUND FOR THE MATCHING CHALLENGE GIFT
DR. PIPER CENTER FOR SOCIAL SERVICES, INC. - 2607 DR. ELLA PIPER WAY - FT. MYERS, FL 33916	65-0788551	501(C)(3)	17,500.	0.			FOSTER GRANDPARENTS PROGRAM
EARTHJUSTICE 50 CALIFORNIA STREET, #500 SAN FRANCISCO, CA 94111	94-1730465	501(C)(3)	11,976.	0.			GENERAL SUPPORT FOR THE FLORIDA OFFICE
EDUCATION FOUNDATION - CHAMPIONS FOR LEARNING - 3606 ENTERPRISE AVENUE, #150 - NAPLES, FL 34104	65-0230582	501(C)(3)	101,279.	0.			FUTURE READY COLLIER

Schedule I (Form 990)

COMMUNITY FOUNDATION OF  
COLLIER COUNTY, INC.

Schedule I (Form 990)

59-2396243

Page 1

<b>Part II</b> 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
ESF COLLEGE FOUNDATION, INC. 214 BRAY HALL SYRACUSE, NY 13210	15-6023443	501(C)(3)	133,000.	0.			CENTER FOR NATIVE PEOPLES AND THE ENVIRONMENT
EVERGLADES COMMUNITY CHURCH - FOOD PANTRY - 101 S COPELAND AVENUE - EVERGLADES CITY, FL 34139	22-3934843	501(C)(3)	8,901.	0.			FOOD PURCHASE FOR FOOD PANTRY.
FARM AID 501 CAMBRIDGE STREET CAMBRIDGE, MA 02141	36-3383233	501(C)(3)	15,000.	0.			FAMILY FARM DISASTER FUND
FINGER LAKES LAND TRUST 202 E. COURT STREET ITHACA, NY 14850	22-2983688	501(C)(3)	150,000.	0.			LAND CONSERVATION
FIRST BOOK 1319 F. STREET NW, #1000 WASHINGTON, DC 20004	52-1779606	501(C)(3)	143,217.	0.			BOOK DONATIONS TO COLLIER COUNTY STUDENTS
FLORIDA CHRISTIAN COLLEGE 1011 BILL BECK BLVD. KISSIMMEE, FL 34744	51-0173775	501(C)(3)	10,780.	0.			UNRESTRICTED USE
FLORIDA GULF COAST UNIVERSITY FINANCIAL AID OFFICE FT. MYERS, FL 33965-6565	65-0753801	501(C)(3)	8,525.	0.			NEEDS & ASSETS STUDY OF THE HOMELESS IN SOUTHWEST FLORIDA
FLORIDA GULF COAST UNIVERSITY FOUNDATION, INC. - 10501 FGCU BLVD. S - FT. MYERS, FL 33965-6565	65-0403969	501(C)(3)	115,000.	0.			GEMS PROGRAM
FREE WHEELCHAIR MISSION 15259 ALTON PARKWAY, #300 IRVINE, CA 92618	31-1781635	501(C)(3)	11,000.	0.			ANNUAL SUPPORT

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FRIENDS OF FOSTER CHILDREN FOREVER 2675 HORSESHOE DRIVE S., #402 NAPLES, FL 34104	59-3598933	501(C)(3)	7,850.	0.			CIRCLE OF FRIENDS
FRIENDS OF TELECOM WITHOUT BORDERS, INC. - C/O WILTSHIRE & GRANNIS - WASHINGTON, DC 20036	27-0410877	501(C)(3)	30,000.	0.			UNRESTRICTED USE
FUN TIME EARLY CHILDHOOD ACADEMY, INC. - 102 12TH STREET N. - NAPLES, FL 34102	59-1039978	501(C)(3)	36,760.	0.			2015 ANNUAL APPEAL
GOLISANO CHILDREN'S MUSEUM OF NAPLES - 15080 LIVINGSTON ROAD - NAPLES, FL 34109	01-0687133	501(C)(3)	6,000.	0.			TO SUPPORT THE NIGHT AT THE MUSEUM
GOODWILL INDUSTRIES OF SOUTHWEST FLORIDA, INC. - 5100 TICE STREET - FT. MYERS, FL 33905	59-6196141	501(C)(3)	10,000.	0.			SOUTHWEST FLORIDA MICROENTERPRISE INSTITUTE: CONTINUING THE MISSION
GRACE PLACE FOR CHILDREN AND FAMILIES, INC. - P.O. BOX 990531 - NAPLES, FL 34116	65-1229558	501(C)(3)	24,356.	0.			CLASSROOM AUDIO SYSTEM
GREAT LAKES CHRISTIAN COLLEGE 6211 W. WILLOW HIGHWAY LANSING, MI 48917	38-6080947	501(C)(3)	10,780.	0.			UNRESTRICTED USE
GREATER MARCO FAMILY YMCA, INC. P.O. BOX 2529 MARCO ISLAND, FL 34146-2529	59-2498619	501(C)(3)	20,275.	0.			UNRESTRICTED USE
GUADALUPE CENTER, INC. 509 HOPE CIRCLE IMMOKALEE, FL 34142	59-2617151	501(C)(3)	13,384.	0.			BENEFIT THE AFTERSCHOOL PROGRAM

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GULFSHORE PLAYHOUSE 755 8TH AVENUE S. NAPLES, FL 34102-6942	90-0178566	501(C)(3)	11,000.	0.			PROGRAM SUPPORT
HABITAT FOR HUMANITY OF COLLIER COUNTY - 11145 TAMiami TRAIL E. - NAPLES, FL 34113	59-1834379	501(C)(3)	86,083.	0.			"GIVE TO THE MAX" PROGRAM
HARRY CHAPIN FOOD BANK 3760 FOWLER STREET FT. MYERS, FL 33901	59-2332120	501(C)(3)	28,038.	0.			ANNUAL GIFT
HEALTHCARE NETWORK OF SOUTHWEST FLORIDA FOUNDATION - 1454 W. MADISON AVENUE - IMMOKALEE, FL 34142	59-1741277	501(C)(3)	41,200.	0.			DISCRETIONARY GRANT IN HONOR OF DENNIS BROWN'S SERVICE TO THE BOARD
HISTORICAL SOCIETY OF WESTERN PENNSYLVANIA - 1212 SMALLMAN STREET - PITTSBURGH, PA 15222	25-0965391	501(C)(3)	63,814.	0.			MEADOWCROFT MUSEUM
HODGES UNIVERSITY FINANCIAL AID OFFICE NAPLES, FL 34119	59-6605703	501(C)(3)	50,000.	0.			GENERAL FUND
HOOD COLLEGE OF FREDERICK MARYLAND 401 ROSEMONT AVENUE FREDERICK, MD 21701	52-0591608	501(C)(3)	10,000.	0.			SCHOLARSHIPS IN MATH AND SCIENCE
HUMANE SOCIETY OF COLLIER COUNTY 370 AIRPORT ROAD N. NAPLES, FL 34104	59-1033966	501(C)(3)	35,180.	0.			PRESENTATION PROJECTOR SYSTEM FOR HUMANE SOCIETY NAPLES
HUNTSVILLE SYMPHONY ORCHESTRA ASSOCIATION - P. O. BOX 2400 - HUNTSVILLE, AL 35804	63-0463802	501(C)(3)	8,000.	0.			\$3,000 FOR BOARD CHALLENGE & \$5,000 FOR OPERATING FUND FOR 2016-17

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IMMOKALEE CHILD CARE CENTER 3775 AIRPORT PULLING RD. N., #B NAPLES, FL 34105-2530	59-1209842	501(C)(3)	26,616.	0.			FUNDING FOR FOUR CHILDREN'S PARTIES
INSTITUTE FOR HUMANE STUDIES GEORGE MASON UNIVERSITY ARLINGTON, VA 22201	94-1623852	501(C)(3)	40,000.	0.			FOR SCHOLARSHIP FUND
INTREPID FALLEN HEROES FUND 1 INTREPID SQUARE NEW YORK, NY 10036	20-0366717	501(C)(3)	50,000.	0.			TO HELP ALL THOSE THAT SERVED
INVISIBLE THEATRE 1400 N. 1ST AVENUE TUCSON, AZ 85719	86-0283009	501(C)(3)	7,000.	0.			UNRESTRICTED USE
IRAQ & AFGHANISTAN VETERANS OF AMERICA FOUNDATION, INC. - 292 MADISON AVENUE, 10TH FLOOR - NEW YORK, NY 10017	20-1664531	501(C)(3)	10,000.	0.			UNRESTRICTED USE
JEWISH FAMILY & COMMUNITY SERVICES OF SOUTHWEST FLORIDA - 5025 CASTELLO DRIVE, #101 - NAPLES, FL 34103	45-3980909	501(C)(3)	45,935.	0.			FOOD PURCHASES FOR FOOD PANTRY
JEWISH WORLD WATCH 5551 BALBOA BLVD. ENCINO, CA 91316	20-3406211	501(C)(3)	30,000.	0.			FOR ADVOCACY AND RESEARCH TO ADDRESS THE DARFURI REFUGEE CRISIS IN EASTERN CHAD
JOE FOSS INSTITUTE, INC. 8925 E. PIMA CENTER PKWY., #100 SCOTTSDALE, AZ 85258-4409	86-1026421	501(C)(3)	10,000.	0.			UNRESTRICTED USE
KAUFFMAN CENTER FOR THE PERFORMING ARTS - 1601 BROADWAY - KANCAS CITY, MO 64108	43-1866550	501(C)(3)	30,000.	0.			DR. JANE CHU ENDOWMENT FUND TO CONTINUE EVENTS AND PERFORMANCES AT THE CENTER

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LEGAL AID SERVICE OF COLLIER COUNTY - 4125 E TAMiami TRAIL - NAPLES, FL 34112	59-1547191	501(C)(3)	10,000.	0.			WOMEN & GIRLS IN NEED PROJECT
LEUKEMIA & LYMPHOMA SOCIETY WESTERN & CENTRAL NEW YORK CHAPTER - 4043 MAPLE ROAD, #105 - AMHERST, NY 14226	13-5644916	501(C)(3)	25,000.	0.			IN HONOR OF HERM GREGG TO FIGHT THIS DISEASE!
LIBERTY YOUTH RANCH P. O. BOX 366206 BONITA SPRINGS, FL 34136	38-3674666	501(C)(3)	10,000.	0.			UNRESTRICTED USE
LITERACY VOLUNTEERS OF COLLIER COUNTY - 8833 TAMiami TRAIL E. - NAPLES, FL 34113	65-0181251	501(C)(3)	89,627.	0.			4% PAYOUT FOR OPERATIONAL USE
LOVE HOPE STRENGTH, INC. 1014 S JASON STREET, UNIT B DENVER, CO 80223	26-0528852	501(C)(3)	50,000.	0.			"GET ON THE LIST" TRAVEL EXPENSES TO MATCH AND REGISTER DONORS
LUCAS CUP FOUNDATION 16763 PRATO WAY NAPLES, FL 34108	30-6509693	501(C)(3)	10,000.	0.			PAIRINGS PARTY SUPPORT FOR LUCAS CUP EVENT
MANATEE ELEMENTARY SCHOOL 1880 MANATEE ROAD NAPLES, FL 34114	59-2663954	501(C)(3)	134,000.	0.			AFTERSCHOOL CLUB & CAMP MANATEE PROGRAM
MANATEE MIDDLE SCHOOL 1920 MANATEE ROAD NAPLES, FL 34114	59-2663954	501(C)(3)	10,712.	0.			SOFTWARE LICENSES FOR THE ACHIEVE 3000 LITERACY PROGRAM
MARCO ISLAND ACADEMY 2255 SAN MARCO ROAD MARCO ISLAND, FL 34145	27-4411503	501(C)(3)	10,000.	0.			UNRESTRICTED USE

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MASSACHUSETTS INSTITUTE OF TECHNOLOGY - MIT ALUMNI FUND - 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.			UNRESTRICTED USE
MAYO FOUNDATION FOR MEDICAL EDUCATION & RESEARCH - OFFICE OF DEVELOPMENT - ROCHESTER, MN 55905	41-1506440	501(C)(3)	15,780.	0.			UNRESTRICTED USE
MEALS OF HOPE, INC. 2221 CORPORATION BLVD NAPLES, FL 34109	27-0268307	501(C)(3)	8,901.	0.			PURCHASE OF FOOD FOR FOOD PANTRY
MEMORIAL SLOAN-KETTERING CANCER CENTER - 1275 YORK AVENUE - NEW YORK, NY 10065	91-2154267	501(C)(3)	10,780.	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)	47,766.	0.			UNRESTRICTED USE
MOORINGS PARK FOUNDATION, INC. 120 MOORINGS PARK DRIVE NAPLES, FL 34105-2188	26-3631295	501(C)(3)	29,890.	0.			BEST USE
NAMI OF COLLIER COUNTY 6216 TRAIL BLVD NAPLES, FL 34108	65-0047747	501(C)(3)	12,000.	0.			GENERAL DONATION

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NAPLES CHRISTIAN CHURCH 8000 GOODLETTE ROAD NORTH NAPLES, FL 34109	59-6519467	501(C)(3)	10,780.	0.			UNRESTRICTED USE
NAPLES COMMUNITY CHURCH, INC. 849 7TH AVENUE S., #696 NAPLES, FL 34102	20-5956100	501(C)(3)	117,500.	0.			CHURCH HOME PROMISE CAMPAIGN
NAPLES HISTORICAL SOCIETY P.O. BOX 201 NAPLES, FL 34106	59-6166907	501(C)(3)	11,000.	0.			ANNUAL CONTRIBUTION
NAPLES PLAYERS, INC. 701 5TH AVENUE S. NAPLES, FL 34102-6662	59-6154976	501(C)(3)	13,862.	0.			IN HONOR OF JOHN SOREY'S SERVICE TO THE BOARD OF TRUSTEES
NAPLES UNITED CHURCH OF CHRIST 5200 CRAYTON ROAD NAPLES, FL 34103	59-1555020	501(C)(3)	15,500.	0.			EBENEZER SCHOOL FUND
NAPLES ZOO 1590 GOODLETTE-FRANK ROAD NAPLES, FL 34102	56-2412630	501(C)(3)	32,000.	0.			CENTAMAN SERVER UPGRADE
NATIONAL VETERANS LEGAL SERVICE PROGRAM - P.O. BOX 65762 - WASHINGTON, DC 20035	52-1238058	501(C)(3)	10,000.	0.			UNRESTRICTED USE
NATIONAL WORLD WAR II MUSEUM 945 MAGAZINE STREET NEW ORLEANS, LA 70130	72-1200790	501(C)(3)	20,000.	0.			CAPITAL CAMPAIGN
NATIVE AMERICAN RIGHTS FUND 1506 BROADWAY BOULDER, CO 80302	84-0611876	501(C)(3)	10,000.	0.			UNRESTRICTED USE

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NATURE CONSERVANCY CENTRAL/WESTERN NEW YORK - 1048 UNIVERSITY AVENUE - ROCHESTER, NY 14607	53-0242652	501(C)(3)	200,000.	0.			HEART OF ADIRONDACK CAMPAIGN
NCH HEALTHCARE FOUNDATION 350 7TH STREET N. NAPLES, FL 34106	59-2314655	501(C)(3)	219,745.	0.			TO BENEFIT THE NAPLES COMMUNITY HOSPITAL
NEIGHBORHOOD HEALTH CLINIC 121 GOODLETTE ROAD N. NAPLES, FL 34102	59-3546884	501(C)(3)	28,961.	0.			"UNRESTRICTED USE"
NEW ENGLAND COLLEGE OF OPTOMETRY OFFICE OF INSTITUTIONAL ADVANCEMENT BOSTON, MA 02115	04-1591060	501(C)(3)	10,000.	0.			HOLMES FUND
NEW HORIZONS OF SOUTHWEST FLORIDA, INC. - P.O. BOX 111833 - NAPLES, FL 34108-3410	11-3678086	501(C)(3)	17,000.	0.			SUPER GIRLS CLUB
NORTH DENVER CARES 6900 W. 117TH AVENUE BROOMFIELD, CO 80020	27-2622785	501(C)(3)	50,000.	0.			UNRESTRICTED USE
NORTHWOOD SCHOOL ADVANCEMENT OFFICE LAKE PLACID, NY 12946	14-1401103	501(C)(3)	802,000.	0.			TO PURCHASE A HOUSE AND A VACANT LOT
OHANA MAKAMAE, INC. P.O. BOX 914 HANA, HI 96713	99-0342126	501(C)(3)	10,750.	0.			UNRESTRICTED USE
OPERA NAPLES, INC. 2408 LINWOOD AVENUE NAPLES, FL 34112	42-1671038	501(C)(3)	13,951.	0.			EDUCATIONAL FUND FOR CHILDREN'S SCHOLARSHIPS AND TO ATTEND PERFORMANCES

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OUR MOTHER'S HOME OF SOUTHWEST FLORIDA - 7438 CARRIER ROAD - FT. MYERS, FL 33912	65-0510103	501(C)(3)	15,000.	0.			PURCHASE OF UPRIGHT FREEZER FOR TRANSITIONAL HOUSING
PACE CENTER FOR GIRLS 160 N. 1ST STREET IMMOKALEE, FL 34142-3703	59-2414492	501(C)(3)	7,600.	0.			2:1 MATCH GRANT FOR 100 WOMEN WHO CARE OF SWFL
PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA - 736 CENTRAL AVENUE - SARASOTA, FL 34236	59-1274328	501(C)(3)	15,800.	0.			UNRESTRICTED USE
PORTLAND AFTER SCHOOL TENNIS, INC. 7519 N. BURLINGTON AVENUE PORTLAND, OR 97203	93-1256066	501(C)(3)	14,000.	0.			GENERAL USE
POTTERSVILLE VOLUNTEER FIRE COMPANY - P.O. BOX 98 - POTTERSVILLE, NJ 07979	22-2427189	501(C)(3)	10,000.	0.			TO HELP PURCHASE A NEW FIRE TRUCK
PROFESSIONAL GIVERS ANONYMOUS OF COLLIER COUNTY, INC. - P. O. BOX 573 - NAPLES, FL 34106	65-0213073	501(C)(3)	10,500.	0.			UNRESTRICTED USE
PROJECT HELP, INC. 3123 TERRACE AVENUE NAPLES, FL 34104	59-2655969	501(C)(3)	11,450.	0.			UNRESTRICTED USE
REBUILDING TOGETHER, INC. 1899 L STREET NW, #1000 WASHINGTON, DC 20036	52-1585880	501(C)(3)	10,000.	0.			VETERANS HOUSING PROGRAM
REMNANT TRUST, INC. TEXAS TECH UNIVERSITY LUBBOCK, TX 79409	35-2072847	501(C)(3)	150,000.	0.			OPERATING EXPENSES

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RESTORATION CHURCH, INC. 2320 VANDERBILT BEACH ROAD NAPLES, FL 34109	65-0797003	501(C)(3)	6,000.	0.			"\$4,000 TO SUPPORT THE MISSION TRIP TO GUATEMALA AND \$2,000 FOR THE GENERAL OPERATING FUND"
SALVATION ARMY P.O. BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	59,342.	0.		AFTER-SCHOOL PROGRAM	AFTER-SCHOOL PROGRAM
SEACREST COUNTRY DAY SCHOOL 7100 DAVIS BLVD. NAPLES, FL 34104	59-2311341	501(C)(3)	20,000.	0.			UNRESTRICTED USE AS A RESULT OF THE MATCHING GIFT CAMPAIGN.
SENIOR FRIENDSHIP CENTER-COLLIER COUNTY - 2365 STANFORD COURT - NAPLES, FL 34112	59-1522614	501(C)(3)	12,750.	0.			BEST USE OF FUNDS
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	103,619.	0.			UNRESTRICTED USE, IN MEMORY OF SUE MURRAY
SHETLAND SHEEPDOG PLACEMENT SERVICES OF NJ, INC. - 370 UNION AVENUE - BRIDGEWATER, NJ 08807	22-3766990	501(C)(3)	5,000.	0.			UNRESTRICTED USE
SHRINERS HOSPITALS FOR CHILDREN 2900 ROCKY POINT DRIVE TAMPA, FL 33607	36-2193608	501(C)(3)	6,000.	0.			TO SUPPORT THE SHRINER'S HOSPITAL IN CINCINNATI
SHY WOLF SANCTUARY, EDUCATION AND EXPERIENCE CENTER, INC. - 1161 27TH STREET SW - NAPLES, FL 34117	59-3691867	501(C)(3)	5,250.	0.			UNRESTRICTED USE
SIGHTLINE INSTITUTE 1402 THIRD AVENUE, #500 SEATTLE, WA 98101	52-1833599	501(C)(3)	10,000.	0.			GENERAL FUND

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SISTERS OF THE HUMILITY OF MARY CHARITABLE TRUST - P. O. BOX 534 - VILLA MARIA, PA 16155	25-6307483	501(C)(3)	10,000.	0.			UNRESTRICTED USE
SKANEATELES COMMUNITY CENTER 97 STATE STREET SKANEATELES, NY 13152	16-1556744	501(C)(3)	555,000.	0.			BUILDING EXPANSION
SOLDIERS PROJECT 4605 LANKERSHIM BLVD., #202 NORTH HOLLYWOOD, CA 91602	27-2815356	501(C)(3)	7,500.	0.			UNRESTRICTED USE
SOLEBURY SCHOOL 6832 PHILLIPS MILL ROAD NEW HOPE, PA 18938	23-1365969	501(C)(3)	5,600.	0.			THE PAGE AND OTTO MARX ENDOWMENT FUND FOR 2016
SPAFFORD AREA HISTORICAL SOCIETY P.O. BOX 250 MARIETTA, NY 13110	16-1341026	501(C)(3)	10,000.	0.			RENOVATIONS FOR GRANGE HALL
SPECIAL OPERATIONS WARRIOR FOUNDATION - P.O. BOX 89367 - TAMPA, FL 33689	52-1183585	501(C)(3)	10,000.	0.			UNRESTRICTED USE
ST. ANN CATHOLIC CHURCH 475 9TH AVENUE S. NAPLES, FL 34102	59-0823952	501(C)(3)	44,628.	0.			CONTRIBUTION TO GENERAL FUND
ST. ANN SCHOOL FOUNDATION, INC. 475 9TH AVENUE S. NAPLES, FL 34102	59-2201867	501(C)(3)	18,000.	0.			SUPPORT OF THE ST. ANN SCHOOL FOUNDATION
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	49,266.	0.			UNRESTRICTED USE

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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
ST. MATTHEW'S HOUSE 2001 AIRPORT ROAD S. NAPLES, FL 34112-4814	65-1110501	501(C)(3)	80,443.	0.			UNRESTRICTED USE
SUNSHINE GOSPEL MINISTRIES 500 EAST 61ST STREET CHICAGO, IL 60637-2407	36-2317631	501(C)(3)	10,000.	0.			FOR EXECUTIVE LEADERSHIP DEVELOPMENT
THE EVERGLADES FOUNDATION, INC. 18001 OLD CUTLER ROAD, #625 PALMETTO BAY, FL 33157	59-3228899	501(C)(3)	12,500.	0.			UNRESTRICTED USE - AT THE REQUEST OF MARGAUX BIERNAT OF NAPLES
THE IMMOKALEE FOUNDATION 3960 RADIO ROAD, #207 NAPLES, FL 34104-0847	65-0315664	501(C)(3)	30,500.	0.			ANNUAL SUPPORT
THE NATURE CONSERVANCY FLORIDA CHAPTER - 222 S. WESTMONTE DRIVE, #300 - ALTAMONTE SPRINGS, FL 32714	53-0242652	501(C)(3)	12,000.	0.			UNRESTRICTED USE
TRINITY-BY-THE-COVE EPISCOPAL CHURCH - 553 GALLEON DRIVE - NAPLES, FL 34102	59-0774204	501(C)(3)	27,136.	0.			EDUCATIONAL PURPOSES
UNITED ARTS COUNCIL OF COLLIER COUNTY, INC. - 1495 PINE RIDGE ROAD, #5 - NAPLES, FL 34109	59-2070580	501(C)(3)	128,259.	0.			VOLUNTEER COORDINATOR
UNITED WAY OF COLLIER COUNTY 9015 STRADA STELL COURT, #204 NAPLES, FL 34109	59-1026096	501(C)(3)	25,761.	0.			ANNUAL MEDITERRA COMMUNITY CAMPAIGN
WGCU PUBLIC MEDIA 10501 FGCU BLVD. S. FT. MYERS, FL 33965	65-0403969	501(C)(3)	6,150.	0.			ANNUAL GIFT

Schedule I (Form 990)

COMMUNITY FOUNDATION OF  
COLLIER COUNTY, INC.

Schedule I (Form 990)

59-2396243

Page 1

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

(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
YAMPA VALLEY LAND TRUST, INC. P.O. BOX 773014 STEAMBOAT SPRINGS, CO 80477	84-1225573	501(C)(3)	27,000.	0.			LAND PRESERVATION
YMCA OF THE PALMS/GREATER NAPLES YMCA - 5450 YMCA ROAD - NAPLES, FL 34109	23-7039993	501(C)(3)	111,286.	0.			3 ON 3 BASKETBALL FOR IMMOKALEE ROTARY
YOUNG LIFE P. O. BOX 112481 NAPLES, FL 34108	84-0385934	501(C)(3)	15,000.	0.			TO SUPPORT YOUNG LIFE AREA NUMBER: FL209
YOUTH HAVEN 5867 WHITAKER ROAD NAPLES, FL 34112	23-7065187	501(C)(3)	23,006.	0.			UNRESTRICTED USE

Schedule I (Form 990)

COMMUNITY FOUNDATION OF  
COLLIER COUNTY, INC.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	57	262,780.	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 PURPOSES CLEARLY LISTED. WE

**Part IV** Supplemental Information

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

Multiple horizontal lines for supplemental information.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2015**

Open to Public Inspection

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

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

▶ Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

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

Employer identification number  
**59-2396243**

**Part I Questions Regarding Compensation**

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

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

**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? .....

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee          | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2015

COMMUNITY FOUNDATION OF  
COLLIER COUNTY, INC.

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that 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 in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MS. EILEEN CONNOLLY-KEESLER PRESIDENT & CEO	(i)	161,600.	15,125.	0.	8,388.	18,268.	203,381.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

PART I, LINE 7:

THE CEO RECEIVED A DISCRETIONARY BONUS DURING THE YEAR OF 15,125.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2015**

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](http://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	26	9,062,680.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 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) (2015)



**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

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

THE COMMUNITY FOUNDATION OF COLLIER COUNTY'S MISSION IS TO IMPROVE THE QUALITY OF LIFE IN COLLIER COUNTY BY CONNECTING DONORS TO COMMUNITY NEEDS AND PROVIDING LEADERSHIP ON CRITICAL COMMUNITY ISSUES. THE COMMUNITY FOUNDATION OF COLLIER COUNTY IS A PUBLIC CHARITY ESTABLISHED TO INCREASE AND FOCUS PRIVATE PHILANTHROPY IN THE COLLIER COUNTY AREA. GIFTS TO THE FOUNDATION ARE MANAGED AND OVERSEEN BY THE BOARD OF TRUSTEES AND THE PROFESSIONAL STAFF OF THE FOUNDATION. ORGANIZATIONS, INDIVIDUALS AND FAMILIES CAN INVEST WITH THE FOUNDATION IN A WAY THAT BEST FITS THEIR FINANCIAL AND CHARITABLE GOALS. ACCOUNTABILITY, FLEXIBILITY AND EXPERTISE ARE THE VALUES AND BEHAVIORS THAT GOVERN ALL FOUNDATION TRANSACTIONS. THE TAX BENEFITS OF INVESTING WITH THE FOUNDATION ARE REALIZED IMMEDIATELY AND CHARITABLE DECISIONS CAN BE DEFERRED.

**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, AMONG OTHERS, DONOR ADVISED FUNDS, FIELD OF INTEREST FUNDS, SCHOLARSHIP FUNDS, DESIGNATED FUNDS AND NONPROFIT AGENCY FUNDS. THE FUND'S ASSETS ARE MANAGED PROFESSIONALLY AND IN A MANNER IN WHICH THE FOUNDATION BELIEVES WILL EARN RETURNS WITH AS LITTLE RISK AS POSSIBLE THAT WILL SUSTAIN GRANTMAKING INTO THE FUTURE. PART OF DONOR SERVICES INCLUDES PROVIDING INFORMATION ABOUT NONPROFITS LOCATED IN

Name of the organization COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.	Employer identification number 59-2396243
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COLLIER COUNTY. WE MAINTAIN A DIRECTORY OF MORE THAN 300 NONPROFITS IN OUR SYSTEM 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 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 TO SUPPORT NEW AND EXISTING PROGRAMS THAT ADDRESS CRITICAL NEEDS. ALSO UNDER THE COMMUNITY GRANTMAKING PROGRAM ARE THE DYNAMIC SCHOLARSHIP OPPORTUNITIES PROVIDED TO SUPPORT EDUCATION FOR STUDENTS OF ALL AGES. A SECOND, BUT EQUALLY IMPORTANT GOAL OF THE COMMUNITY GRANTMAKING PROGRAM IS TO MOBILIZE COMMUNITY RESOURCES BY ENGAGING OUR DONORS IN THE GRANT AND/OR SCHOLARSHIP PROCESS. GRANTS ARE FOCUSED ON HEALTHCARE, EDUCATION, HUMAN

Name of the organization COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.	Employer identification number 59-2396243
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SERVICES, ARTS, THE ENVIRONMENT, WOMEN AND GIRLS, CAPACITY BUILDING AND ECONOMIC DEVELOPMENT. GRANT COMMITTEES AND STAFF ARE COMMITTED TO WORKING WITH THE NONPROFIT COMMUNITY TO ENSURE BEST PRACTICES, AN EFFICIENT SERVICE DELIVERY MECHANISM AND SUSTAINABILITY THROUGH ENDOWMENT BUILDING.

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

WOMEN'S FOUNDATION OF COLLIER COUNTY FUND

PREVIOUSLY CALLED THE WOMEN'S INITIATIVE NETWORK (WIN), THE WOMEN'S FOUNDATION OF COLLIER COUNTY (WFCC) FUND WAS CREATED AS A FIELD OF INTEREST ENDOWMENT FUND, WHICH HAS GROWN TO OVER \$1 MILLION. THE

MISSION OF THE WOMEN'S FOUNDATION OF COLLIER COUNTY 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.

STARTED IN 1996, THE WOMEN'S FOUNDATION GRANTS ARE PRIMARILY FOCUSED ON DISADVANTAGED GIRLS, WOMEN AS CAREGIVERS AND AT-RISK SENIOR WOMEN.

CURRENT PROGRAMS ARE: THE WOMEN OF INITIATIVE AWARDS, JUNIOR WOMEN OF INITIATIVE MENTORING PROGRAM, AND WFCC GRANTMAKING PROGRAM.

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

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

THIS COMMITTEE CURRENTLY HAS FIVE MEMBERS, ALL OF WHOM ARE MEMBERS OF THE

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

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

THE AUDIT COMMITTEE WILL REVIEW THE FORM 990 WITH MEMBERS OF STAFF PRIOR TO IT BEING FILED WITH THE IRS. A COPY OF THE 990 IS PROVIDED TO THE BOARD OF TRUSTEES PRIOR TO THE FILING DATE.

FORM 990, PART VI, SECTION B, LINE 12C:

THE COMMUNITY FOUNDATION HAS GOVERNANCE AND ETHICS POLICIES THAT INCLUDE CONFIDENTIALITY, CONFLICT OF INTEREST, ETHICS AND WHISTLEBLOWER POLICIES. ANNUALLY, EACH BOARD MEMBER IS REQUIRED TO DISCLOSE POTENTIAL AND ACTUAL CONFLICTS OF INTEREST AS WELL AS SIGN OFF THAT THEY UNDERSTAND AND WILL ADHERE TO THESE POLICES. THE FOUNDATION'S GOVERNANCE COMMITTEE HANDLES ALL ETHICS, CONFIDENTIALITY, WHISTLEBLOWERS AND CONFLICT OF INTEREST COMPLAINTS AND SHARES THESE INVESTIGATIONS WITH THE FULL BOARD. BOARD MEMBERS WITH ANY CONFLICT MUST RECUSE THEMSELVES FROM VOTING ON GRANTS TO ANY RELATED PARTY IDENTIFIED TO BE A CONFLICT. ANY BOARD MEMBER WITH A CONFLICT WITH ANY INVESTMENT FIRM THAT THE FOUNDATION RETAINS CANNOT VOTE ON ANY MATTERS RELATED TO THAT FIRM OR BE A MEMBER OF THE INVESTMENT COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 15:

THE COMMUNITY FOUNDATION OF COLLIER COUNTY'S 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.

Name of the organization <b>COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.</b>	Employer identification number <b>59-2396243</b>
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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 2016. COMPENSATION OF KEY EMPLOYEES IS DETERMINED BY THE PRESIDENT & CEO AFTER A REVIEW OF THEIR PERFORMANCE AND ACCOMPLISHMENTS, A REVIEW OF COMPARABLE COMPENSATION DATA OBTAINED FROM INDEPENDENT RESOURCES AND AN ANALYSIS OF BUDGET LIMITATIONS.

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

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

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

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT	-270,245.
CHANGE IN VALUE OF BENEFICIAL INTEREST AGREEMENT	-2,939.
TOTAL TO FORM 990, PART XI, LINE 9	-273,184.

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.

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

OMB No. 1545-0047

**2015**

Open to Public Inspection

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CFCC REAL ESTATE, LLC - 26-0144559 1110 PINE RIDGE ROAD, #200 NAPLES, FL 34108	REAL ESTATE HOLDING COMPANY WITH ZERO ASSETS, NO FINANCIAL ACTIVITY IN 2016	FLORIDA	0.	0.	COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.

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

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

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

Schedule R (Form 990) 2015





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
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> 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) NORMA MEYER CHARITABLE REMAINDER TRUST	S	409,581.	FMV
(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.

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

For calendar year 2015 or other tax year beginning JUL 1, 2015, and ending JUN 30, 2016

# 2015

Department of the Treasury  
Internal Revenue Service

▶ Information about Form 990-T and its instructions is available at [www.irs.gov/form990t](http://www.irs.gov/form990t).  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

<p><b>A</b> <input checked="" type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(3) )  <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a)</p>	<b>Print or Type</b>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.  <b>1110 PINE RIDGE ROAD, STE 200</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code  <b>NAPLES, FL 34108</b></p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions.)  <b>59-2396243</b></p> <p><b>E</b> Unrelated business activity codes (See instructions.)  <b>525990</b></p>
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**C** Book value of all assets at end of year: 1,22,503,829.

**F** Group exemption number (See instructions.)

**G** Check organization type:  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Describe the organization's primary unrelated business activity. ▶ **SEE STATEMENT 1**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No  
 If "Yes," enter the name and identifying number of the parent corporation. ▶

**J** The books are in care of ▶ **LISETTE HOLMES** Telephone number ▶ **239-649-5000**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales			
<b>b</b> Less returns and allowances			
<b>c</b> Balance	<b>1c</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>		
<b>4 a</b> Capital gain net income (attach Schedule D)	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from partnerships and S corporations (attach statement)	<b>5</b> 1,501.		
<b>6</b> Rent income (Schedule C)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)	<b>10</b>		
<b>11</b> Advertising income (Schedule J)	<b>11</b>		
<b>12</b> Other income (See instructions; attach schedule)	<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b> 1,501.		<b>1,501.</b>

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

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>	
<b>15</b> Salaries and wages	<b>15</b>	
<b>16</b> Repairs and maintenance	<b>16</b>	
<b>17</b> Bad debts	<b>17</b>	
<b>18</b> Interest (attach schedule)	<b>18</b>	
<b>19</b> Taxes and licenses	<b>19</b>	
<b>20</b> Charitable contributions (See instructions for limitation rules) <b>STATEMENT 3 STATEMENT 2</b>	<b>20</b>	
<b>21</b> Depreciation (attach Form 4562)	<b>21</b>	
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>	<b>22b</b>
<b>23</b> Depletion	<b>23</b>	
<b>24</b> Contributions to deferred compensation plans	<b>24</b>	
<b>25</b> Employee benefit programs	<b>25</b>	
<b>26</b> Excess exempt expenses (Schedule I)	<b>26</b>	
<b>27</b> Excess readership costs (Schedule J)	<b>27</b>	
<b>28</b> Other deductions (attach schedule)	<b>28</b>	
<b>29 Total deductions.</b> Add lines 14 through 28	<b>29</b>	<b>50.</b>
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	<b>30</b>	<b>1,451.</b>
<b>31</b> Net operating loss deduction (limited to the amount on line 30)	<b>31</b>	
<b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	<b>32</b>	<b>1,451.</b>
<b>33</b> Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	<b>33</b>	<b>1,000.</b>
<b>34 Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	<b>34</b>	<b>451.</b>

COMMUNITY FOUNDATION OF  
COLLIER COUNTY, INC.

Form 990-T (2015)

59-2396243

Page 2

**Part III Tax Computation**

<b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:		
<b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____		
<b>b</b> Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____		
<b>c</b> Income tax on the amount on line 34	<b>35c</b>	68.
<b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	<b>36</b>	
<b>37 Proxy tax.</b> See instructions	<b>37</b>	
<b>38 Alternative minimum tax</b>	<b>38</b>	
<b>39 Total.</b> Add lines 37 and 38 to line 35c or 36, whichever applies	<b>39</b>	68.

**Part IV Tax and Payments**

<b>40a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>40a</b>	
<b>b</b> Other credits (see instructions)	<b>40b</b>	
<b>c</b> General business credit. Attach Form 3800	<b>40c</b>	
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>40d</b>	
<b>e Total credits.</b> Add lines 40a through 40d	<b>40e</b>	
<b>41</b> Subtract line 40e from line 39	<b>41</b>	68.
<b>42</b> Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	<b>42</b>	
<b>43 Total tax.</b> Add lines 41 and 42	<b>43</b>	68.
<b>44a</b> Payments: A 2014 overpayment credited to 2015	<b>44a</b>	
<b>b</b> 2015 estimated tax payments	<b>44b</b>	
<b>c</b> Tax deposited with Form 8868	<b>44c</b>	75.
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions)	<b>44d</b>	
<b>e</b> Backup withholding (see instructions)	<b>44e</b>	
<b>f</b> Credit for small employer health insurance premiums (Attach Form 8941)	<b>44f</b>	
<b>g</b> Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	<b>44g</b>	
<b>45 Total payments.</b> Add lines 44a through 44g	<b>45</b>	75.
<b>46</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>46</b>	
<b>47 Tax due.</b> If line 45 is less than the total of lines 43 and 46, enter amount owed	<b>47</b>	
<b>48 Overpayment.</b> If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	<b>48</b>	7.
<b>49</b> Enter the amount of line 48 you want: Credited to 2016 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	<b>49</b>	7.

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

<b>1</b> At any time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
		X
<b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.	Yes	No
		X
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year \$		

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation  N/A

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

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

<b>Sign Here</b>	Signature of officer _____	Date _____	CEO _____	Title _____	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Paid Preparer Use Only</b>	Print/Type preparer's name MARTIN REDOVAN, CPA	Preparer's signature MARTIN REDOVAN, CPA	Date 01/30/17	
	Firm's name <b>CLIFTONLARSONALLEN LLP</b>			Firm's EIN <b>41-0746749</b>	
	Firm's address <b>4099 TAMiami TRAIL N., STE. 300</b>			Phone no. <b>239-262-8686</b>	
	Firm's address <b>NAPLES, FL 34103</b>				

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT	1
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INVESTMENT IN A PRIVATE EQUITY FUND WHICH GENERATES UNRELATED BUSINESS INCOME TO FORM 990-T, PAGE 1

FORM 990-T	CURRENT YEAR CASH CONTRIBUTIONS	STATEMENT	2
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DESCRIPTION	AMOUNT
TOTAL CURRENT YEAR CASH CONTRIBUTIONS	9,406,939.
	9,406,939.

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 3

## QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT

## CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2010

FOR TAX YEAR 2011

FOR TAX YEAR 2012

FOR TAX YEAR 2013

FOR TAX YEAR 2014

TOTAL CARRYOVER

TOTAL CURRENT YEAR 10% CONTRIBUTIONS

9,406,939

TOTAL CONTRIBUTIONS AVAILABLE

9,406,939

TAXABLE INCOME LIMITATION AS ADJUSTED

50

EXCESS 10% CONTRIBUTIONS

9,406,889

EXCESS 100% CONTRIBUTIONS

0

TOTAL EXCESS CONTRIBUTIONS

9,406,889

ALLOWABLE CONTRIBUTIONS DEDUCTION

50

TOTAL CONTRIBUTION DEDUCTION

50





**Return of U.S. Persons With Respect to Certain Foreign Partnerships**

**2015**

Department of the Treasury  
Internal Revenue Service

▶ **Information about Form 8865 and its separate instructions is at [www.irs.gov/form8865](http://www.irs.gov/form8865).**  
▶ **Attach to your tax return.**  
Information furnished for the foreign partnership's tax year beginning **JAN 1**, 2015, and ending **DEC 31**, 2015

Attachment Sequence No. **118**

Name of person filing this return <b>COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.</b>	Filer's identifying number <b>59-2396243</b>
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Filer's address (if you are not filing this form with your tax return)	<b>A</b> Category of filer (see Categories of Filers in the instructions and check applicable box(es): 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/>
	<b>B</b> Filer's tax year beginning <b>JUL 1</b> , 2015, and ending <b>JUN 30</b> , 2016

**C** Filer's share of liabilities: Nonrecourse \$ \_\_\_\_\_ Qualified nonrecourse financing \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

**D** If filer is a member of a consolidated group but not the parent, enter the following information about the parent:

Name	EIN
Address	

**E** Check if any excepted specified foreign financial assets are reported on this form (see instructions)

**F** Information about certain other partners (see instructions)

(1) Name	(2) Address	(3) Identifying number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

**G1** Name and address of foreign partnership  
**AG OPPORTUNISTIC WHOLE LOAN SELECT, L.P.**  
**C/O ELIAN FIDUCIARY SERVICES 89 NEXUS WAY CAMANA BAY, CAYMAN ISLANDS KY1-9007**

**2(a)** EIN (if any)  
**47-2260087**

**2(b)** Reference ID number

**3** Country under whose laws organized  
**CAYMAN ISLANDS**

<b>4</b> Date of organization <b>10/27/2014</b>	<b>5</b> Principal place of business <b>CAYMAN ISLANDS</b>	<b>6</b> Principal business activity code number <b>523900</b>	<b>7</b> Principal business activity <b>INVESTMENTS</b>	<b>8a</b> Functional currency <b>USD</b>	<b>8b</b> Exchange rate (see instr.) <b>1.000000</b>
--	---	---	--	---	---

**H** Provide the following information for the foreign partnership's tax year:

<b>1</b> Name, address, and identifying number of agent (if any) in the United States	<b>2</b> Check if the foreign partnership must file: <input type="checkbox"/> Form 1042 <input type="checkbox"/> Form 8804 <input checked="" type="checkbox"/> Form 1065 or 1065-B Service Center where Form 1065 or 1065-B is filed: <b>E-FILE</b>
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<b>3</b> Name and address of foreign partnership's agent in country of organization, if any <b>ELIAN FIDUCIARY SERVICES (CAYMAN) LTD 90 NEXUS WAY CAMANA BAY, CAYMAN ISLANDS KY1-9007</b>	<b>4</b> Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different <b>ANGELO GORDON &amp; CO LP 245 PARK AVENUE, 26TH FLOOR NEW YORK, NY 10167</b>
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**5** Were any special allocations made by the foreign partnership?  Yes  No

**6** Enter the no. of Forms 8858, Info Return of U.S. Persons With Respect To Foreign Disregarded Entities, attached to this return **0**

**7** How is this partnership classified under the law of the country in which it is organized? **LIMITED PARTNERSHIP**

**8a** Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that is a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No," skip question 8b.  Yes  No

**b** If "Yes," does the separate unit or combined separate unit have a dual consolidated loss as defined in Reg. 1.1503(d)-1(b)(5)(ii)?  Yes  No

**9** Does this partnership meet **both** of the following requirements?  
 • The partnership's total receipts for the tax year were less than \$250,000 and  
 • The value of the partnership's total assets at the end of the tax year was less than \$1 million.  
 If "Yes," **do not** complete Schedules L, M-1, and M-2.  Yes  No

Sign Here Only If You Are Filing This Form Separately and Not With Your Tax Return.

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 general partner or limited liability company member) is based on all information of which preparer has any knowledge.

Signature of general partner or limited liability company member \_\_\_\_\_ Date \_\_\_\_\_

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>MARTIN REDOVAN, CPA</b>	Preparer's signature <b>MARTIN REDOVAN, CPA</b>	Date <b>01/30/17</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P01281045</b>
	Firm's name <b>CLIFTONLARSONALLEN LLP</b>			Firm's EIN <b>41-0746749</b>	
	Firm's address <b>4099 TAMiami TRAIL N., STE. 300 NAPLES, FL 34103</b>			Phone no. <b>239-262-8686</b>	

**Schedule A** **Constructive Ownership of Partnership Interest.** Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identifying number (if any) of the person(s) whose interest you constructively own. See instructions.

**a**  Owns a direct interest **b**  Owns a constructive interest

Name	Address	Identifying number (if any)	Check if foreign person	Check if direct partner

**Schedule A-1** **Certain Partners of Foreign Partnership** (see instructions)

Name	Address	Identifying number (if any)	Check if foreign person

Does the partnership have any other foreign person as a direct partner?  Yes  No

**Schedule A-2** **Affiliation Schedule.** List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

Name	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership
AG OWL SELECT GCAT LLC	245 PARK AVENUE 26TH FLOOR NEW YORK, NY 10167	47-2995013		
AG OWL SELECT FM LLC	245 PARK AVENUE 26TH FLOOR NEW YORK, NY 10167	47-4528982		

**Schedule B** **Income Statement - Trade or Business Income**

**Caution:** Include **only** trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

<b>Income</b>	<b>1 a</b> Gross receipts or sales .....	<b>1a</b>		
	<b>b</b> Less returns and allowances .....	<b>1b</b>		<b>1c</b>
	<b>2</b> Cost of goods sold .....			<b>2</b>
	<b>3</b> Gross profit. Subtract line 2 from line 1c .....			<b>3</b>
	<b>4</b> Ordinary income (loss) from other partnerships, estates, and trusts (attach statement) .....			<b>4</b>
	<b>5</b> Net farm profit (loss) (attach Schedule F (Form 1040)) .....			<b>5</b>
	<b>6</b> Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797) .....			<b>6</b>
	<b>7</b> Other income (loss) (attach statement) .....			<b>7</b>
<b>8</b> <b>Total income (loss).</b> Combine lines 3 through 7 .....			<b>8</b>	
<b>Deductions</b> (see instructions for limitations)	<b>9</b> Salaries and wages (other than to partners) (less employment credits) .....			<b>9</b>
	<b>10</b> Guaranteed payments to partners .....			<b>10</b>
	<b>11</b> Repairs and maintenance .....			<b>11</b>
	<b>12</b> Bad debts .....			<b>12</b>
	<b>13</b> Rent .....			<b>13</b>
	<b>14</b> Taxes and licenses .....			<b>14</b>
	<b>15</b> Interest .....			<b>15</b>
	<b>16 a</b> Depreciation (if required, attach Form 4562) .....	<b>16a</b>		<b>16c</b>
	<b>b</b> Less depreciation reported elsewhere on return .....	<b>16b</b>		
	<b>17</b> Depletion ( <b>Do not</b> deduct oil and gas depletion.) .....			<b>17</b>
	<b>18</b> Retirement plans, etc. ....			<b>18</b>
	<b>19</b> Employee benefit programs .....			<b>19</b>
	<b>20</b> Other deductions (attach statement) .....			<b>20</b>
	<b>21</b> <b>Total deductions.</b> Add the amounts shown in the far right column for lines 9 through 20 .....			<b>21</b>
<b>22</b> <b>Ordinary business income (loss)</b> from trade or business activities. Subtract line 21 from line 8 .....			<b>22</b>	

**SCHEDULE O  
(Form 8865)**

Department of the Treasury  
Internal Revenue Service

**Transfer of Property to a Foreign Partnership  
(under section 6038B)**

▶ Attach to Form 8865. See Instructions for Form 8865.

▶ Information about Schedule O (Form 8865) and its separate instructions is at [www.irs.gov/form8865](http://www.irs.gov/form8865).

OMB No. 1545-1668

**2015**

Name of transferor <b>COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.</b>	Filer's identifying number <b>59-2396243</b>
Name of foreign partnership <b>AG OPPORTUNISTIC WHOLE LOAN SELEC</b>	EIN (if any) <b>47-2260087</b>
Reference ID number (see instr)	

**Part I Transfers Reportable Under Section 6038B**

Type of property	(a) Date of transfer	(b) Number of items transferred	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Section 704(c) allocation method	(f) Gain recognized on transfer	(g) Percentage interest in partnership after transfer
Cash	12/31/15		567,189,250.				
Stock, notes receivable and payable, and other securities							
Inventory							
Tangible property used in trade or business							
Intangible property							
Other property							

**Supplemental Information Required To Be Reported** (see instructions):

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**Part II Dispositions Reportable Under Section 6038B**

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

**Part III** Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? .....  Yes  No

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

Schedule O (Form 8865) 2015

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STATE COPY

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

**1019**  
F-7004  
R. 01/15  
Rule 12C-1.051  
Florida Administrative Code  
Effective 01/15

**Information for Filing Florida Form F-7004**

F-7004  
R. 01/15

**When to file** - File this application on or before the original due date of the taxpayer's corporate income tax or partnership return. Do not file before the end of the tax year.

To file online go to [www.myflorida.com/dor](http://www.myflorida.com/dor)

**Penalties for failure to pay tax** - If you are required to pay tax with this application, failure to pay will void any extension of time and subject the taxpayer to penalties and interest for failure to file a timely return(s) and pay all taxes due. There is also a penalty for a late-filed return when no tax is due.

**Signature** - A person authorized by the taxpayer must sign Florida Form F-7004. They must be (a) an officer or partner of the taxpayer, (b) a person currently enrolled to practice before the Internal Revenue Service (IRS), or (c) an attorney or Certified Public Accountant qualified to practice before the IRS under Public Law 89-332.

**The Florida Form F-7004 must be filed** - To receive an extension of time to file your Florida return, Florida Form F-7004 must be timely filed, even if you have already filed a federal extension request. A federal extension by itself does not extend the time to file a Florida return.

An extension for Florida tax purposes may be granted, even though no federal extension was granted. See Rule 12C-1.0222, F.A.C., for information on the requirements that must be met for your request for an extension of time to be valid.

**Make checks payable and mail to:**

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

A. If applicable, state the reason you need the extension:

\_\_\_\_\_

B. Type of federal return filed: 990-T  
Contact person for questions: EILEEN CONNOLLY-KEE  
Telephone number: 239-649-5000

Extension of Time Request	Florida Income/Franchise Tax Due
1. Tentative amount of Florida tax for the taxable year	1. 0.00
2. LESS: Estimated tax payments for the taxable year	2. 0.00
3. Balance due - You must pay 100% of the tax tentatively determined due with this extension request.	3. 0.00

Transfer the amount on Line 3 to **Tentative tax due**.

544961  
10-06-15

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

**1019**  
F-7004  
R. 01/15

Name **COMMUNITY FOUNDATION OF  
COLLIER COUNTY, INC.**  
Address **1110 PINE RIDGE ROAD, STE 200**  
City/State/ZIP **NAPLES, FL 34108**

FEIN 59-2396243  
Taxable Year End 06/30/16  
FILING STATUS Corporation  Partnership   
Check here if you transmitted funds electronically \_\_\_\_\_  
Tentative Tax Due \$ 0.00

Under penalties of perjury, I declare that I have been authorized by the above named taxpayer to make this application, that to the best of my knowledge and belief the statements herein are true and correct:

Sign Here: \_\_\_\_\_ Date: \_\_\_\_\_

592396243	0	0	0
1	0	0	0
20160630	0	0	0
0	0	0	0
012	0	0	0
0	0	0	0
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8615 0 20160630 0002005030 2 3592396243 0000 6



Florida Corporate Income/Franchise Tax Return

FEIN 59-2396243

F-1120, R. 01/16 1019

For calendar year 2015 or tax year beginning JUL 1, 2015 ending JUN 30, 2016

Rule 12C-1.051 Florida Administrative Code Effective 01/16

861502016063000020050375359239624300006

Name COMMUNITY FOUNDATION OF COLLIER COUNTY, INC. Address 1110 PINE RIDGE ROAD, STE 200 City/State/ZIP NAPLES, FL 34108

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

Computation of Florida Net Income Tax

Table with 2 columns: Description and Amount. Rows include Federal taxable income (451.00), State income taxes deducted, Additions to federal taxable income, Total of Lines 1, 2 and 3 (451.00), Subtractions from federal taxable income, Adjusted federal income (451.00), Florida portion of adjusted federal income (451.00), Nonbusiness income allocated to Florida, Florida exemption (451.00), Florida net income (0.00), Tax due: 5.5% of Line 10 or amount from Schedule VI, Credits against the tax, Total corporate income/franchise tax due (0.00), Payment credits (16a, 16b), Total amount due (0.00), Credit, Refund.

544081 10-06-15

Florida Corporate Income Tax Return

1019 F-1120 R. 01/16

Do Not Detach

YEAR ENDING 06/30/16

To ensure proper credit to your account, enclose your check with tax return when mailing.

Return is Due 1st Day of the 4th Month After Close of the Taxable Year

Name COMMUNITY FOUNDATION OF COLLIER COUNTY, INC. Address 1110 PINE RIDGE ROAD, STE 200 City/State/ZIP NAPLES, FL 34108

Check here if you transmitted funds electronically [ ]

Table with 4 columns: Identification Number, Amount 1, Amount 2, Amount 3. Rows include 592396243, 20150701, 20160630, 10000000, 012, 202, 45100, 0.



COMMUNITY FOUNDATION OF COLLIER COUN

1019

F-1120

R. 01/16

Page 2

FEIN 59-2396243

06/30/16

This return is considered incomplete unless a copy of the federal return is attached.

If your return is not signed, or improperly signed and verified, it will be subject to a penalty. The statute of limitations will not start until your return is properly signed and verified. Your return must be completed in its entirety.

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

Sign here, Preparer's signature, Date, Title, Preparer's PTIN, Firm's name and address, FEIN, ZIP

All Taxpayers Must Answer Questions A through M Below - See Instructions

- A. State of incorporation: FLORIDA
B. Florida Secretary of State document number: N00430
C. Florida consolidated return? YES NO X
D. Initial return Final return
E. Taxpayer election section (s.) 220.03(5), Florida Statutes (F.S.) X General Rule
F. Principal Business Activity Code (as pertains to Florida) 525990
G. A Florida extension of time was timely filed? YES NO X
H-1. Corporation is a member of a controlled group? YES NO X
H-2. Part of a federal consolidated return? YES NO X
H-3. The federal common parent has sales, property, or payroll in Florida? YES NO X
I. Location of corporate books:
J. Taxpayer is a member of a Florida partnership or joint venture? YES NO X
K. Enter date of latest IRS audit:
L. Contact person concerning this return: EILEEN CONNOLLY-KEES
M. Type of federal return filed 1120 1120S or 990-T

Where to Send Payments and Returns

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

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

Remember:

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



NAME COMMUNITY FOUNDATION OF

FEIN 59-2396243

TAXABLE YEAR ENDING 06/30/16

Schedule I - Additions and/or Adjustments to Federal Taxable Income	Column (a) For page 1	Column (b) For Schedule VI, AMT
1. Interest excluded from federal taxable income (see instructions)	1.	1.
2. Undistributed net long-term capital gains (see instructions)	2.	2.
3. Net operating loss deduction (attach schedule)	3.	3.
4. Net capital loss carryover (attach schedule)	4.	4.
5. Excess charitable contribution carryover (attach schedule)	5.	5.
6. Employee benefit plan contribution carryover (attach schedule)	6.	6.
7. Enterprise zone jobs credit (Florida Form F-1156Z)	7.	7.
8. Ad valorem taxes allowable as enterprise zone property tax credit (Florida Form F-1158Z)	8.	8.
9. Guaranty association assessment(s) credit	9.	9.
10. Rural and/or urban high crime area job tax credits	10.	10.
11. State housing tax credit	11.	11.
12. Credit for contributions to nonprofit scholarship funding organizations	12.	12.
13. Renewable energy tax credits	13.	13.
14. New markets tax credit	14.	14.
15. Entertainment industry tax credit	15.	15.
16. Credits for spaceflight projects	16.	16.
17. Research and Development tax credit	17.	17.
18. Energy Economic Zone tax credit	18.	18.
19. Other additions (attach statement)	19.	19.
20. Total Lines 1 through 19 in Columns (a) and (b). Enter totals for each column on Line 20. Column (a) total is also entered on Page 1, Line 3 (of Florida Form F-1120). Column (b) total is also entered on Schedule VI, Line 3.	20.	20.

Schedule II - Subtractions from Federal Taxable Income	Column (a) For page 1	Column (b) For Schedule VI, AMT
1. Gross foreign source income less attributable expenses (a) Enter s. 78, IRC income \$ _____ (b) plus s. 862, IRC dividends \$ _____ (c) less direct and indirect expenses \$ _____ Total ▶	1.	1.
2. Gross subpart F income less attributable expenses (a) Enter s. 951, IRC subpart F income \$ _____ (b) less direct and indirect expenses \$ _____ Total ▶	2.	2.
Note: Taxpayers doing business outside Florida enter zero on Lines 3 through 6, and complete Schedule IV.		
3. Florida net operating loss carryover deduction (see instructions)	3.	3.
4. Florida net capital loss carryover deduction (see instructions)	4.	4.
5. Florida excess charitable contribution carryover (see instructions)	5.	5.
6. Florida employee benefit plan contribution carryover (see instructions)	6.	6.
7. Nonbusiness income (from Schedule R, Line 3)	7.	7.
8. Eligible net income of an international banking facility (see instructions)	8.	8.
9. s. 179, IRC expense (see instructions)	9.	9.
10. s. 168(k), IRC special bonus depreciation (see instructions)	10.	10.
11. Other subtractions (attach statement)	11.	11.
12. Total Lines 1 through 11 in Columns (a) and (b). Enter totals for each column on Line 12. Column (a) total is also entered on Page 1, Line 5 (of Florida Form F-1120). Column (b) total is also entered on Schedule VI, Line 5.	12.	12.





NAME COMMUNITY FOUNDATION OF FEIN 59-2396243 TAXABLE YEAR ENDING 06/30/16

<b>Schedule III - Apportionment of Adjusted Federal Income</b>					
<b>III-A For use by taxpayers doing business outside Florida, except those providing insurance or transportation services.</b>					
	(a) WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)	(c) Col. (a) ÷ Col. (b) Rounded to Six Decimal Places	(d) Weight <small>If any factor in Column (b) is zero, see note on Pg 9 of the instructions.</small>	(e) Weighted Factors Rounded to Six Decimal Places
1. Property (Schedule III-B below)				X 25% or	
2. Payroll				X 25% or	
3. Sales (Schedule III-C below)				X 50% or	
4. Apportionment fraction (Sum of Lines 1, 2, and 3, Column (e)). Enter here and on Schedule IV, Line 2.					<b>1.000000</b>
<b>III-B For use in computing average value of property (use original cost).</b>		WITHIN FLORIDA		TOTAL EVERYWHERE	
		a. Beginning of year	b. End of year	c. Beginning of year	d. End of year
1. Inventories of raw material, work in process, finished goods					
2. Buildings and other depreciable assets					
3. Land owned					
4. Other tangible and intangible (financial org. only) assets (attach schedule)					
5. Total (Lines 1 through 4)					
6. Average value of property					
a. Add Line 5, Columns (a) and (b) and divide by 2 (for within Florida) ..... 6a.					
b. Add Line 5, Columns (c) and (d) and divide by 2 (for total everywhere) .....					6b. _____
7. Rented property (8 times net annual rent)					
a. Rented property in Florida .....					7a. _____
b. Rented property Everywhere .....					7b. _____
8. Total (Lines 6 and 7). Enter on Line 1, Schedule III-A, Columns (a) and (b).					
a. Enter Lines 6 a. plus 7 a. and also enter on Schedule III-A, Line 1, Column (a) for total average property in Florida .....					8a. _____
b. Enter Lines 6 b. plus 7 b. and also enter on Schedule III-A, Line 1, Column (b) for total average property Everywhere .....					8b. _____
<b>III-C Sales Factor</b>		(a) TOTAL WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)		
1. Sales (gross receipts)		<b>N/A</b>			
2. Sales delivered or shipped to Florida purchasers				<b>N/A</b>	
3. Other gross receipts (rents, royalties, interest, etc. when applicable)					
4. TOTAL SALES (Enter on Schedule III-A, Line 3, Columns (a) and (b))					
<b>III-D Special Apportionment Fractions (see instructions)</b>		(a) WITHIN FLORIDA	(b) TOTAL EVERYWHERE	(c) FLORIDA Fraction [(a) ÷ (b)] Rounded to Six Decimal Places	
1. Insurance companies (attach copy of Schedule T - Annual Report)					
2. Transportation services					

<b>Schedule IV - Computation of Florida Portion of Adjusted Federal Income</b>		
	Column (a) Adjusted Federal Income	Column (b) Adjusted AMT Income
1. Apportionable adjusted federal income from Page 1, Line 6 (or Line 6, Schedule VI for AMT in Col. [b])	1.	1.
2. Florida apportionment fraction (Schedule III-A, Line 4 or Schedule III-D, Column [c])	2.	2.
3. Tentative apportioned adjusted federal income (multiply Line 1 by Line 2)	3.	3.
4. Net operating loss carryover apportioned to Florida (attach schedule; see instructions)	4.	4.
5. Net capital loss carryover apportioned to Florida (attach schedule; see instructions)	5.	5.
6. Excess charitable contribution carryover apportioned to Florida (attach schedule; see instructions)	6.	6.
7. Employee benefit plan contribution carryover apportioned to Florida (attach schedule; see instructions)	7.	7.
8. Total carryovers apportioned to Florida (add Lines 4 through 7)	8.	8.
9. Adjusted federal income apportioned to Florida (Line 3 less Line 8; see instructions)	9.	9.



NAME COMMUNITY FOUNDATION OF

FEIN 59-2396243

TAXABLE YEAR ENDING 06/30/16

<b>Schedule V - Credits Against the Corporate Income/Franchise Tax</b>	
1. Florida health maintenance organization credit (attach assessment notice)	1.
2. Capital investment tax credit (attach certification letter)	2.
3. Enterprise zone jobs credit (from Florida Form F-1156Z attached)	3.
4. Community contribution tax credit (attach certification letter)	4.
5. Enterprise zone property tax credit (from Florida Form F-1158Z attached)	5.
6. Rural job tax credit (attach certification letter)	6.
7. Urban high crime area job tax credit (attach certification letter)	7.
8. Emergency excise tax (EET) credit (see instructions and attach schedule)	8.
9. Hazardous waste facility tax credit	9.
10. Florida alternative minimum tax (AMT) credit	10.
11. Contaminated site rehabilitation tax credit (attach tax credit certificate)	11.
12. State housing tax credit (attach certification letter)	12.
13. Credit for contributions to nonprofit scholarship funding organizations (attach certificate)	13.
14. Florida renewable energy technologies investment tax credit	14.
15. Florida renewable energy production tax credit	15.
16. New markets tax credit	16.
17. Entertainment industry tax credit	17.
18. Credits for spaceflight projects	18.
19. Research and Development tax credit	19.
20. Energy Economic Zone tax credit	20.
21. Other credits (attach schedule)	21.
22. Total credits against the tax (sum of Lines 1 through 21 not to exceed the amount on Page 1, Line 11). Enter total credits on Page 1, Line 12	22.

<b>Schedule VI - Computation of Florida Alternative Minimum Tax (AMT)</b>	
1. Federal alternative minimum taxable income after exemption (attach federal Form 4626)	1.
2. State income taxes deducted in computing federal taxable income (attach schedule)	2.
3. Additions to federal taxable income (from Schedule I, Column [b])	3.
4. Total of Lines 1 through 3	4.
5. Subtractions from federal taxable income (from Schedule II, Column [b])	5.
6. Adjusted federal alternative minimum taxable income (Line 4 minus Line 5)	6.
7. Florida portion of adjusted federal income (see instructions)	7.
8. Nonbusiness income allocated to Florida (see instructions)	8.
9. Florida exemption	9.
10. Florida net income (Line 7 plus Line 8 minus Line 9)	10.
11. Florida alternative minimum tax due (3.3% of Line 10). See instructions for Page 1, Line 11	11.



NAME COMMUNITY FOUNDATION OF FEIN 59-2396243 TAXABLE YEAR ENDING 06/30/16

**Schedule R - Nonbusiness Income**

**Line 1. Nonbusiness income (loss) allocated to Florida**

<u>Type</u>	<u>Amount</u>
_____	_____
_____	_____
Total allocated to Florida .....	1. _____

(Enter here and on Page 1, Line 8 or Schedule VI, Line 8 for AMT)

**Line 2. Nonbusiness income (loss) allocated elsewhere**

<u>Type</u>	<u>State/country allocated to</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
Total allocated elsewhere .....		2. _____

**Line 3. Total nonbusiness income**

Grand total. Total of Lines 1 and 2 .....

3. \_\_\_\_\_

(Enter here and on Schedule II, Line 7)

**Estimated Tax Worksheet  
For Taxable Years Beginning On or After January 1, 2016**

1. Florida income expected in taxable year .....	1.	\$	451.00
2. Florida exemption \$50,000 (Members of a controlled group, see instructions on Page 14 of Florida Form F-1120N) .....	2.	\$	451.00
3. Estimated Florida net income (Line 1 less Line 2) .....	3.	\$	_____
4. Total Estimated Florida tax (5.5% of Line 3)* .....		\$	_____
Less: Credits against the tax .....	4.	\$	_____

\* Taxpayers subject to federal alternative minimum tax must compute Florida alternative minimum tax at 3.3% and enter the greater of these two computations.

5. Computation of installments:

Payment due dates and	Last day of 4th month - Enter 0.25 of Line 4 .....	5a.	_____
payment amounts:	Last day of 6th month - Enter 0.25 of Line 4 .....	5b.	_____
	Last day of 9th month - Enter 0.25 of Line 4 .....	5c.	_____
	Last day of fiscal year - Enter 0.25 of Line 4 .....	5d.	_____

NOTE: If your estimated tax should change during the year, you may use the amended computation below to determine the amended amounts to be entered on the declaration (Florida Form F-1120ES).

1. Amended estimated tax .....	1.	\$	_____
2. Less:			
(a) Amount of overpayment from last year elected for credit			
to estimated tax and applied to date .....	2a. --	\$	_____
(b) Payments made on estimated tax declaration (Florida Form F-1120ES) .....	2b. --	\$	_____
(c) Total of Lines 2(a) and 2(b) .....	2c.	\$	_____
3. Unpaid balance (Line 1 less Line 2(c)) .....	3.	\$	_____
4. Amount to be paid (Line 3 divided by number of remaining installments) .....	4.	\$	_____



COMMUNITY FOUNDATION OF COLLIER COUNTY,

1019  
F-1120  
R. 01/16

FEIN 59-2396243  
DATA Page 1

592396243	0	0	0
45100	0	0	0
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COMMUNITY FOUNDATION OF COLLIER COUNTY,

1019  
F-1120  
R. 01/16

FEIN 59-2396243  
DATA Page 2

592396243	0	0	0
1.000000	0	0	0
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# Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2015 or other tax year beginning JUL 1, 2015, and ending JUN 30, 2016

## 2015

Department of the Treasury  
Internal Revenue Service

▶ Information about Form 990-T and its instructions is available at [www.irs.gov/form990t](http://www.irs.gov/form990t).  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

<b>A</b> <input checked="" type="checkbox"/> Check box if address changed  <b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.</b>  Number, street, and room or suite no. If a P.O. box, see instructions. <b>1110 PINE RIDGE ROAD, STE 200</b>  City or town, state or province, country, and ZIP or foreign postal code <b>NAPLES, FL 34108</b>	<b>D</b> Employer identification number (Employees' trust, see instructions.)  <b>59-2396243</b>  <b>E</b> Unrelated business activity codes (See instructions.)  <b>525990</b>
--	---------------------	--	---

<b>C</b> Book value of all assets at end of year 122,503,829.	<b>F</b> Group exemption number (See instructions.)	<b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust
--	---	--

**H** Describe the organization's primary unrelated business activity. ▶ **SEE STATEMENT 1**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ▶

**J** The books are in care of ▶ **LISETTE HOLMES** Telephone number ▶ **239-649-5000**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales			
<b>b</b> Less returns and allowances			
<b>c</b> Balance	<b>1c</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>		
<b>4 a</b> Capital gain net income (attach Schedule D)	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from partnerships and S corporations (attach statement)	<b>5</b> 1,501.		
<b>6</b> Rent income (Schedule C)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)	<b>10</b>		
<b>11</b> Advertising income (Schedule J)	<b>11</b>		
<b>12</b> Other income (See instructions; attach schedule)	<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b> 1,501.		<b>1,501.</b>

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

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>	
<b>15</b> Salaries and wages	<b>15</b>	
<b>16</b> Repairs and maintenance	<b>16</b>	
<b>17</b> Bad debts	<b>17</b>	
<b>18</b> Interest (attach schedule)	<b>18</b>	
<b>19</b> Taxes and licenses	<b>19</b>	
<b>20</b> Charitable contributions (See instructions for limitation rules) <b>STATEMENT 3 STATEMENT 2</b>	<b>20</b>	
<b>21</b> Depreciation (attach Form 4562)	<b>21</b>	
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>	<b>22b</b>
<b>23</b> Depletion	<b>23</b>	
<b>24</b> Contributions to deferred compensation plans	<b>24</b>	
<b>25</b> Employee benefit programs	<b>25</b>	
<b>26</b> Excess exempt expenses (Schedule I)	<b>26</b>	
<b>27</b> Excess readership costs (Schedule J)	<b>27</b>	
<b>28</b> Other deductions (attach schedule)	<b>28</b>	
<b>29 Total deductions.</b> Add lines 14 through 28	<b>29</b>	<b>50.</b>
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	<b>30</b>	<b>1,451.</b>
<b>31</b> Net operating loss deduction (limited to the amount on line 30)	<b>31</b>	
<b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	<b>32</b>	<b>1,451.</b>
<b>33</b> Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	<b>33</b>	<b>1,000.</b>
<b>34 Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	<b>34</b>	<b>451.</b>

COMMUNITY FOUNDATION OF  
COLLIER COUNTY, INC.

Form 990-T (2015)

59-2396243

Page 2

**Part III Tax Computation**

<b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:		
<b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____		
<b>b</b> Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____		
<b>c</b> Income tax on the amount on line 34	<b>35c</b>	68.
<b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	<b>36</b>	
<b>37 Proxy tax.</b> See instructions	<b>37</b>	
<b>38 Alternative minimum tax</b>	<b>38</b>	
<b>39 Total.</b> Add lines 37 and 38 to line 35c or 36, whichever applies	<b>39</b>	68.

**Part IV Tax and Payments**

<b>40a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>40a</b>	
<b>b</b> Other credits (see instructions)	<b>40b</b>	
<b>c</b> General business credit. Attach Form 3800	<b>40c</b>	
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>40d</b>	
<b>e Total credits.</b> Add lines 40a through 40d	<b>40e</b>	
<b>41</b> Subtract line 40e from line 39	<b>41</b>	68.
<b>42</b> Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	<b>42</b>	
<b>43 Total tax.</b> Add lines 41 and 42	<b>43</b>	68.
<b>44a</b> Payments: A 2014 overpayment credited to 2015	<b>44a</b>	
<b>b</b> 2015 estimated tax payments	<b>44b</b>	
<b>c</b> Tax deposited with Form 8868	<b>44c</b>	75.
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions)	<b>44d</b>	
<b>e</b> Backup withholding (see instructions)	<b>44e</b>	
<b>f</b> Credit for small employer health insurance premiums (Attach Form 8941)	<b>44f</b>	
<b>g</b> Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	<b>44g</b>	
<b>45 Total payments.</b> Add lines 44a through 44g	<b>45</b>	75.
<b>46</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>46</b>	
<b>47 Tax due.</b> If line 45 is less than the total of lines 43 and 46, enter amount owed	<b>47</b>	
<b>48 Overpayment.</b> If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	<b>48</b>	7.
<b>49</b> Enter the amount of line 48 you want: Credited to 2016 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	<b>49</b>	7.

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

<b>1</b> At any time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
<b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year \$		

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation  N/A

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

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

<b>Sign Here</b>	Signature of officer _____	Date _____	CEO _____	Title _____		May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Paid Preparer Use Only</b>	Print/Type preparer's name MARTIN REDOVAN, CPA	Preparer's signature MARTIN REDOVAN, CPA	Date 01/30/17	Check <input type="checkbox"/> if self-employed	
	Firm's name <b>CLIFTONLARSONALLEN LLP</b>				Firm's EIN <b>41-0746749</b>	
	Firm's address <b>4099 TAMiami TRAIL N., STE. 300</b>				Phone no. <b>239-262-8686</b>	
	Firm's address <b>NAPLES, FL 34103</b>					

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT	1
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INVESTMENT IN A PRIVATE EQUITY FUND WHICH GENERATES UNRELATED BUSINESS INCOME TO FORM 990-T, PAGE 1

FORM 990-T	CURRENT YEAR CASH CONTRIBUTIONS	STATEMENT	2
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DESCRIPTION	AMOUNT
TOTAL CURRENT YEAR CASH CONTRIBUTIONS	9,406,939.
	9,406,939.



FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 3

## QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT

## CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2010  
 FOR TAX YEAR 2011  
 FOR TAX YEAR 2012  
 FOR TAX YEAR 2013  
 FOR TAX YEAR 2014

TOTAL CARRYOVER

TOTAL CURRENT YEAR 10% CONTRIBUTIONS

9,406,939

TOTAL CONTRIBUTIONS AVAILABLE

9,406,939

TAXABLE INCOME LIMITATION AS ADJUSTED

50

EXCESS 10% CONTRIBUTIONS

9,406,889

EXCESS 100% CONTRIBUTIONS

0

TOTAL EXCESS CONTRIBUTIONS

9,406,889

ALLOWABLE CONTRIBUTIONS DEDUCTION

50

TOTAL CONTRIBUTION DEDUCTION

50

