

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2017**  
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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the **2017** calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

<b>B</b> Check if applicable: <input 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		<b>D</b> Employer identification number <b>59-2396243</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1110 PINE RIDGE ROAD 200</b>	<b>E</b> Telephone number <b>239-649-5000</b>	
	City or town, state or province, country, and ZIP or foreign postal code <b>NAPLES, FL 34108</b>		<b>G</b> Gross receipts \$ <b>92,136,519.</b>
	<b>F</b> Name and address of principal officer: <b>EILEEN CONNOLLY-KEESLER</b> <b>1110 PINE RIDGE ROAD, SUITE 200, NAPLES, FL</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>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>H(c)</b> Group exemption number ▶

**J** Website: ▶ **WWW.CFCOLLIER.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: **1985** **M** State of legal domicile: **FL**

**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>19</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>19</b>
	<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)	<b>5</b>	<b>15</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>75</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>2,473.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>1,326.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 15,328,216.	<b>Current Year</b> 20,136,670.
	<b>9</b> Program service revenue (Part VIII, line 2g)	117,733.	171,107.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,434,698.	9,036,574.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	63,632.	34,388.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,944,279.	29,378,739.
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,523,135.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,025,762.	1,221,728.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>307,987.</b>			
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		771,425.	812,907.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,320,322.	17,641,190.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	11,623,957.	11,737,549.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 152,408,257.	<b>End of Year</b> 168,464,393.
	<b>21</b> Total liabilities (Part X, line 26)	52,249,927.	56,395,568.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	100,158,330.	112,068,825.

**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		Date		
	<b>EILEEN CONNOLLY-KEESLER, CEO</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>BARRY F. HOLES</b>	Preparer's signature <b>BARRY F. HOLES</b>	Date <b>01/16/19</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00055337</b>
	Firm's name ▶ <b>HILL, BARTH &amp; KING LLC</b>	Firm's EIN ▶ <b>34-1897225</b>		Phone no. (239) 263-2111	
Firm's address ▶ <b>3838 TAMiami TRAIL NORTH, SUITE 200 NAPLES, FL 34103</b>					

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

COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE COMMUNITY FOUNDATION OF COLLIER COUNTY'S MISSION IS 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

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

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

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

4a (Code: ) (Expenses \$ 15,156,735. including grants of \$ 14,801,016. ) (Revenue \$ 171,107. ) DONOR SERVICES SEE SCHEDULE O.

4b (Code: ) (Expenses \$ 1,068,176. including grants of \$ 668,854. ) (Revenue \$ ) COMMUNITY GRANTMAKING SEE SCHEDULE O.

4c (Code: ) (Expenses \$ 248,639. including grants of \$ 136,685. ) (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 16,473,550.

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

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

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**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>Note.</b> All Form 990 filers are required to complete Schedule O .....	<b>X</b>	

Form **990** (2017)

**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?		
<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		

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

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes 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 ..... <b>1a</b> 19 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>b</b>	Enter the number of voting members included in line 1a, above, who are independent ..... <b>1b</b> 19		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....		<b>X</b>
<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? .....		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? .....		<b>X</b>
<b>6</b>	Did the organization have members or stockholders? .....		<b>X</b>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....		<b>X</b>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? .....	<b>X</b>	
<b>b</b>	Each committee with authority to act on behalf of the governing body? .....	<b>X</b>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O .....		<b>X</b>

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? .....		<b>X</b>
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .....		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	<b>X</b>	
<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 .....	<b>X</b>	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	<b>X</b>	
<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 .....	<b>X</b>	
<b>13</b>	Did the organization have a written whistleblower policy? .....	<b>X</b>	
<b>14</b>	Did the organization have a written document retention and destruction policy? .....	<b>X</b>	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official .....	<b>X</b>	
<b>b</b>	Other officers or key employees of the organization .....	<b>X</b>	
	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? .....		<b>X</b>
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? .....		

**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, NO. 200, NAPLES, FL 34108**

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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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) DR. DAVID WATSON DIRECTOR	1.00	X					0.	0.	0.	
(2) MR. BRADLEY HAVEMEIER DIRECTOR	1.00	X					0.	0.	0.	
(3) MR. BRIAN MCAVOY DIRECTOR	1.00	X					0.	0.	0.	
(4) MR. GEORGE ABOUNADER TREASURER	2.00	X		X			0.	0.	0.	
(5) MR. JAMES F. MOREY DIRECTOR	1.00	X					0.	0.	0.	
(6) MR. JERROL TOSTRUD CHAIR-ELECT	2.00	X		X			0.	0.	0.	
(7) MR. JOHN K. PAUL DIRECTOR	1.00	X					0.	0.	0.	
(8) MR. MARIO VALLE DIRECTOR	1.00	X					0.	0.	0.	
(9) MR. T. ROBERT BULLOCH DIRECTOR	1.00	X					0.	0.	0.	
(10) MR. TODD BRADLEY DIRECTOR	1.00	X					0.	0.	0.	
(11) MS. ERIKA ARON DIRECTOR	1.00	X					0.	0.	0.	
(12) MS. JENNIFER WALKER DIRECTOR	1.00	X					0.	0.	0.	
(13) MS. KATHLEEN KAPNICK DIRECTOR	1.00	X					0.	0.	0.	
(14) MS. LYNN MARTIN DIRECTOR	1.00	X					0.	0.	0.	
(15) MS. MARSHA MURPHY SECRETARY	2.00	X		X			0.	0.	0.	
(16) MS. MARY BETH JOHNS DIRECTOR	1.00	X					0.	0.	0.	
(17) MS. MARY LYNN MYERS CHAIR	4.00	X		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. MYRA WILLIAMS DIRECTOR	1.00	X					0.	0.	0.	
(19) MS. PATRICIA AIKEN-O'NEILL DIRECTOR	1.00	X					0.	0.	0.	
(20) MS. EILEEN CONNOLLY-KEESLER PRESIDENT & CEO	40.00			X			188,150.	0.	29,566.	
(21) MS. LISETTE HOLMES CFO	40.00			X			113,650.	0.	21,357.	
<b>1b Sub-total</b> .....							301,800.	0.	50,923.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							301,800.	0.	50,923.	

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

	Yes	No
<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) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) 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> 257,767.				
	<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> 19,878,903.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....	6,084,688.				
	<b>h Total.</b> Add lines 1a-1f .....	▶ 20,136,670.				
<b>Program Service Revenue</b>	<b>2 a</b> ADMINISTRATIVE FEES .....	<b>Business Code</b> 812900	171,107.	171,107.		
	<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 .....	▶ 171,107.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....	▶ 3,288,365.		2,473.	3,285,892.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....	▶				
	<b>5</b> Royalties .....	▶				
	<b>6 a</b> Gross rents .....	(i) Real	150,871.			
		(ii) Personal				
		<b>b</b> Less: rental expenses .....	105,374.			
		<b>c</b> Rental income or (loss) .....	45,497.			
	<b>d</b> Net rental income or (loss) .....	▶ 45,497.			45,497.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	68,252,094.			
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....	62,503,885.			
		<b>c</b> Gain or (loss) .....	5,748,209.			
	<b>d</b> Net gain or (loss) .....	▶ 5,748,209.			5,748,209.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 257,767. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>	104,885.			
		<b>b</b> Less: direct expenses .....	148,521.			
<b>c</b> Net income or (loss) from fundraising events .....		▶ -43,636.			-43,636.	
<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 .....	<b>812900</b>	32,527.			32,527.	
	<b>b</b> .....					
	<b>c</b> .....					
	<b>d</b> All other revenue .....					
	<b>e Total.</b> Add lines 11a-11d .....	▶ 32,527.				
<b>12 Total revenue.</b> See instructions. .....	▶ 29,378,739.	171,107.	2,473.	9,068,489.		

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

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**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	14,451,245.	14,451,245.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	804,511.	804,511.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	350,799.	350,799.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	301,800.	171,627.	79,236.	50,937.
<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	664,125.	386,983.	168,695.	108,447.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	74,330.	41,907.	19,736.	12,687.
<b>9</b> Other employee benefits	105,717.	61,896.	26,674.	17,147.
<b>10</b> Payroll taxes	75,756.	43,780.	19,464.	12,512.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	10,584.		10,584.	
<b>c</b> Accounting	26,228.		26,228.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	330,515.		330,515.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	1,913.		1,339.	574.
<b>12</b> Advertising and promotion	63,247.	19,321.		43,926.
<b>13</b> Office expenses	68,458.	36,841.	19,904.	11,713.
<b>14</b> Information technology	102,271.	55,626.	28,393.	18,252.
<b>15</b> Royalties				
<b>16</b> Occupancy	34,158.	18,445.	9,564.	6,149.
<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	39,071.	21,115.	10,929.	7,027.
<b>20</b> Interest	1,634.		1,634.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	86,483.		86,483.	
<b>23</b> Insurance	15,635.	8,443.	4,378.	2,814.
<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>	31,764.	500.	15,632.	15,632.
<b>b LICENSES/TAXES/FEE</b>	946.	511.	265.	170.
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	17,641,190.	16,473,550.	859,653.	307,987.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

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

Form 990 (2017)

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>		<b>1.</b>
	<b>2</b> Savings and temporary cash investments .....	28,347,476.	<b>2</b>	10,929,502.	
	<b>3</b> Pledges and grants receivable, net .....	228,661.	<b>3</b>	11,796.	
	<b>4</b> Accounts receivable, net .....	167,544.	<b>4</b>	151,389.	
	<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 .....	109,269.	<b>9</b>	140,620.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 4,073,022.			
	<b>b</b> Less: accumulated depreciation .....	10b 282,166.			
	<b>11</b> Investments - publicly traded securities .....	98,389,698.	<b>11</b>	108,762,607.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	19,053,680.	<b>12</b>	42,434,339.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	2,200,113.	<b>15</b>	2,243,283.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	152,408,257.	<b>16</b>	168,464,393.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	159,344.	<b>17</b>	123,944.	
	<b>18</b> Grants payable .....	57,507.	<b>18</b>	233,457.	
	<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 .....	90,543.	<b>23</b>	0.	
	<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 .....	51,942,533.	<b>25</b>	56,038,167.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	52,249,927.	<b>26</b>	56,395,568.	
<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 .....	97,528,859.	<b>27</b>	109,562,186.	
	<b>28</b> Temporarily restricted net assets .....	2,629,471.	<b>28</b>	2,506,639.	
	<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 .....	100,158,330.	<b>33</b>	112,068,825.		
<b>34</b> Total liabilities and net assets/fund balances .....	152,408,257.	<b>34</b>	168,464,393.		

Form **990** (2017)

**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>	29,378,739.
<b>2</b> Total expenses (must equal Part IX, column (A), line 25) .....	<b>2</b>	17,641,190.
<b>3</b> Revenue less expenses. Subtract line 2 from line 1 .....	<b>3</b>	11,737,549.
<b>4</b> Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .....	<b>4</b>	100,158,330.
<b>5</b> Net unrealized gains (losses) on investments .....	<b>5</b>	-173,140.
<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>	346,086.
<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>	112,068,825.

**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 type="checkbox"/> Separate basis <input checked="" 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.

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

OMB No. 1545-0047

**2017**

Open to Public Inspection

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

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

The organization is not a private foundation because it is: (For lines 1 through 12, 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - 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 1-10 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 COLLIER

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	12939189.	16067539.	15364524.	15328216.	20136670.	79836138.
<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 .....	12939189.	16067539.	15364524.	15328216.	20136670.	79836138.
<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) .....						17252303.
<b>6 Public support.</b> Subtract line 5 from line 4.						62583835.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4 .....	12939189.	16067539.	15364524.	15328216.	20136670.	79836138.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	1521074.	2208586.	1766282.	2514553.	3436763.	11447258.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	879.	0.	0.	2,305.	1,326.	4,510.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	1,577.	16,994.	16,690.	22,935.	32,527.	90,723.
<b>11 Total support.</b> Add lines 7 through 10						91378629.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<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 2017 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	68.49 %
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14 .....	<b>15</b>	66.81 %
<b>16a 33 1/3% support test - 2017.</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 - 2016.</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 - 2017.</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 - 2016.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2017.** 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 - 2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<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 12a or 12b 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? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

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

**Section C. Type II Supporting Organizations**

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

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a 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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer (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? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

COMMUNITY FOUNDATION OF COLLIER

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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 COLLIER

**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 2017 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-2017	(iii) Distributable Amount for 2017
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013			
<b>c</b> From 2014			
<b>d</b> From 2015			
<b>e</b> From 2016			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2017 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2013			
<b>b</b> Excess from 2014			
<b>c</b> Excess from 2015			
<b>d</b> Excess from 2016			
<b>e</b> Excess from 2017			

COMMUNITY FOUNDATION OF COLLIER

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

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

OTHER MISCELLANEOUS INCOME:

2013 AMOUNT: \$ 1,577

2014 AMOUNT: \$ 16,994

2015 AMOUNT: \$ 16,690

2016 AMOUNT: \$ 22,935

2017 AMOUNT: \$ 32,527

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

OMB No. 1545-0047

**2017**

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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't 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) (2017)

Name of organization <b>COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.</b>	Employer identification number <b>59-2396243</b>
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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		\$ <u>1,286,918.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ <u>965,259.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ <u>1,025,006.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ <u>3,018,596.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ <u>496,396.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ <u>1,517,273.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.	<b>Employer identification number</b> 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
7		\$ 530,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 475,006.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 422,133.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 1,010,001.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 468,861.	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.)

<b>Name of organization</b> COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.	<b>Employer identification number</b> 59-2396243
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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
4	PUBLICLY TRADED SECURITIES <hr/> <hr/> <hr/>	\$ 1,518,596.	09/08/17
6	PUBLICLY TRADED SECURITIES <hr/> <hr/> <hr/>	\$ 1,517,273.	12/27/17
9	PUBLICLY TRADED SECURITIES <hr/> <hr/> <hr/>	\$ 247,133.	12/28/17
10	PUBLICLY TRADED SECURITIES <hr/> <hr/> <hr/>	\$ 1,010,001.	01/03/18
	<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
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2017**  
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 .....	198	
2 Aggregate value of contributions to (during year) .....	12,684,020.	
3 Aggregate value of grants from (during year) .....	8,581,362.	
4 Aggregate value at end of year .....	57,763,707.	
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 7/25/06, and not on a historic structure listed in the National Register .....	2d

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under 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 <input type="checkbox"/> Public exhibition                   | d <input type="checkbox"/> Loan or exchange programs |
| b <input type="checkbox"/> Scholarly research                  | e <input type="checkbox"/> Other _____               |
| c <input type="checkbox"/> Preservation for future generations |  |
- 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	42,382,939.	38,013,814.	39,450,027.	40,515,552.	34,372,996.
b Contributions	8,340,548.	3,731,249.	4,117,870.	1,441,161.	3,864,824.
c Net investment earnings, gains, and losses	3,225,688.	4,548,831.	-1,119,554.	555,742.	4,760,056.
d Grants or scholarships	5,707,297.	2,998,181.	3,411,564.	2,052,256.	1,706,916.
e Other expenditures for facilities and programs	1,069,239.	315,710.	419,865.	407,380.	243,592.
f Administrative expenses	675,154.	597,064.	603,100.	602,792.	531,816.
g End of year balance	46,497,485.	42,382,939.	38,013,814.	39,450,027.	40,515,552.

- 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		1,267,310.		1,267,310.
b Buildings		2,587,300.	210,666.	2,376,634.
c Leasehold improvements				
d Equipment		218,412.	71,500.	146,912.
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 3,790,856.

**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	7,038,075.	END-OF-YEAR MARKET VALUE
(B) HEDGE FUNDS	4,616,360.	END-OF-YEAR MARKET VALUE
(C) FIXED INCOME	8,698,385.	END-OF-YEAR MARKET VALUE
(D) REAL ESTATE INVESTMENT		
(E) FUNDS	1,987,035.	END-OF-YEAR MARKET VALUE
(F) COMMINGLED FUNDS	20,079,484.	END-OF-YEAR MARKET VALUE
(G) PRIVATELY HELD STOCK	15,000.	END-OF-YEAR MARKET VALUE
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	<b>42,434,339.</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	55,686,834.
(3) ANNUITY OBLIGATIONS	351,333.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>56,038,167.</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.

1	Total revenue, gains, and other support per audited financial statements		1	28,804,586.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-173,140.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	-173,140.	
3	Subtract line 2e from line 1	3	28,977,726.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	330,515.	
b	Other (Describe in Part XIII.)	4b	70,498.	
c	Add lines 4a and 4b	4c	401,013.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	29,378,739.	

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

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

1	Total expenses and losses per audited financial statements		1	17,310,675.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	0.	
3	Subtract line 2e from line 1	3	17,310,675.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	330,515.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	330,515.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	17,641,190.	

**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 XI, LINE 4B - OTHER ADJUSTMENTS:

RELATED PARTY EXPENSES FROM CONSOLIDATED FINANCIALS

NET RENTAL ACTIVITY

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



**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

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

Employer identification number  
**59-2396243**

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA & CARIBBEAN	0	0	GRANTS		245,900.
EAST ASIA & THE PACIFIC	0	0	GRANTS		45,100.
EUROPE	0	0	GRANTS		7,000.
MIDDLE EAST & NORTH AFRICA	0	0	GRANTS		15,000.
RUSSIA & NEIGHBORING STATES	0	0	GRANTS		500.
SOUTH AMERICA	0	0	GRANTS		2,200.
SOUTH ASIA	0	0	GRANTS		8,300.
SUB-SAHARAN AFRICA	0	0	GRANTS		26,799.
<b>3 a</b> Sub-total .....	0	0			350,799.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			350,799.

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

Schedule F (Form 990) 2017

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

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	VARIOUS PROGRAMS	135,800.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	GENERAL SUPPORT	55,800.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	GENERAL SUPPORT	45,000.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	GENERAL SUPPORT	25,000.	CHECK	0.		
		SUB-SAHARAN AFRICA	GENERAL SUPPORT	10,500.	CHECK	0.		
		MIDDLE EAST & NORTH AFRICA	GRANTMAKING IN THE MIDDLE EAST	7,500.	CHECK	0.		
		MIDDLE EAST & NORTH AFRICA	WORK IN AFGHANISTAN & IRAQ	7,500.	CHECK	0.		
		SOUTH ASIA	AFGHAN WOMEN & GIRLS	7,500.	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 ..... ► \_\_\_\_\_

3 Enter total number of other organizations or entities ..... ► \_\_\_\_\_



COMMUNITY FOUNDATION OF COLLIER  
COUNTY, INC.

59-2396243

Schedule F (Form 990)

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	UNRESTRICTED USE	6,000.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	GENERAL SUPPORT	10,000.	CHECK	0.		

COMMUNITY FOUNDATION OF COLLIER  
COUNTY, INC.

Schedule F (Form 990) 2017

59-2396243

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

COMMUNITY FOUNDATION OF COLLIER  
COUNTY, INC.

**Part IV Foreign Forms**

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

**Part V Supplemental Information**

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

**PART 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.

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

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

Employer identification number  
**59-2396243**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b> .....				▶		

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**COMMUNITY FOUNDATION OF COLLIER**

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		POWER OF THE PURSE (event type)	WOMEN OF INITIATIVE (event type)	1 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	197,174.	126,868.	38,610.	362,652.
	2	Less: Contributions	147,289.	86,943.	23,535.	257,767.
	3	Gross income (line 1 minus line 2)	49,885.	39,925.	15,075.	104,885.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	7,558.	9,271.	6,340.	23,169.
	7	Food and beverages	35,630.	31,129.	12,742.	79,501.
	8	Entertainment	40,144.	4,375.		44,519.
	9	Other direct expenses	666.	666.		1,332.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				148,521.
11	Net income summary. Subtract line 10 from line 3, column (d)				-43,636.	

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

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

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

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

COMMUNITY FOUNDATION OF COLLIER

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV**

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

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COMMUNITY FOUNDATION OF COLLIER  
COUNTY, INC.

**Part IV** Supplemental Information (continued)

Lined area 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.**

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

OMB No. 1545-0047

**2017**

**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 noncash assistance	<b>(h)</b> Purpose of grant or assistance
CITY OF EVERGLADES CITY P.O. BOX 110 EVERGLADES CITY, FL 34139		501(C)(3)	4,478.	0.			EVERGLADES CITY COMMUNITY CENTER
ABBOTT NORTHWESTERN HOSPITAL FOUNDATION - 800 EAST 28TH STREET - MINNEAPOLIS, MN 55407-3799	04-3643816	501(C)(3)	60,000.	0.			FOR THE ADVANCEMENT OF NURSING EXCELLENCE
ABILITY HOUSING 3740 BEACH BLVD., #304 JACKSONVILLE, FL 32207	59-3087085	501(C)(3)	11,922.	0.			ESSENTIAL SERVICES PERSONNEL HOUSING
ABLE ACADEMY, INC. 5860 GOLDEN GATE PKWY NAPLES, FL 34116	20-3571795	501(C)(3)	10,000.	0.			TUITION ASSISTANCE
ADOPT-A-NATIVE-ELDER P.O. BOX 3401 PARK CITY, UT 84060	87-0490211	501(C)(3)	20,000.	0.			GENERAL SUPPORT
ADVOCATES INCORPORATED 636 OLD LIVERPOOL ROAD SYRACUSE, NY 13088	16-1453716	501(C)(3)	25,000.	0.			UNRESTRICTED USE

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 278.
- 3** Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2017)

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

COMMUNITY FOUNDATION OF COLLIER  
COUNTY, INC.

Schedule I (Form 990)

59-2396243

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLENDALE COLUMBIA SCHOOL 519 ALLENS CREEK ROAD ROCHESTER, NY 14618	16-0983166	501(C)(3)	20,000.	0.			UNRESTRICTED USE
ALZHEIMER'S ASSOCIATION - NATIONAL OFFICE - 225 N. MICHIGAN AVENUE, FL 17 - CHICAGO, IL 60601-7633	13-3039601	501(C)(3)	2,000.	0.			RESEARCH
ALZHEIMER'S ASSOCIATION - NATIONAL OFFICE - 225 N. MICHIGAN AVENUE, FL 17 - CHICAGO, IL 60601-7633	13-3039601	501(C)(3)	10,828.	0.			UNRESTRICTED USE
ALZHEIMER'S SUPPORT NETWORK 660 TAMIAMI TRAIL N., #21 NAPLES, FL 34102	59-2198939	501(C)(3)	500.	0.			BEST USE
ALZHEIMER'S SUPPORT NETWORK 660 TAMIAMI TRAIL N., #21 NAPLES, FL 34102	59-2198939	501(C)(3)	4,500.	0.			UNRESTRICTED USE
AMERICAN CANCER SOCIETY 5020 TAMIAMI TRAIL N., #108 NAPLES, FL 34103	13-1788491	501(C)(3)	2,000.	0.			ANNUAL DONATION
AMERICAN CANCER SOCIETY 5020 TAMIAMI TRAIL N., #108 NAPLES, FL 34103	13-1788491	501(C)(3)	10,000.	0.			NAPLES RESEARCH COUNCIL
AMERICAN CANCER SOCIETY 5020 TAMIAMI TRAIL N., #108 NAPLES, FL 34103	13-1788491	501(C)(3)	12,367.	0.			UNRESTRICTED USE
AMERICAN DIABETES ASSOCIATION 1511 N. WEST SHORE BLVD., #980 TAMPA, FL 33607	13-1623888	501(C)(3)	10,742.	0.			UNRESTRICTED USE

Schedule I (Form 990)

**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 HEART ASSOCIATION NATIONAL BEQUEST CENTER - P.O. BOX 22035 - ST. PETERSBURG, FL 33742	13-5613797	501(C)(3)	10,828.	0.			HEART RESEARCH ONLY
AMERICAN HEART ASSOCIATION NATIONAL BEQUEST CENTER - P.O. BOX 22035 - ST. PETERSBURG, FL 33742	13-5613797	501(C)(3)	10,742.	0.			UNRESTRICTED USE
AMERICAN INDIAN COLLEGE FUND 8333 GREENWOOD BLVD. DENVER, CO 80221	52-1573446	501(C)(3)	10,000.	0.			FOR TRIBAL SCHOLARSHIPS
AMERICAN RED CROSS - FL SOUTHERN GULF CHAPTER - 2610 NORTHBROOKE PLAZA DRIVE - NAPLES, FL 34119	53-0196605	501(C)(3)	500.	0.			BEST USE
AMERICAN RED CROSS - FL SOUTHERN GULF CHAPTER - 2610 NORTHBROOKE PLAZA DRIVE - NAPLES, FL 34119	53-0196605	501(C)(3)	2,000.	0.			COLLIER COUNTY VICTIMS OF HURRICANE IRMA
AMERICAN RED CROSS - FL SOUTHERN GULF CHAPTER - 2610 NORTHBROOKE PLAZA DRIVE - NAPLES, FL 34119	53-0196605	501(C)(3)	1,000.	0.			DISASTER RELIEF
AMERICAN RED CROSS - FL SOUTHERN GULF CHAPTER - 2610 NORTHBROOKE PLAZA DRIVE - NAPLES, FL 34119	53-0196605	501(C)(3)	1,000.	0.			HURRICANE HARVEY RELIEF
AMERICAN RED CROSS - FL SOUTHERN GULF CHAPTER - 2610 NORTHBROOKE PLAZA DRIVE - NAPLES, FL 34119	53-0196605	501(C)(3)	28,000.	0.			HURRICANE IRMA RELIEF
AMERICAN RED CROSS - FL SOUTHERN GULF CHAPTER - 2610 NORTHBROOKE PLAZA DRIVE - NAPLES, FL 34119	53-0196605	501(C)(3)	5,000.	0.			LIFESAVING WATER SAFETY AND SWIMMING SKILLS FOR ECONOMICALLY NEEDY CHILDREN

Schedule I (Form 990)

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 RED CROSS - FL SOUTHERN GULF CHAPTER - 2610 NORTHBROOKE PLAZA DRIVE - NAPLES, FL 34119	53-0196605	501(C)(3)	2,250.	0.			UNRESTRICTED USE
AMERICAN RED CROSS DONOR CENTER OF SYRACUSE - 344 GENESSEE STREET - SYRACUSE, NY 13202	53-0196605	501(C)(3)	20,000.	0.			TEXAS FLOOD RELIEF
AMERICAN RED CROSS P.O. BOX 37839 BOONE, IA 50037-0839	53-0196605	501(C)(3)	1,000.	0.			CALIFORNIA WILDFIRES
AMERICAN RED CROSS P.O. BOX 37839 BOONE, IA 50037-0839	53-0196605	501(C)(3)	618.	0.			EMERGENCY RELIEF SERVICES
AMERICAN RED CROSS P.O. BOX 37839 BOONE, IA 50037-0839	53-0196605	501(C)(3)	250.	0.			GENERAL PURPOSES
AMERICAN RED CROSS P.O. BOX 37839 BOONE, IA 50037-0839	53-0196605	501(C)(3)	1,750.	0.			GENERAL USE
AMERICAN RED CROSS P.O. BOX 37839 BOONE, IA 50037-0839	53-0196605	501(C)(3)	5,000.	0.			HURRICANE HARVEY
AMERICAN RED CROSS P.O. BOX 37839 BOONE, IA 50037-0839	53-0196605	501(C)(3)	5,000.	0.			RELIEF FOLLOWING HURRICANES HARVEY, IRMA AND MARIA
AMERICAN RED CROSS P.O. BOX 37839 BOONE, IA 50037-0839	53-0196605	501(C)(3)	1,000.	0.			TO HELP BRING RELIEF TO EAST TEXAS IN THE WAKE OF TROPICAL STORM HARVEY

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
ARTHROITIS RESEARCH INSTITUTE OF AMERICA - 300 S. DUNCAN AVENUE, #188 - CLEARWATER, FL 34615	59-2438325	501(C)(3)	10,828.	0.			UNRESTRICTED USE
ARTIS-NAPLES, INC. 5833 PELICAN BAY BLVD. NAPLES, FL 34108-2740	59-2322926	501(C)(3)	2,500.	0.			ANNUAL DONATION
ARTIS-NAPLES, INC. 5833 PELICAN BAY BLVD. NAPLES, FL 34108-2740	59-2322926	501(C)(3)	25,000.	0.			PERFORMANCE OF BENJAMIN GROSVENOR, PIANIST AND THE NAPLES PHILHARMONIC ORCHESTRA
ARTIS-NAPLES, INC. 5833 PELICAN BAY BLVD. NAPLES, FL 34108-2740	59-2322926	501(C)(3)	5,000.	0.			AT-RISK CHILDREN'S PARTICIPATION IN SUMMER CAMPS, YOUTH ORCHESTRA, OR CHORALE
ARTIS-NAPLES, INC. 5833 PELICAN BAY BLVD. NAPLES, FL 34108-2740	59-2322926	501(C)(3)	5,000.	0.			AT-RISK STUDENTS TO PARTICIAPTE IN YOUTH ORCHESTRA, CHORALE, OR SUMMER CAMP PROGRAMS
ARTIS-NAPLES, INC. 5833 PELICAN BAY BLVD. NAPLES, FL 34108-2740	59-2322926	501(C)(3)	2,500.	0.			COMMITTEE OF A THOUSAND
ARTIS-NAPLES, INC. 5833 PELICAN BAY BLVD. NAPLES, FL 34108-2740	59-2322926	501(C)(3)	20,000.	0.			FOR UNDERWRITING OF GLENN LOONTJENS DURING THE 2018-19 SYMPHONY SEASON
ARTIS-NAPLES, INC. 5833 PELICAN BAY BLVD. NAPLES, FL 34108-2740	59-2322926	501(C)(3)	3,000.	0.			LEADERSHIP CIRCLE
ARTIS-NAPLES, INC. 5833 PELICAN BAY BLVD. NAPLES, FL 34108-2740	59-2322926	501(C)(3)	2,500.	0.			ORCHESTRA OPERATIONS

Schedule I (Form 990)

COMMUNITY FOUNDATION OF COLLIER  
COUNTY, INC.

Schedule I (Form 990)

59-2396243

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARTIS-NAPLES, INC. 5833 PELICAN BAY BLVD. NAPLES, FL 34108-2740	59-2322926	501(C)(3)	37,089.	0.			UNRESTRICTED USE
AUBURN COMMUNITY HOSPITAL 17 LANSING STREET AUBURN, NY 13021	15-0532054	501(C)(3)	10,000.	0.			ANNUAL GALA
AUDUBON OF FLORIDA/CORKSCREW SWAMP SANCTUARY - 375 SANCTUARY ROAD WEST - NAPLES, FL 34120-9803	13-1624102	501(C)(3)	7,000.	0.			UNRESTRICTED USE
AVE MARIA UNIVERSITY 5050 AVE MARIA BLVD. AVE MARIA, FL 34142	03-0482006	501(C)(3)	5,000.	0.			SCHOLARSHIPS
AVE MARIA UNIVERSITY 5050 AVE MARIA BLVD. AVE MARIA, FL 34142	03-0482006	501(C)(3)	2,916.	0.			UNRESTRICTED USE
AVOW HOSPICE INC. 1095 WHIPPOORWILL LANE NAPLES, FL 34105	59-2201250	501(C)(3)	500.	0.			HOSPICE SERVICES
AVOW HOSPICE INC. 1095 WHIPPOORWILL LANE NAPLES, FL 34105	59-2201250	501(C)(3)	2,500.	0.			PATIENT CARE
AVOW HOSPICE INC. 1095 WHIPPOORWILL LANE NAPLES, FL 34105	59-2201250	501(C)(3)	1,000.	0.			TO SUPPORT FAMLIES AT THIS DIFFICULT TIME
AVOW HOSPICE INC. 1095 WHIPPOORWILL LANE NAPLES, FL 34105	59-2201250	501(C)(3)	30,371.	0.			UNRESTRICTED USE

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BABY BASICS OF COLLIER COUNTY, INC. - PMB 132- P.O. BOX 413005 - NAPLES, FL 34101	20-1498596	501(C)(3)	3,000.	0.			HURRICANE IRMA RELIEF FOR DIAPERS, WIPES AND CREAMS
BABY BASICS OF COLLIER COUNTY, INC. - PMB 132- P.O. BOX 413005 - NAPLES, FL 34101	20-1498596	501(C)(3)	6,200.	0.			UNRESTRICTED USE
BARRIER ISLAND PARKS SOCIETY P.O. BOX 637 BOCA GRANDE, FL 33921	65-0327405	501(C)(3)	25,000.	0.			THE LIGHTKEEPER'S FUND
BARRIER ISLAND PARKS SOCIETY P.O. BOX 637 BOCA GRANDE, FL 33921	65-0327405	501(C)(3)	25,000.	0.			THE LIGHTKEEPER'S FUND - GASPARILLA ISLAND LIGHT
BASCOM PALMER EYE INSTITUTE 3880 TAMIAMI TRAIL N. NAPLES, FL 34103	59-0624458	501(C)(3)	25,000.	0.			GLAUCOMA PILLAR
BASCOM PALMER EYE INSTITUTE 3880 TAMIAMI TRAIL N. NAPLES, FL 34103	59-0624458	501(C)(3)	5,000.	0.			UNRESTRICTED USE
BERKSHIRE HUMANE SOCIETY 214 BARKER ROAD PITTSFIELD, MA 01201	04-3148018	501(C)(3)	11,228.	0.			UNRESTRICTED USE
BIG BROTHERS BIG SISTERS OF THE SUN COAST, INC. - 809 WALKERBILT ROAD, #3 - NAPLES, FL 34110	59-1361826	501(C)(3)	5,611.	0.			UNRESTRICTED USE
BLOOMINGTON HEALTHFOUNDATION, INC. 320 WEST 8TH STREET, #116 BLOOMINGTON, IN 47404	35-1720795	501(C)(3)	5,000.	0.			UNRESTRICTED USE

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BOARD OF REGENTS OF GUNSTON HALL INCORPORATED - 10709 GUNSTON ROAD - MASON NECK, VA 22079	52-1284368	501(C)(3)	5,000.	0.			THE GARDEN
BONITA BAY VETERANS COUNCIL, INC. 26660 COUNTRY CLUB DRIVE BONITA SPRINGS, FL 34134	47-3563908	501(C)(3)	5,000.	0.			FINANCIAL SUPPORT OF LOCAL VETERANS
BONITA SPRINGS ASSISTANCE OFFICE P.O. BOX 16 BONITA SPRINGS, FL 34133	59-2337909	501(C)(3)	16,000.	0.			BACKPACKS OF LOVE AND EMERGENCY FINANCIAL ASSISTANCE
BOOKS FOR COLLIER KIDS INC. 4755 TAMIAMI TRAIL N., #139 NAPLES, FL 34103	82-1078351	501(C)(3)	211,254.	0.			OPERATING EXPENSES
BOOKS FOR COLLIER KIDS INC. 4755 TAMIAMI TRAIL N., #139 NAPLES, FL 34103	82-1078351	501(C)(3)	2,000.	0.			UNRESTRICTED USE
BOY SCOUTS OF AMERICA - LONGHOUSE COUNCIL - 2803 BREWERTON ROAD - SYRACUSE, NY 13211	22-1576300	501(C)(3)	10,000.	0.			2018 BOYPOWER DINNER
BOY SCOUTS OF AMERICA-SOUTHWEST FLORIDA COUNCIL - 1801 BOY SCOUT DRIVE - FT. MYERS, FL 33907	59-1150488	501(C)(3)	500.	0.			TROOP 243
BOY SCOUTS OF AMERICA-SOUTHWEST FLORIDA COUNCIL - 1801 BOY SCOUT DRIVE - FT. MYERS, FL 33907	59-1150488	501(C)(3)	14,500.	0.			UNRESTRICTED USE
BOYS & GIRLS CLUB OF COLLIER COUNTY - 7500 DAVIS BLVD. - NAPLES, FL 34104	65-0279110	501(C)(3)	250.	0.			AFTER SCHOOL PROGRAM

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BOYS & GIRLS CLUB OF COLLIER COUNTY - 7500 DAVIS BLVD. - NAPLES, FL 34104	65-0279110	501(C)(3)	500.	0.			BEST USE
BOYS & GIRLS CLUB OF COLLIER COUNTY - 7500 DAVIS BLVD. - NAPLES, FL 34104	65-0279110	501(C)(3)	7,500.	0.			JUNIOR WOMEN OF INITIATIVE FOR 2017 PROGRAM
BOYS & GIRLS CLUB OF COLLIER COUNTY - 7500 DAVIS BLVD. - NAPLES, FL 34104	65-0279110	501(C)(3)	3,000.	0.			SMART GIRLS PROGRAM
BOYS & GIRLS CLUB OF COLLIER COUNTY - 7500 DAVIS BLVD. - NAPLES, FL 34104	65-0279110	501(C)(3)	5,850.	0.			UNRESTRICTED USE
BOYS & GIRLS CLUB OF COLLIER COUNTY - 7500 DAVIS BLVD. - NAPLES, FL 34104	65-0279110	501(C)(3)	7,500.	0.			YEAR-LONG PROGRAM INVOLVING UP TO 15 TEENS THAT ATTEND THE BOYS AND GIRLS PROGRAM
BOYS & GIRLS CLUB OF GREATER HAVERHILL, INC. - 55 EMERSON STREET - HAVERHILL, MA 01830	04-2111215	501(C)(3)	5,400.	0.			KINGSLEY PINES CAMPSHIP
BOYS & GIRLS CLUB OF SYRACUSE 2100 E. FAYETTE STREET SYRACUSE, NY 13202	15-0532240	501(C)(3)	7,500.	0.			NEW SET OF BLEACHERS FOR AFTER SCHOOL RECREATION FACILITY.
BRIGHTFOCUS FOUNDATION 22512 GATEWAY CENTER DRIVE CLARKSBURG, MD 30982	23-7337229	501(C)(3)	1,000.	0.			TO SUPPORT NATIONAL GLAUCOMA RESEARCH
BRIGHTFOCUS FOUNDATION 22512 GATEWAY CENTER DRIVE CLARKSBURG, MD 30982	23-7337229	501(C)(3)	11,328.	0.			UNRESTRICTED USE

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BROOKE'S LEGACY ANIMAL RESCUE, INC. - P.O. BOX 990255 - NAPLES, FL 34116	20-4518210	501(C)(3)	100.	0.			UNRESTRICTED USE
CAMP DUDLEY YMCA, INC. 126 CAMP DUDLEY ROAD WESTPORT, NY 12993	14-1504974	501(C)(3)	5,000.	0.			UNRESTRICTED USE
CAMPUS CRUSADE FOR CHRIST, INC. P. O. BOX 628222 ORLANDO, FL 32832	95-6006173	501(C)(3)	2,000.	0.			MINISTRY EXPENSES
CAMPUS CRUSADE FOR CHRIST, INC. P. O. BOX 628222 ORLANDO, FL 32832	95-6006173	501(C)(3)	300.	0.			SUMMER MISSION TRIP
CAMPUS CRUSADE FOR CHRIST, INC. P. O. BOX 628222 ORLANDO, FL 32832	95-6006173	501(C)(3)	250.	0.			TO SUPPORT A STUDENTS MISSIONS TRIP
CAMPUS CRUSADE FOR CHRIST, INC. P. O. BOX 628222 ORLANDO, FL 32832	95-6006173	501(C)(3)	7,600.	0.			TO SUPPORT THE WORK OF CRU MISSIONARIES
CANCER ALLIANCE OF NAPLES, INC. 3384 WOODS EDGE CIRCLE, #102 BONITA SPRINGS, FL 34134	22-3879709	501(C)(3)	50.	0.			BREAST CANCER AWARENESS
CANCER ALLIANCE OF NAPLES, INC. 3384 WOODS EDGE CIRCLE, #102 BONITA SPRINGS, FL 34134	22-3879709	501(C)(3)	50.	0.			BREAST CANCER RESEARCH
CANCER ALLIANCE OF NAPLES, INC. 3384 WOODS EDGE CIRCLE, #102 BONITA SPRINGS, FL 34134	22-3879709	501(C)(3)	2,000.	0.			NETWORK FOR GOOD

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CANCER ALLIANCE OF NAPLES, INC. 3384 WOODS EDGE CIRCLE, #102 BONITA SPRINGS, FL 34134	22-3879709	501(C)(3)	13,608.	0.			UNRESTRICTED USE
CAROL M. BALDWIN BREAST CANCER RESEARCH FUND OF CENTRAL NY - P.O. BOX 187 - WARNERS, NY 13164	41-2026012	501(C)(3)	10,000.	0.			TO HELP CANCER RESEARCH
CATALYST SCHOOLS 6727 SOUTH CALIFORNIA AVENUE CHICAGO, IL 60629	20-4069346	501(C)(3)	100,000.	0.			MUSIC AND FINE ARTS THEATER STAGE
CATHEDRAL OF THE ASSUMPTION 433 S. FIFTH STREET LOUISVILLE, KY 40202	61-0447247	501(C)(3)	5,000.	0.			CONTRIBUTION TO CHURCH
CATHEDRAL OF THE ASSUMPTION 433 S. 5TH STREET LOUISVILLE, KY 40202	61-0447247	501(C)(3)	5,000.	0.			SEMI-ANNUAL CONTRIBUTION
CATHOLIC CHARITIES OF COLLIER COUNTY - 2210 SANTA BARBARA BLVD. - NAPLES, FL 34116	53-0196617	501(C)(3)	1,000.	0.			UNRESTRICTED USE
CATHOLIC CHARITIES OF COLLIER COUNTY - 2210 SANTA BARBARA BLVD. - NAPLES, FL 34116	53-0196617	501(C)(3)	1,000.	0.			BEST USE
CATHOLIC CHARITIES OF COLLIER COUNTY - 2210 SANTA BARBARA BLVD. - NAPLES, FL 34116	53-0196617	501(C)(3)	3,000.	0.			EMERALD BALL
CATHOLIC CHARITIES OF COLLIER COUNTY - 2210 SANTA BARBARA BLVD. - NAPLES, FL 34116	53-0196617	501(C)(3)	10,500.	0.			FAMILY OUTREACH PROGRAM

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CATHOLIC CHARITIES OF COLLIER COUNTY - 2210 SANTA BARBARA BLVD. - NAPLES, FL 34116	53-0196617	501(C)(3)	1,500.	0.			FOOD BANK
CATHOLIC CHARITIES OF COLLIER COUNTY - 2210 SANTA BARBARA BLVD. - NAPLES, FL 34116	53-0196617	501(C)(3)	100,000.	0.			GIFT CARDS FOR HURRICANE IRMA VICTIMS
CATHOLIC CHARITIES OF COLLIER COUNTY - 2210 SANTA BARBARA BLVD. - NAPLES, FL 34116	53-0196617	501(C)(3)	2,000.	0.			GUADALUPE CHURCH IN IMMOKALEE
CATHOLIC CHARITIES OF COLLIER COUNTY - 2210 SANTA BARBARA BLVD. - NAPLES, FL 34116	53-0196617	501(C)(3)	1,000.	0.			HOMELESS CHILDREN IN COLLIER COUNTY
CATHOLIC CHARITIES OF COLLIER COUNTY - 2210 SANTA BARBARA BLVD. - NAPLES, FL 34116	53-0196617	501(C)(3)	1,000.	0.			JUDY SULLIVAN FAMILY RESOURCE CENTER
CATHOLIC CHARITIES OF COLLIER COUNTY - 2210 SANTA BARBARA BLVD. - NAPLES, FL 34116	53-0196617	501(C)(3)	3,762.	0.			SERVICES RENDERED BY CATHOLIC CHARITIES
CATHOLIC CHARITIES OF COLLIER COUNTY - 2210 SANTA BARBARA BLVD. - NAPLES, FL 34116	53-0196617	501(C)(3)	300.	0.			SOUP KITCHEN IN IMMOKALEE
CATHOLIC CHARITIES OF COLLIER COUNTY - 2210 SANTA BARBARA BLVD. - NAPLES, FL 34116	53-0196617	501(C)(3)	3,000.	0.			TO SUPPORT THE EMERALD BALL
CATHOLIC CHARITIES OF COLLIER COUNTY - 2210 SANTA BARBARA BLVD. - NAPLES, FL 34116	53-0196617	501(C)(3)	750.	0.			UNRESTRICTED USE

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CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA - 2610 UNIVERSITY AVENUE WEST COURT WEST SUITE 500 - SAINT PAUL, MN 55114	41-1744184	501(C)(3)	25,000.	0.			UNRESTRICTED USE
CELEBRATION COMMUNITY BEACH CHURCH 5020 TAMIAAMI TRAIL N., #202 NAPLES, FL 34103	65-0900789	501(C)(3)	2,446.	0.			UNRESTRICTED USE
CENTRAL NEW YORK COMMUNITY FOUNDATION, INC. - 431 EAST FAYETTE STREET, #100 - SYRACUSE, NY 13202	15-0626910	501(C)(3)	500,000.	0.			REDHOUSE ARTS CENTER FOR THEATRICAL FACILITIES
CHAMELEON THEATRE CIRCLE 7287 153RD STREET W., #240069 APPLE VALLEY, MN 55124	41-1899943	501(C)(3)	6,000.	0.			GENERAL FUND
CHARLEVOIX HISTORICAL SOCIETY 103 STATE STREET CHARLEVOIX, MI 49720	38-2636672	501(C)(3)	10,000.	0.			CAPITAL CAMPAIGN
CHARLOTTE HABITAT FOR HUMANITY PO BOX 220287 CHARLOTTE, NC 28222	56-1366233	501(C)(3)	100,000.	0.			CRITICAL HOME REPAIR
CHILDREN'S ADVOCACY CENTER OF COLLIER COUNTY - 1036 6TH AVENUE N. - NAPLES, FL 34102	65-0049492	501(C)(3)	7,500.	0.			SUPERVISED FAMILY VISITATION
CHILDREN'S ADVOCACY CENTER OF COLLIER COUNTY - 1036 6TH AVENUE N. - NAPLES, FL 34102	65-0049492	501(C)(3)	1,000.	0.			UNRESTRICTED USE
CHILDREN'S HOSPITAL FOUNDATION, INC. - M.S. 3050 P.O. BOX 1997 - MILWAUKEE, WI 53201	39-1500075	501(C)(3)	5,000.	0.			AREA OF GREATEST NEED

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CHIVE CHARITIES 98 SAN JACINTO BLVD., #160 AUSTIN, TX 78701	45-5415041	501(C)(3)	50,000.	0.			TO HELP THOSE IN NEED
CHRIST EPISCOPAL CHURCH 220 40TH STREET, NE CEDAR RAPIDS, IA 52402		501(C)(3)	7,000.	0.			KENWOOD BACKPACK PROGRAM
CITIZEN'S FOR PENNSYLVANIA'S FUTURE DBA PENNFUTURE - 610 NORTH THIRD STREET - HARRISBURG, PA 17101	31-1607866	501(C)(3)	10,000.	0.			\$5,000 FOR GENERAL SUPPORT AND \$5,000 FOR CIVIC ENGAGEMENT
CITY OF EVERGLADES CITY P.O. BOX 110 EVERGLADES CITY, FL 34139		501(C)(3)	5,000.	0.			EVERGLADES COMMUNITY CENTER BASKETBALL COURT
CIVIL WAR PRESERVATION TRUST 1156 15TH STREET NW, #900 WASHINGTON, DC 20005	54-1426643	501(C)(3)	11,000.	0.			\$5,000 FOR GENERAL SUPPORT AND \$6,000 TO PROTECT THE GOOSE CREEK BATTLEFIELD
CLEVELAND BALLET 23030 MILES ROAD BEDFORD HEIGHTS, OH 44128	38-3945001	501(C)(3)	5,000.	0.			UNRESTRICTED USE
COLLIER CHILD CARE RESOURCES, INC. 2335 TAMiami TRAIL N., #504 NAPLES, FL 34103	26-2646032	501(C)(3)	3,000.	0.			APPLE BLOSSOM AWARDS 2018
COLLIER CHILD CARE RESOURCES, INC. 2335 TAMiami TRAIL N., #504 NAPLES, FL 34103	26-2646032	501(C)(3)	2,000.	0.			CCCR BUSINESS 100 LEADERSHIP COUNCIL
COLLIER CHILD CARE RESOURCES, INC. 2335 TAMiami TRAIL N., #504 NAPLES, FL 34103	26-2646032	501(C)(3)	10,000.	0.			CHILDCARE SERVICES

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COLLIER CHILD CARE RESOURCES, INC. 2335 TAMIAMI TRAIL N., #504 NAPLES, FL 34103	26-2646032	501(C)(3)	7,500.	0.			HURRICANE IRMA GIFT CARDS
COLLIER CHILD CARE RESOURCES, INC. 2335 TAMIAMI TRAIL N., #504 NAPLES, FL 34103	26-2646032	501(C)(3)	2,000.	0.			HURRICANE IRMA RELIEF
COLLIER CHILD CARE RESOURCES, INC. 2335 TAMIAMI TRAIL N., #504 NAPLES, FL 34103	26-2646032	501(C)(3)	2,000.	0.			NETWORK FOR GOOD
COLLIER CHILD CARE RESOURCES, INC. 2335 TAMIAMI TRAIL N., #504 NAPLES, FL 34103	26-2646032	501(C)(3)	500.	0.			SUMMER INTERN
COLLIER CHILD CARE RESOURCES, INC. 2335 TAMIAMI TRAIL N., #504 NAPLES, FL 34103	26-2646032	501(C)(3)	10,000.	0.			TUITION ASSISTANCE
COLLIER CHILD CARE RESOURCES, INC. 2335 TAMIAMI TRAIL N., #504 NAPLES, FL 34103	26-2646032	501(C)(3)	10,000.	0.			TUITION ASSISTANCE FOR LOW-INCOME, WORKING FAMILIES
COLLIER CHILD CARE RESOURCES, INC. 2335 TAMIAMI TRAIL N., #504 NAPLES, FL 34103	26-2646032	501(C)(3)	100.	0.			UNRESTRICTED USE
COLLIER COUNTY 100 CLUB P.O. BOX 2008 NAPLES, FL 34106	59-2529757	501(C)(3)	35,298.	0.			GENERAL OPERATING FUND
COLLIER COUNTY HUNGER AND HOMELESS COALITION - P.O. BOX 9202 - NAPLES, FL 34101	04-3610154	501(C)(3)	10,000.	0.			GAP FUND

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COLLIER COUNTY HUNGER AND HOMELESS COALITION - P.O. BOX 9202 - NAPLES, FL 34101	04-3610154	501(C)(3)	3,000.	0.			GENERAL SUPPORT
COLLIER COUNTY PUBLIC SCHOOLS 5775 OSCEOLA TRAIL NAPLES, FL 34109	59-2663954	501(C)(3)	10,000.	0.			HOMELESS COORDINATOR
COLLIER COUNTY PUBLIC SCHOOLS 5775 OSCEOLA TRAIL NAPLES, FL 34109	59-2663954	501(C)(3)	2,375.	0.			HURRICANE IRMA RELIEF
COLLIER COUNTY PUBLIC SCHOOLS 5775 OSCEOLA TRAIL NAPLES, FL 34109	59-2663954	501(C)(3)	75.	0.			HURRICANE RELIEF
COLLIER COUNTY PUBLIC SCHOOLS 5775 OSCEOLA TRAIL NAPLES, FL 34109	59-2663954	501(C)(3)	1,906.	0.			IMMOKALEE MIDDLE SCHOOL GIRLS VOLLEYBALL & TRACK UNIFORMS
COLLIER COUNTY PUBLIC SCHOOLS 5775 OSCEOLA TRAIL NAPLES, FL 34109	59-2663954	501(C)(3)	10,000.	0.			IMMOKALEE PUBLIC SCHOOLS
COLLIER COUNTY PUBLIC SCHOOLS 5775 OSCEOLA TRAIL NAPLES, FL 34109	59-2663954	501(C)(3)	17,000.	0.			LELY ELEMENTARY SCHOOL TUTORING PROGRAM
COLLIER COUNTY PUBLIC SCHOOLS 5775 OSCEOLA TRAIL NAPLES, FL 34109	59-2663954	501(C)(3)	10,000.	0.			PREPARATIONS FOR FUTURE HURRICANES
COLLIER COUNTY PUBLIC SCHOOLS 5775 OSCEOLA TRAIL NAPLES, FL 34109	59-2663954	501(C)(3)	15,624.	0.			READING PROGRAM

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COLLIER COUNTY PUBLIC SCHOOLS 5775 OSCEOLA TRAIL NAPLES, FL 34109	59-2663954	501(C)(3)	35,000.	0.			TO HELP HOMELESS STUDENTS & THEIR FAMILIES AFFECTED BY HURRICANE IRMA
COLLIER COUNTY PUBLIC SCHOOLS 5775 OSCEOLA TRAIL NAPLES, FL 34109	59-2663954	501(C)(3)	5,000.	0.			VGO ROBOT FOR SICK CHILDREN
COLLIER COUNTY PUBLIC SCHOOLS-LAWS OF LIFE CONTEST - 5775 OSCEOLA TRAIL, DEP. 9223 - NAPLES, FL 34109	59-2663954	501(C)(3)	7,150.	0.			TO SUPPORT THE LAWS OF LIFE PROGRAM
COLLIER HARVEST FOUNDATION P. O. BOX 11143 NAPLES, FL 34101	65-0307084	501(C)(3)	2,000.	0.			CONSULTANT TO HELP LAUNCH INSPIRE YOUR HEART WITH ART FUNDRAISER
COLLIER HARVEST FOUNDATION P. O. BOX 11143 NAPLES, FL 34101	65-0307084	501(C)(3)	5,000.	0.			PURCHASE FOOD & BASIC ITEMS FOR DISASTER RELIEF
COLLIER HARVEST FOUNDATION P. O. BOX 11143 NAPLES, FL 34101	65-0307084	501(C)(3)	11,503.	0.			PURCHASE OF FOOD FOR FOOD PANTRY
COLLIER HARVEST FOUNDATION P. O. BOX 11143 NAPLES, FL 34101	65-0307084	501(C)(3)	600.	0.			UNRESTRICTED USE
COLLIER HARVEST FOUNDATION P. O. BOX 11143 NAPLES, FL 34101	65-0307084	501(C)(3)	91,925.	0.			UNRESTRICTED USE AS PART OF THE MATCHING CAMPAIGN
COLLIER SENIOR RESOURCES 4755 TAMIAAMI TRAIL N., #140 NAPLES, FL 34103	27-0946278	501(C)(3)	14,000.	0.			DIRECT ASSISTANCE FOR NEEDY SENIORS

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COLLIER SENIOR RESOURCES 4755 TAMIAMI TRAIL N., #140 NAPLES, FL 34103	27-0946278	501(C)(3)	15,000.	0.			GIFT CARDS FOR HURRICANE IRMA VICTIMS
COLLIER SENIOR RESOURCES 4755 TAMIAMI TRAIL N., #140 NAPLES, FL 34103	27-0946278	501(C)(3)	700.	0.			GOLDEN GATE SENIOR CENTER
COLLIER SENIOR RESOURCES 4755 TAMIAMI TRAIL N., #140 NAPLES, FL 34103	27-0946278	501(C)(3)	11,503.	0.			PURCHASE OF FOOD FOR FOOD PANTRY
COLLIER SENIOR RESOURCES 4755 TAMIAMI TRAIL N., #140 NAPLES, FL 34103	27-0946278	501(C)(3)	1,000.	0.			TABLES & CHAIRS
COMMUNITY SCHOOL OF NAPLES 13275 LIVINGSTON ROAD NAPLES, FL 34109	59-1920297	501(C)(3)	10,000.	0.			COMMUNITY SCHOOL SCHOLARSHIP PROGRAM.
COMMUNITY SCHOOL OF NAPLES 13275 LIVINGSTON ROAD NAPLES, FL 34109	59-1920297	501(C)(3)	4,227.	0.			SCHOLARSHIPS
COMMUNITY SCHOOL OF NAPLES 13275 LIVINGSTON ROAD NAPLES, FL 34109	59-1920297	501(C)(3)	1,000.	0.			UNRESTRICTED USE
CONSERVANCY OF SOUTHWEST FLORIDA, INC. - 1495 SMITH PRESERVE WAY - NAPLES, FL 34102	59-1157084	501(C)(3)	20,000.	0.			\$10,000-OIL DRILLING ADVOCACY CAMPAIGN AND \$10,000-ESTUARY REPORT CARD
CONSERVANCY OF SOUTHWEST FLORIDA, INC. - 1495 SMITH PRESERVE WAY - NAPLES, FL 34102	59-1157084	501(C)(3)	3,000.	0.			ANNUAL APPEAL

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CONSERVANCY OF SOUTHWEST FLORIDA, INC. - 1495 SMITH PRESERVE WAY - NAPLES, FL 34102	59-1157084	501(C)(3)	250.	0.			ANNUAL CONTRIBUTION
CONSERVANCY OF SOUTHWEST FLORIDA, INC. - 1495 SMITH PRESERVE WAY - NAPLES, FL 34102	59-1157084	501(C)(3)	2,000.	0.			EDUCATION DEPARTMENT
CONSERVANCY OF SOUTHWEST FLORIDA, INC. - 1495 SMITH PRESERVE WAY - NAPLES, FL 34102	59-1157084	501(C)(3)	1,000.	0.			FUND A NEED
CONSERVANCY OF SOUTHWEST FLORIDA, INC. - 1495 SMITH PRESERVE WAY - NAPLES, FL 34102	59-1157084	501(C)(3)	200.	0.			GENERAL PURPOSES
CONSERVANCY OF SOUTHWEST FLORIDA, INC. - 1495 SMITH PRESERVE WAY - NAPLES, FL 34102	59-1157084	501(C)(3)	42,000.	0.			GEOTHERMAL SYSTEM
CONSERVANCY OF SOUTHWEST FLORIDA, INC. - 1495 SMITH PRESERVE WAY - NAPLES, FL 34102	59-1157084	501(C)(3)	50,000.	0.			LIVE FUND A NEED
CONSERVANCY OF SOUTHWEST FLORIDA, INC. - 1495 SMITH PRESERVE WAY - NAPLES, FL 34102	59-1157084	501(C)(3)	12,000.	0.			NATURE CENTER 2.0 PLANNING
CONSERVANCY OF SOUTHWEST FLORIDA, INC. - 1495 SMITH PRESERVE WAY - NAPLES, FL 34102	59-1157084	501(C)(3)	10,000.	0.			UNRESTRICTED - IRMA APPEAL
CONSERVANCY OF SOUTHWEST FLORIDA, INC. - 1495 SMITH PRESERVE WAY - NAPLES, FL 34102	59-1157084	501(C)(3)	75,387.	0.			UNRESTRICTED USE

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CONSERVANCY OF SOUTHWEST FLORIDA, INC. - 1495 SMITH PRESERVE WAY - NAPLES, FL 34102	59-1157084	501(C)(3)	500.	0.			WILDLIFE HOSPITAL
CORTLAND COLLEGE FOUNDATION, INC. P. O. BOX 2000 CORTLAND, NY 13045	16-0979814	501(C)(3)	33,000.	0.			CORTLAND'S URBAN TEACHER EDUCATION SCHOLARSHIPS
COUNCIL FOR NATIVE HAWAIIAN ADVANCEMENT - 2149 LAUWILIWILI, #200 - KAPOLEI, HI 96707	91-0313383	501(C)(3)	10,000.	0.			HAWAIIAN WAY FUND
COVENANT HOUSE FLORIDA, INC. 733 BREAKERS AVENUE FORT LAUDERDALE, FL 33304	59-2323607	501(C)(3)	7,000.	0.			TO SUPPORT WORK WITH TEENS IN DISTRESS IN SOUTH FLORIDA
CRETIN-DERHAM HALL HIGH SCHOOL 550 S. ALBERT STREET ST. PAUL, MN 55116	41-1570394	501(C)(3)	21,000.	0.			MATCHING GRANT
CRISIS ASSISTANCE MINISTRY 500-A SPRATT STREET CHARLOTTE, NC 28206	56-1416719	501(C)(3)	5,000.	0.			GENERAL FUND
DAVID LAWRENCE MENTAL HEALTH CENTER, INC. - 6075 BATHEY LANE - NAPLES, FL 34116	59-2206025	501(C)(3)	5,000.	0.			2018 DLC GALA
DAVID LAWRENCE MENTAL HEALTH CENTER, INC. - 6075 BATHEY LANE - NAPLES, FL 34116	59-2206025	501(C)(3)	20,000.	0.			CHILDREN'S CRISIS STABILIZATION HOLISTIC WELLNESS PROGRAM
DAVID LAWRENCE MENTAL HEALTH CENTER, INC. - 6075 BATHEY LANE - NAPLES, FL 34116	59-2206025	501(C)(3)	20,000.	0.			PRE AND POSTPARTUM ADDICTION SERVICES

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DAVID LAWRENCE MENTAL HEALTH CENTER, INC. - 6075 BATHEY LANE - NAPLES, FL 34116	59-2206025	501(C)(3)	19,200.	0.			UNRESTRICTED USE
DAVID'S REFUGE 8195 CAZENOVIA RD. MANLIUS, NY 13104	45-3686680	501(C)(3)	22,000.	0.			GENERAL FUND
DAVID'S REFUGE 8195 CAZENOVIA RD. MANLIUS, NY 13104	45-3686680	501(C)(3)	2,250.	0.			UNRESTRICTED USE
DR. PIPER CENTER FOR SOCIAL SERVICES, INC. - 2607 DR. ELLA PIPER WAY - FT. MYERS, FL 33916	65-0788551	501(C)(3)	17,500.	0.			FOR FOSTER GRANDPARENTS AND SENIOR COMPANION PROGRAM
DUNELM USA 5803 LINDEN SQUARE COURT N. BETHESDA, MD 20852-5507	52-1775682	501(C)(3)	25,000.	0.			HATFIELD TRUST'S ROBIN T WHITE 1956 BURSARY FUND
EDUCATION FOUNDATION - CHAMPIONS FOR LEARNING - 3606 ENTERPRISE AVENUE, #150 - NAPLES, FL 34104	65-0230582	501(C)(3)	207,500.	0.			FUTURE READY COLLIER
EDUCATION FOUNDATION - CHAMPIONS FOR LEARNING - 3606 ENTERPRISE AVENUE, #150 - NAPLES, FL 34104	65-0230582	501(C)(3)	50,000.	0.			FUTURE READY COLLIER - PARENT OUTREACH INITIATIVE
EDUCATION FOUNDATION - CHAMPIONS FOR LEARNING - 3606 ENTERPRISE AVENUE, #150 - NAPLES, FL 34104	65-0230582	501(C)(3)	15,000.	0.			GIFTED STUDENT PROGRAM DEVELOPMENT
EDUCATION FOUNDATION - CHAMPIONS FOR LEARNING - 3606 ENTERPRISE AVENUE, #150 - NAPLES, FL 34104	65-0230582	501(C)(3)	10,000.	0.			LOBBY ENTRANCE

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EDUCATION FOUNDATION - CHAMPIONS FOR LEARNING - 3606 ENTERPRISE AVENUE, #150 - NAPLES, FL 34104	65-0230582	501(C)(3)	1,000.	0.			SCHOLARSHIPS
EDUCATION FOUNDATION - CHAMPIONS FOR LEARNING - 3606 ENTERPRISE AVENUE, #150 - NAPLES, FL 34104	65-0230582	501(C)(3)	20,000.	0.			TAKE STOCK IN EDUCATION SCHOLARSHIP
EDUCATION FOUNDATION - CHAMPIONS FOR LEARNING - 3606 ENTERPRISE AVENUE, #150 - NAPLES, FL 34104	65-0230582	501(C)(3)	6,000.	0.			THREE FSW/TAKE STOCK SCHOLARSHIPS
EDUCATION FOUNDATION - CHAMPIONS FOR LEARNING - 3606 ENTERPRISE AVENUE, #150 - NAPLES, FL 34104	65-0230582	501(C)(3)	23,370.	0.			TO SUPPORT & ENHANCE MUSIC EDUCATION IN COLLIER CO. PUBLIC SCHOOL SYSTEM
EDUCATION FOUNDATION - CHAMPIONS FOR LEARNING - 3606 ENTERPRISE AVENUE, #150 - NAPLES, FL 34104	65-0230582	501(C)(3)	4,000.	0.			TRANSPORTATION, GLASS SLIPPER AND ANNUAL FUND SUPPORT
EDUCATION FOUNDATION - CHAMPIONS FOR LEARNING - 3606 ENTERPRISE AVENUE, #150 - NAPLES, FL 34104	65-0230582	501(C)(3)	7,462.	0.			UNRESTRICTED USE
ETERNAL PERSPECTIVE MINISTRIES 39085 PIONEER BLVD., #206 SANDY, OR 97055	94-3125475	501(C)(3)	5,000.	0.			GENERAL FUND
EVANS SCHOLARS FOUNDATION ONE BRIAR ROAD GOLF, IL 60029	36-2518129	501(C)(3)	5,000.	0.			UNRESTRICTED USE
EVERGLADES COMMUNITY CHURCH - FOOD PANTRY - 1010 COPELAND AVENUE S. - EVERGLADES CITY, FL 34139		501(C)(3)	11,503.	0.			PURCHASE OF FOOD FOR FOOD PANTRY

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FARM AID 501 CAMBRIDGE STREET CAMBRIDGE, MA 02141	36-3383233	501(C)(3)	30,000.	0.			FAMILY FARM DISASTER FUND FOR HURRICANES
FINGER LAKES LAND TRUST 202 E. COURT STREET ITHACA, NY 14850	22-2983688	501(C)(3)	50,000.	0.			LAND ACQUISITION
FINGER LAKES LAND TRUST 202 E. COURT STREET ITHACA, NY 14850	22-2983688	501(C)(3)	5,000.	0.			UNRESTRICTED USE
FIRST BAPTIST CHURCH OF MARCO ISLAND - 1450 WINTERBERRY DR. - MARCO ISLAND, FL 34145	59-1972918	501(C)(3)	1,100.	0.			HURRICANE RELIEF FOR OUR DAILY BREAD
FIRST BAPTIST CHURCH OF MARCO ISLAND - 1450 WINTERBERRY DR. - MARCO ISLAND, FL 34145	59-1972918	501(C)(3)	2,375.	0.			OUR DAILY BREAD FOOD PANTRY - HURRICANE IRMA DISASTER RELIEF
FIRST BAPTIST CHURCH OF MARCO ISLAND - 1450 WINTERBERRY DR. - MARCO ISLAND, FL 34145	59-1972918	501(C)(3)	11,503.	0.			PURCHASE OF FOOD FOR FOOD PANTRY
FIRST BAPTIST CHURCH OF NAPLES, INC. - 3000 ORANGE BLOSSOM DRIVE - NAPLES, FL 34109	59-0799902	501(C)(3)	5,000.	0.			ALL IN CAMPAIGN
FIRST BOOK 1319 F. STREET NW, #1000 WASHINGTON, DC 20004	52-1779606	501(C)(3)	13,565.	0.			BOOKS FOR COLLIER STUDENTS
FISCHING 4 CHANGE 310 PLYMOUTH PLYMOUTH, WI 53073	82-2551375	501(C)(3)	100,000.	0.			REMOVAL OF ASIAN CARP FROM INFESTED WATERS AND FOR THE CONSTRUCTION OF A SPECIALIZED BOAT

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FLORIDA CERT ASSOCIATION 1885 VETERANS PARK DRIVE NAPLES, FL 34109	01-0764856	501(C)(3)	5,000.	0.			SPONSOR FOR CERT STRONG 2018 NATIONAL CONFERENCE
FLORIDA CITIZENS' ALLIANCE P.O. BOX 697 MARCO ISLAND, FL 34146	46-3854467	501(C)(3)	10,000.	0.			EDUCATION IN AMERICA
FLORIDA CONFERENCE OF THE UNITED METHODIST CHURCH, INC. - 450 MARTIN LUTHER KING JR. AVENUE - LAKELAND, FL 33815	59-0904361	501(C)(3)	29,379.	0.			HURRICANE IRMA RELIEF
FLORIDA CONFERENCE OF THE UNITED METHODIST CHURCH, INC. - 450 MARTIN LUTHER KING JR. AVENUE - LAKELAND, FL 33815	59-0904361	501(C)(3)	15,000.	0.			UMCOR: GOODLAND DISASTER RELIEF EFFORT
FLORIDA DENTAL ASSOCIATION FOUNDATION - 1111 E. TENNESSEE STREET - TALLAHASSEE, FL 32308	59-2019148	501(C)(3)	5,000.	0.			FLA-MOM SILVER SPONSORSHIP
FLORIDA GULF COAST UNIVERSITY FOUNDATION, INC. - 10501 FGCU BLVD. S - FT. MYERS, FL 33965-6565	65-0403969	501(C)(3)	20,000.	0.			ENGINEERING SCHOLARSHIPS
FLORIDA GULF COAST UNIVERSITY FOUNDATION, INC. - 10501 FGCU BLVD. S - FT. MYERS, FL 33965-6565	65-0403969	501(C)(3)	10,000.	0.			FBO BOWER SCHOOL OF MUSIC - MARILYN KOREST MUSIC THERAPY SCHOLARSHIP FUND
FLORIDA GULF COAST UNIVERSITY FOUNDATION, INC. - 10501 FGCU BLVD. S - FT. MYERS, FL 33965-6565	65-0403969	501(C)(3)	200.	0.			MARIEB COLLEGE OF HEALTH & HUMAN SERVICE COMMUNITY RELIEF FUND
FLORIDA GULF COAST UNIVERSITY FOUNDATION, INC. - 10501 FGCU BLVD. S - FT. MYERS, FL 33965-6565	65-0403969	501(C)(3)	22,363.	0.			NATIONAL SUMMER TRANSPORTATION INSTITUTE

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FLORIDA GULF COAST UNIVERSITY FOUNDATION, INC. - 10501 FGCU BLVD. S - FT. MYERS, FL 33965-6565	65-0403969	501(C)(3)	5,000.	0.			RUTH & G. BURT HOLMES RESTRICTED SCHOLARSHIP FUND
FLORIDA PHILANTHROPIC NETWORK, INC. - 5421 BEAUMONT CENTER DRIVE, #655 - TAMPA, FL 33634	20-1328734	501(C)(3)	5,000.	0.			FWFA MENTAL HEALTH REPORT
FLORIDA PHILANTHROPIC NETWORK, INC. - 5421 BEAUMONT CENTER DRIVE, #655 - TAMPA, FL 33634	20-1328734	501(C)(3)	1,000.	0.			SUMMER CONFERENCE 2018
FLORIDA PHILANTHROPIC NETWORK, INC. - 5421 BEAUMONT CENTER DRIVE, #655 - TAMPA, FL 33634	20-1328734	501(C)(3)	5,000.	0.			YEAR 3 COMMITMENT TO THE STATUS OF WOMEN IN FLORIDA REPORT
FOCUS ON THE FAMILY 8605 EXPLORER DRIVE COLORADO SPRINGS, CO 80920	95-3188150	501(C)(3)	5,000.	0.			"THE GIFT OF FAMILY" DOUBLE MY GIFT CAMPAIGN
FREE WHEELCHAIR MISSION 15259 ALTON PARKWAY, #300 IRVINE, CA 92618	31-1781635	501(C)(3)	50,000.	0.			TESTING LAB
FRIENDS OF ASCENSION CATHOLIC SCHOOL - 1723 BRYANT AVENUE N. - MINNEAPOLIS, MN 55411	27-1530388	501(C)(3)	100,000.	0.			MICHAEL J. O'CONNELL SCHOLARSHIP FUND
FRIENDS OF EAST AFRICA FOUNDATION 2130 SUMMIT AVENUE ST. PAUL, MN 55105	46-1673385	501(C)(3)	10,000.	0.			UNRESTRICTED USE
FRIENDS OF FOSTER CHILDREN FOREVER 2675 HORSESHOE DRIVE S., #402 NAPLES, FL 34104	59-3598933	501(C)(3)	2,500.	0.			FFCF BOARD RETREAT AND STRATEGIC PLANNING PROCESS

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FRIENDS OF FOSTER CHILDREN FOREVER 2675 HORSESHOE DRIVE S., #402 NAPLES, FL 34104	59-3598933	501(C)(3)	500.	0.			MENTORING
FRIENDS OF FOSTER CHILDREN FOREVER 2675 HORSESHOE DRIVE S., #402 NAPLES, FL 34104	59-3598933	501(C)(3)	10,000.	0.			PRESCHOOL EDUCATION PROGRAM
FRIENDS OF FOSTER CHILDREN FOREVER 2675 HORSESHOE DRIVE S., #402 NAPLES, FL 34104	59-3598933	501(C)(3)	3,700.	0.			UNRESTRICTED USE
FRIENDS OF FOSTER CHILDREN FOREVER 2675 HORSESHOE DRIVE S., #402 NAPLES, FL 34104	59-3598933	501(C)(3)	150.	0.			WHERE MOST NEEDED
FRIENDS OF ROOKERY BAY 300 TOWER ROAD NAPLES, FL 34113	65-0094703	501(C)(3)	10,000.	0.			FOR THE 4TH AND 7TH GRADE ENVIRONMENT PROGRAMS IN COLLIER COUNTY PUBLIC SCHOOLS
FRIENDS OF ROOKERY BAY 300 TOWER ROAD NAPLES, FL 34113	65-0094703	501(C)(3)	500.	0.			NATURAL RESOURCE MANAGEMENT
FRIENDS OF ROOKERY BAY 300 TOWER ROAD NAPLES, FL 34113	65-0094703	501(C)(3)	4,000.	0.			UNRESTRICTED USE
FUN TIME EARLY CHILDHOOD ACADEMY, INC. - 102 12TH STREET N. - NAPLES, FL 34102	59-1039978	501(C)(3)	13,200.	0.			ANNUAL APPEAL
FUN TIME EARLY CHILDHOOD ACADEMY, INC. - 102 12TH STREET N. - NAPLES, FL 34102	59-1039978	501(C)(3)	1,000.	0.			ANNUAL FUND

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FUN TIME EARLY CHILDHOOD ACADEMY, INC. - 102 12TH STREET N. - NAPLES, FL 34102	59-1039978	501(C)(3)	500.	0.			SCHOLARSHIPS
FUN TIME EARLY CHILDHOOD ACADEMY, INC. - 102 12TH STREET N. - NAPLES, FL 34102	59-1039978	501(C)(3)	14,000.	0.			SCHOLARSHIPS FOR DISADVANTAGED AFRICAN AMERICAN STUDENTS
FUN TIME EARLY CHILDHOOD ACADEMY, INC. - 102 12TH STREET N. - NAPLES, FL 34102	59-1039978	501(C)(3)	2,500.	0.			TO BENEFIT 2018 FUN TIME EVENT
FUN TIME EARLY CHILDHOOD ACADEMY, INC. - 102 12TH STREET N. - NAPLES, FL 34102	59-1039978	501(C)(3)	15,400.	0.			TUITION ASSISTANCE
FUN TIME EARLY CHILDHOOD ACADEMY, INC. - 102 12TH STREET N. - NAPLES, FL 34102	59-1039978	501(C)(3)	2,000.	0.			UNRESTRICTED USE
GARGIULO EDUCATION CENTER 1414 RAIL HEAD BLVD. NAPLES, FL 34110	46-5416212	501(C)(3)	4,197.	0.			EQUIPMENT FOR STEAM AND ROBOTICS
GARGIULO EDUCATION CENTER 1414 RAIL HEAD BLVD. NAPLES, FL 34110	46-5416212	501(C)(3)	10,000.	0.			S.T.E.A.M. AFTERSCHOOL ENRICHMENT FOR STUDENTS OF MIGRANT FAMILIES
GIANNA HOMES 14451 HIGHWAY 7, #113 MINNETONKA, MN 55345	41-2005063	501(C)(3)	5,000.	0.			GENERAL SUPPORT
GIST CANCER RESEARCH FUND 3905 N.E. 167TH STREET AVENTURA, FL 33160	13-4182988	501(C)(3)	175,000.	0.			CANCER RESEARCH

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GOLISANO CHILDREN'S MUSEUM OF NAPLES - 15080 LIVINGSTON ROAD - NAPLES, FL 34109	01-0687133	501(C)(3)	5,000.	0.			UNRESTRICTED USE
GRACE PLACE FOR CHILDREN AND FAMILIES, INC. - P.O. BOX 990531 - NAPLES, FL 34116	65-1229558	501(C)(3)	20,000.	0.			AP LEADERSHIP PROGRAM
GRACE PLACE FOR CHILDREN AND FAMILIES, INC. - P.O. BOX 990531 - NAPLES, FL 34116	65-1229558	501(C)(3)	125,000.	0.			CONSTRUCTION OF NEW BUILDING
GRACE PLACE FOR CHILDREN AND FAMILIES, INC. - P.O. BOX 990531 - NAPLES, FL 34116	65-1229558	501(C)(3)	30,000.	0.			GIFT CARDS FOR HURRICANE IRMA VICTIMS
GRACE PLACE FOR CHILDREN AND FAMILIES, INC. - P.O. BOX 990531 - NAPLES, FL 34116	65-1229558	501(C)(3)	5,000.	0.			HURRICANE IRMA RELIEF
GRACE PLACE FOR CHILDREN AND FAMILIES, INC. - P.O. BOX 990531 - NAPLES, FL 34116	65-1229558	501(C)(3)	11,503.	0.			PURCHASE OF FOOD FOR FOOD PANTRY
GRACE PLACE FOR CHILDREN AND FAMILIES, INC. - P.O. BOX 990531 - NAPLES, FL 34116	65-1229558	501(C)(3)	500.	0.			SUMMER INTERN
GRACE PLACE FOR CHILDREN AND FAMILIES, INC. - P.O. BOX 990531 - NAPLES, FL 34116	65-1229558	501(C)(3)	7,403.	0.			UNRESTRICTED USE
GREAT LAKES CHRISTIAN COLLEGE 6211 W. WILLOW HIGHWAY LANSING, MI 48917	38-6080947	501(C)(3)	10,828.	0.			UNRESTRICTED USE

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GREATER HOUSTON COMMUNITY FOUNDATION - 5120 WOODWAY DRIVE, #6000 - HOUSTON, TX 77056	23-7160400	501(C)(3)	61,350.	0.			HURRICANE HARVEY DISASTER RELIEF FUND
GREATER MARCO FAMILY YMCA, INC. P.O. BOX 2529 MARCO ISLAND, FL 34146-2529	59-2498619	501(C)(3)	10,000.	0.			AFTERSCHOOL PROGRAM
GREATER MARCO FAMILY YMCA, INC. P.O. BOX 2529 MARCO ISLAND, FL 34146-2529	59-2498619	501(C)(3)	20,000.	0.			GENERAL USE
GREATER MARCO FAMILY YMCA, INC. P.O. BOX 2529 MARCO ISLAND, FL 34146-2529	59-2498619	501(C)(3)	2,500.	0.			HURRICANE IRMA EMPLOYEE RELIEF
GREATER MARCO FAMILY YMCA, INC. P.O. BOX 2529 MARCO ISLAND, FL 34146-2529	59-2498619	501(C)(3)	1,029.	0.			HURRICANE IRMA RELIEF
GREATER MARCO FAMILY YMCA, INC. P.O. BOX 2529 MARCO ISLAND, FL 34146-2529	59-2498619	501(C)(3)	10,000.	0.			SERVICES IN GOODLAND AREA
GREATER MARCO FAMILY YMCA, INC. P.O. BOX 2529 MARCO ISLAND, FL 34146-2529	59-2498619	501(C)(3)	1,000.	0.			SWIMMING LESSONS FOR ECONOMICALLY NEEDY CHILDREN
GUADALUPE CENTER, INC. 509 HOPE CIRCLE IMMOKALEE, FL 34142	59-2617151	501(C)(3)	488.	0.			BENEFIT THE AFTERSCHOOL PROGRAM
GUADALUPE CENTER, INC. 509 HOPE CIRCLE IMMOKALEE, FL 34142	59-2617151	501(C)(3)	500.	0.			BREAKING THE CYCLE OF POVERTY

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GUADALUPE CENTER, INC. 509 HOPE CIRCLE IMMOKALEE, FL 34142	59-2617151	501(C)(3)	500.	0.			EARLY EDUCATION STIPENDS FOR TWO TEACHERS
GUADALUPE CENTER, INC. 509 HOPE CIRCLE IMMOKALEE, FL 34142	59-2617151	501(C)(3)	750.	0.			EDUCATION
GUADALUPE CENTER, INC. 509 HOPE CIRCLE IMMOKALEE, FL 34142	59-2617151	501(C)(3)	10,000.	0.			GIFT CARDS FOR HURRICANE IRMA VICTIMS
GUADALUPE CENTER, INC. 509 HOPE CIRCLE IMMOKALEE, FL 34142	59-2617151	501(C)(3)	500.	0.			SUMMER INTERN
GUADALUPE CENTER, INC. 509 HOPE CIRCLE IMMOKALEE, FL 34142	59-2617151	501(C)(3)	500.	0.			THE G-A-P PROGRAM
GUADALUPE CENTER, INC. 509 HOPE CIRCLE IMMOKALEE, FL 34142	59-2617151	501(C)(3)	12,056.	0.			UNRESTRICTED USE
GUADALUPE SOCIAL SERVICES P.O. BOX 5034 IMMOKALEE, FL 34143	59-2473176	501(C)(3)	7,000.	0.			FEEDING THE POOR
GUARDIAN ANGELS MEDICAL SERVICE DOGS - 3251 NE 180TH AVENUE - WILLISTON, FL 32696	27-2667123	501(C)(3)	5,000.	0.			UNRESTRICTED USE
GUIDING STAR BAPTIST CHURCH 2724 W. MUHAMMAD ALI BLVD. LOUISVILLE, KY 40212		501(C)(3)	10,000.	0.			UNRESTRICTED USE

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GULF COMMUNITY CHURCH 4522 EXECUTIVE DRIVE NAPLES, FL 34119	47-5097188	501(C)(3)	5,000.	0.			UNRESTRICTED USE
GULFSHORE OPERA, INC. 3281 GOLDEN GATE BLVD. WEST NAPLES, FL 34120-3001	47-0989874	501(C)(3)	5,000.	0.			UNDERWRITING FOR LA TRAVIATA
GULFSHORE PLAYHOUSE 1010 FIFTH AVENUE SOUTH, #205 NAPLES, FL 34102-6942	90-0178566	501(C)(3)	11,000.	0.			THEATER PROGRAM IN THE CLASSROOM IN PARTNERSHIP WITH THE HOLOCAUST MUSUEM
GULFSHORE PLAYHOUSE 1010 FIFTH AVENUE SOUTH, #205 NAPLES, FL 34102-6942	90-0178566	501(C)(3)	500.	0.			UNRESTRICTED USE
HABITAT FOR HUMANITY INTERNATIONAL, INC. - 121 HABITAT STREET - AMERICUS, GA 31709-3498	91-1914868	501(C)(3)	10,000.	0.			HURRICANE HARVEY RELIEF FUND
HABITAT FOR HUMANITY OF COLLIER COUNTY - 11145 TAMIAMI TRAIL E. - NAPLES, FL 34113	59-1834379	501(C)(3)	1,500.	0.			AFFORDABLE HOUSING
HABITAT FOR HUMANITY OF COLLIER COUNTY - 11145 TAMIAMI TRAIL E. - NAPLES, FL 34113	59-1834379	501(C)(3)	10,000.	0.			BUILDING OF A HOME
HABITAT FOR HUMANITY OF COLLIER COUNTY - 11145 TAMIAMI TRAIL E. - NAPLES, FL 34113	59-1834379	501(C)(3)	55,000.	0.			CONSTRUCTION OF A NEW HOUSE.
HABITAT FOR HUMANITY OF COLLIER COUNTY - 11145 TAMIAMI TRAIL E. - NAPLES, FL 34113	59-1834379	501(C)(3)	25,000.	0.			DISASTER RELIEF OR GENERAL CONSTRUCTION

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HABITAT FOR HUMANITY OF COLLIER COUNTY - 11145 TAMIAMI TRAIL E. - NAPLES, FL 34113	59-1834379	501(C)(3)	200,000.	0.			EVERGLADES CITY STILT HOMES
HABITAT FOR HUMANITY OF COLLIER COUNTY - 11145 TAMIAMI TRAIL E. - NAPLES, FL 34113	59-1834379	501(C)(3)	3,500.	0.			GENERAL FUND
HABITAT FOR HUMANITY OF COLLIER COUNTY - 11145 TAMIAMI TRAIL E. - NAPLES, FL 34113	59-1834379	501(C)(3)	5,000.	0.			GIVE TO THE MAX DONATION
HABITAT FOR HUMANITY OF COLLIER COUNTY - 11145 TAMIAMI TRAIL E. - NAPLES, FL 34113	59-1834379	501(C)(3)	11,000.	0.			HOME CONSTRUCTION AND IRMA RELIEF
HABITAT FOR HUMANITY OF COLLIER COUNTY - 11145 TAMIAMI TRAIL E. - NAPLES, FL 34113	59-1834379	501(C)(3)	5,000.	0.			HOPE HOUSE 19
HABITAT FOR HUMANITY OF COLLIER COUNTY - 11145 TAMIAMI TRAIL E. - NAPLES, FL 34113	59-1834379	501(C)(3)	150,000.	0.			HOUSING REPAIRS FOR HURRICANE IRMA VICTIMS
HABITAT FOR HUMANITY OF COLLIER COUNTY - 11145 TAMIAMI TRAIL E. - NAPLES, FL 34113	59-1834379	501(C)(3)	7,500.	0.			HURRICANE IRMA GIFT CARDS
HABITAT FOR HUMANITY OF COLLIER COUNTY - 11145 TAMIAMI TRAIL E. - NAPLES, FL 34113	59-1834379	501(C)(3)	382,923.	0.			HURRICANE IRMA RELIEF
HABITAT FOR HUMANITY OF COLLIER COUNTY - 11145 TAMIAMI TRAIL E. - NAPLES, FL 34113	59-1834379	501(C)(3)	500,000.	0.			LAND PURCHASE

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HABITAT FOR HUMANITY OF COLLIER COUNTY - 11145 TAMiami TRAIL E. - NAPLES, FL 34113	59-1834379	501(C)(3)	25,235.	0.			UNRESTRICTED USE
HARRY CHAPIN FOOD BANK 3760 FOWLER STREET FT. MYERS, FL 33901	59-2332120	501(C)(3)	250.	0.			ANNUAL CONTRIBUTION
HARRY CHAPIN FOOD BANK 3760 FOWLER STREET FT. MYERS, FL 33901	59-2332120	501(C)(3)	75,000.	0.			EMERGENCY FOOD FOR HURRICANE IRMA VICTIMS
HARRY CHAPIN FOOD BANK 3760 FOWLER STREET FT. MYERS, FL 33901	59-2332120	501(C)(3)	200.	0.			GENERAL PURPOSES
HARRY CHAPIN FOOD BANK 3760 FOWLER STREET FT. MYERS, FL 33901	59-2332120	501(C)(3)	8,000.	0.			MEALS FOR THE NEEDY
HARRY CHAPIN FOOD BANK 3760 FOWLER STREET FT. MYERS, FL 33901	59-2332120	501(C)(3)	1,000.	0.			PEOPLE IN NEED IN COLLIER COUNTY
HARRY CHAPIN FOOD BANK 3760 FOWLER STREET FT. MYERS, FL 33901	59-2332120	501(C)(3)	11,503.	0.			PURCHASE OF FOOD AND FOOD DISTRIBUTION TO PANTRIES IN COLLIER COUNTY
HARRY CHAPIN FOOD BANK 3760 FOWLER STREET FT. MYERS, FL 33901	59-2332120	501(C)(3)	1,500.	0.			TO HELP DEFRAY THE NEW LOCATION COSTS
HARRY CHAPIN FOOD BANK 3760 FOWLER STREET FT. MYERS, FL 33901	59-2332120	501(C)(3)	6,400.	0.			UNRESTRICTED USE

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HEALTHCARE NETWORK OF SOUTHWEST FLORIDA FOUNDATION - 3555 KRAFT ROAD, #100 - NAPLES, FL 34105	26-0229508	501(C)(3)	1,500.	0.			GOLDEN GATE CAPITAL CAMPAIGN
HEALTHCARE NETWORK OF SOUTHWEST FLORIDA FOUNDATION - 3555 KRAFT ROAD, #100 - NAPLES, FL 34105	26-0229508	501(C)(3)	1,000.	0.			HEALTH & SMILES MOBILE
HEALTHCARE NETWORK OF SOUTHWEST FLORIDA FOUNDATION - 3555 KRAFT ROAD, #100 - NAPLES, FL 34105	26-0229508	501(C)(3)	6,600.	0.			RONALD MCDONALD CARE MOBILE
HEALTHCARE NETWORK OF SOUTHWEST FLORIDA FOUNDATION - 3555 KRAFT ROAD, #100 - NAPLES, FL 34105	26-0229508	501(C)(3)	23,500.	0.			SUPPORT OF IMMOKALEE DENTAL PROGRAM FOR HOMEBOUND SENIORS
HEALTHCARE NETWORK OF SOUTHWEST FLORIDA FOUNDATION - 3555 KRAFT ROAD, #100 - NAPLES, FL 34105	26-0229508	501(C)(3)	241.	0.			UNRESTRICTED USE
HEALTHCARE NETWORK OF SOUTHWEST FLORIDA - 1454 MADISON AVENUE - IMMOKALEE, FL 34142	59-1741277	501(C)(3)	60,000.	0.			GENERAL OPERATIONS
HEART TO HEART INTERNATIONAL 13250 W 98TH STREET LENEXA, KS 66215	48-1108359	501(C)(3)	10,000.	0.			TEXAS FLOOD RELIEF
HELP A DIABETIC CHILD, INC. P. O. BOX 110161 NAPLES, FL 34108	46-1652118	501(C)(3)	462.	0.			INSULIN SUPPLIES FOR CHILDREN
HELP A DIABETIC CHILD, INC. P. O. BOX 110161 NAPLES, FL 34108	46-1652118	501(C)(3)	4,100.	0.			SUPPLIES AND SERVICES INITIATIVE

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HELP A DIABETIC CHILD, INC. P. O. BOX 110161 NAPLES, FL 34108	46-1652118	501(C)(3)	1,000.	0.			TO ASSIST CHILDREN WITH TYPE 1 DIABETES
HELP A DIABETIC CHILD, INC. P. O. BOX 110161 NAPLES, FL 34108	46-1652118	501(C)(3)	200.	0.			UNRESTRICTED USE
HISTORICAL SOCIETY OF WESTERN PENNSYLVANIA - 1212 SMALLMAN STREET - PITTSBURGH, PA 15222	25-0965391	501(C)(3)	63,687.	0.			MEADOWCROFT MUSEUM
HODGES UNIVERSITY 2655 NORTHBROOKE DRIVE NAPLES, FL 34119		501(C)(3)	50,000.	0.			POLY-TECHNICAL SCHOOL FEASIBILITY STUDY
HODGES UNIVERSITY 2655 NORTHBROOKE DRIVE NAPLES, FL 34119		501(C)(3)	5,000.	0.			VITAL SIGNS 2017 REPORT
HOLLINS UNIVERSITY CORPORATION BOX 9629, 7916 WILLIAMSON ROAD ROANOKE, VA 24020	54-0506314	501(C)(3)	9,000.	0.			UNRESTRICTED USE
HOLOCAUST MUSEUM OF SOUTHWEST FLORIDA, INC. - 4760 TAMIAMI TRAIL N., #7 - NAPLES, FL 34103	59-3740883	501(C)(3)	5,000.	0.			FOR THE MATCHING CHALLENGE
HOLOCAUST MUSEUM OF SOUTHWEST FLORIDA, INC. - 4760 TAMIAMI TRAIL N., #7 - NAPLES, FL 34103	59-3740883	501(C)(3)	250.	0.			UNRESTRICTED USE
HOOD COLLEGE OF FREDERICK MARYLAND 401 ROSEMONT AVENUE FREDERICK, MD 21701	52-0591608	501(C)(3)	10,000.	0.			SCHOLARSHIPS IN MATH AND SCIENCE

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HOPE FOR FAMILIES MINISTRY CORP. 4349 21ST AVENUE SW NAPLES, FL 34116	47-1077982	501(C)(3)	2,500.	0.			CONSULTANT TO HELP WITH DEVELOPMENT OF STRATEGIC PLAN AND BOARD GOVERNANCE
HOPE FOR FAMILIES MINISTRY CORP. 4349 21ST AVENUE SW NAPLES, FL 34116	47-1077982	501(C)(3)	15,000.	0.			SKILL BUILDING CLASSES FOR JOB MARKET SUCCESS
HORIZONS - A FAMILY SERVICE ALLIANCE - 819 5TH STREET SE - CEDAR RAPIDS, IA 52406-0667	42-1135083	501(C)(3)	20,975.	0.			PURCHASE OF A MEALS ON WHEELS VAN
HUMANE SOCIETY OF COLLIER COUNTY 370 AIRPORT PULLING ROAD NORTH NAPLES, FL 34104	59-1033966	501(C)(3)	25,138.	0.			UNRESTRICTED USE
HUNTSVILLE SYMPHONY ORCHESTRA ASSOCIATION - P. O. BOX 2400 - HUNTSVILLE, AL 35804	63-0463802	501(C)(3)	5,000.	0.			OPERATING FUND FOR 2018-19
IN TOUCH MINISTRIES P.O. BOX 7900 ATLANTA, GA 30357	58-1495310	501(C)(3)	10,000.	0.			MESSENGER LAB FOR CHRISTIAN MINISTRY
IN TOUCH MINISTRIES P.O. BOX 7900 ATLANTA, GA 30357	58-1495310	501(C)(3)	1,000.	0.			UNRESTRICTED USE
INDIANA UNIVERSITY FOUNDATION P.O. BOX 6460 INDIANAPOLIS, IN 46206	35-6018940	501(C)(3)	3,000.	0.			HOOSIER HUNDRED VARSITY CLUB
INDIANA UNIVERSITY FOUNDATION P.O. BOX 6460 INDIANAPOLIS, IN 46206	35-6018940	501(C)(3)	500.	0.			IRWIN BORISH SCHOLARSHIP FUND

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INDIANA UNIVERSITY FOUNDATION P.O. BOX 6460 INDIANAPOLIS, IN 46206	35-6018940	501(C)(3)	2,000.	0.			WELL HOUSE SOCIETY
INSTITUTE FOR HUMANE STUDIES 3434 WASHINGTON BLVD., MS 1C5 ARLINGTON, VA 22201	94-1623852	501(C)(3)	38,523.	0.			THE SCHOLARSHIP FUND ADMINISTERED BY IHS
INTREPID FALLEN HEROES FUND 1 INTREPID SQUARE NEW YORK, NY 10036	20-0366717	501(C)(3)	50,000.	0.			TO HELP THOSE IN NEED
IRAQ & AFGHANISTAN VETERANS OF AMERICA FOUNDATION, INC. - 119 WEST 40TH STREET, 19TH FL - NEW YORK, NY 10018	20-1664531	501(C)(3)	5,000.	0.			GENERAL SUPPORT
ITECH 508 N. 9TH STREET IMMOKALEE, FL 34142	59-2663954	501(C)(3)	250.	0.			UNRESTRICTED USE
JOE FOSS INSTITUTE, INC. 8925 E. PIMA CENTER PKWY., #100 SCOTTSDALE, AZ 85258-4409	86-1026421	501(C)(3)	5,000.	0.			UNRESTRICTED USE
JOHNS HOPKINS HOUSE P.O. BOX 514 GAMBRILLS, MD 21054	82-1242910	501(C)(3)	100,000.	0.			PURCHASE OF JOHNS HOPKINS ESTATE FOR SAVING AND TURNING INTO MUSEUM
JOHNSON UNIVERSITY FLORIDA 1011 BILL BECK BLVD. KISSIMMEE, FL 34744	62-6001104	501(C)(3)	10,828.	0.			UNRESTRICTED USE
JUDICIAL WATCH, INC. 425 THIRD STREET SW, #800 WASHINGTON, DC 20024	52-1885088	501(C)(3)	1,000.	0.			ANNUAL FUND

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JUDICIAL WATCH, INC. 425 THIRD STREET SW, #800 WASHINGTON, DC 20024	52-1885088	501(C)(3)	500.	0.			GENERAL PURPOSES
JUDICIAL WATCH, INC. 425 THIRD STREET SW, #800 WASHINGTON, DC 20024	52-1885088	501(C)(3)	500.	0.			TO SUPPORT THE GOOD WORK OF JUDICIAL WATCH
JUDICIAL WATCH, INC. 425 THIRD STREET SW, #800 WASHINGTON, DC 20024	52-1885088	501(C)(3)	5,000.	0.			UNRESTRICTED USE
JUNIOR ACHIEVEMENT OF SW FLORIDA 9530 MARKETPLACE ROAD, #302 FT. MYERS, FL 33912	65-0503084	501(C)(3)	2,000.	0.			IMPLEMENTING STRATEGIC MARKETING AND FUNDRAISING INITIATIVES
LAKE BEULAH SAILING SCHOOL INC. P.O. BOX 729 EAST TROY, WI 53120	39-1172460	501(C)(3)	7,810.	0.			UNRESTRICTED USE
LEADERSHIP COLLIER FOUNDATION, INC. - 2390 TAMIAMI TRAIL N., #210 - NAPLES, FL 34103-4484	20-0446620	501(C)(3)	5,000.	0.			INTERN STIPENDS
LEADERSHIP COLLIER FOUNDATION, INC. - 2390 TAMIAMI TRAIL N., #210 - NAPLES, FL 34103-4484	20-0446620	501(C)(3)	25,000.	0.			OPPORTUNITY NAPLES: WORKFORCE HOUSING & WORKFORCE EDUCATION SUSTAINABLE FUNDING STUDY
LEADERSHIP COLLIER FOUNDATION, INC. - 2390 TAMIAMI TRAIL N., #210 - NAPLES, FL 34103-4484	20-0446620	501(C)(3)	35,000.	0.			POLY-TECHNICAL SCHOOL FEASIBILITY STUDY
LEADERSHIP COLLIER FOUNDATION, INC. - 2390 TAMIAMI TRAIL N., #210 - NAPLES, FL 34103-4484	20-0446620	501(C)(3)	500.	0.			SUMMER INTERN

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LEADERSHIP COLLIER FOUNDATION, INC. - 2390 TAMIAMI TRAIL N., #210 - NAPLES, FL 34103-4484	20-0446620	501(C)(3)	5,000.	0.			SUSTAINABILITY COMMITTEE
LEADERSHIP COLLIER FOUNDATION, INC. - 2390 TAMIAMI TRAIL N., #210 - NAPLES, FL 34103-4484	20-0446620	501(C)(3)	10,000.	0.			YOUTH LEADERSHIP COLLIER TO ENCOURAGE STUDENTS TO BRING THEIR TALENTS BACK COLLIER COUNTY
LEGAL AID SERVICE OF COLLIER COUNTY - 4436 TAMIAMI TRAIL EAST - NAPLES, FL 34112	59-1547191	501(C)(3)	140,823.	0.			HURRICANE IRMA DISASTER RELIEF
LEGAL AID SERVICE OF COLLIER COUNTY - 4436 TAMIAMI TRAIL EAST - NAPLES, FL 34112	59-1547191	501(C)(3)	20,000.	0.			LEGAL AID WOMEN & GIRLS IN NEED PROJECT
LEGAL AID SERVICE OF COLLIER COUNTY - 4436 TAMIAMI TRAIL EAST - NAPLES, FL 34112	59-1547191	501(C)(3)	2,000.	0.			UNRESTRICTED USE
LEUKEMIA & LYMPHOMA SOCIETY WESTERN & CENTRAL NEW YORK CHAPTER - 4043 MAPLE ROAD, #105 - AMHERST, NY 14226	13-5644916	501(C)(3)	50,000.	0.			RESEARCH TO END THIS DISEASE
LIGHTHOUSE OF COLLIER, INC. 2685 HORSESHOE DRIVE S. #211 NAPLES, FL 34104	27-0401702	501(C)(3)	150.	0.			UNRESTRICTED USE
LITERACY VOLUNTEERS OF COLLIER COUNTY - 8833 TAMIAMI TRAIL E. - NAPLES, FL 34113	65-0181251	501(C)(3)	100.	0.			UNRESTRICTED USE
LOAVES & FISHES 648 GRIFFITH ROAD, #B CHARLOTTE, NC 28217	56-1398498	501(C)(3)	5,000.	0.			GENERAL FUND

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LORENZO WALKER TECHNICAL COLLEGE 3702 ESTEY AVENUE NAPLES, FL 34104-4498	59-6000557	501(C)(3)	377.	0.			EDUCATION AND TRAINING OF NURSES
LORENZO WALKER TECHNICAL COLLEGE 3702 ESTEY AVENUE NAPLES, FL 34104-4498	59-6000557	501(C)(3)	250.	0.			GENERAL USE
LORENZO WALKER TECHNICAL COLLEGE 3702 ESTEY AVENUE NAPLES, FL 34104-4498	59-6000557	501(C)(3)	413.	0.			REALCARE GERIATRIC SIMULATOR
LORENZO WALKER TECHNICAL COLLEGE 3702 ESTEY AVENUE NAPLES, FL 34104-4498	59-6000557	501(C)(3)	750.	0.			SCHOLARSHIPS
LORENZO WALKER TECHNICAL COLLEGE 3702 ESTEY AVENUE NAPLES, FL 34104-4498	59-6000557	501(C)(3)	10,742.	0.			TRAINING LICENSED PRACTICAL NURSES
LOUISVILLE ORCHESTRA 620 WEST MAIN STREET, #600 LOUISVILLE, KY 40202	61-6000384	501(C)(3)	10,000.	0.			2018 ANNUAL CAMPAIGN
MANASOTA SOLVE DBA SOLVE MATERNITY HOMES - 1335 MANATEE AVENUE WEST - BRADENTON, FL 34205-6712	59-1683408	501(C)(3)	15,000.	0.			TO HELP WOMEN & CHILDREN, FAMILIES & COMMUNITIES
MARCO ISLAND ACADEMY 2255 SAN MARCO ROAD MARCO ISLAND, FL 34145	27-4411503	501(C)(3)	34,000.	0.			GENERAL USE
MASSACHUSETTS INSTITUTE OF TECHNOLOGY - 600 MEMORIAL DRIVE, W98-200 - CAMBRIDGE, MA 02139-4822	04-2103594	501(C)(3)	6,000.	0.			CLASS OF 1960 ENDOWMENT FOR INNOVATION IN EDUCATION

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MAUI ADULT DAY CARE CENTER FOR SENIOR CITIZENS & DISABLED, INC. - 11 MAHAOLO STREET, #B - KAHALUI, HI 96732	99-0216306	501(C)(3)	10,750.	0.			HALE HULU MAMO
MAYO FOUNDATION FOR MEDICAL EDUCATION & RESEARCH - OFFICE OF DEVELOPMENT - 200 FIRST STREET SW - ROCHESTER, MN 55905	41-1506440	501(C)(3)	15,828.	0.			UNRESTRICTED USE
MCLAREN NORTHERN MICHIGAN FOUNDATION - 360 CONNABLE AVENUE - PETOSKEY, MI 49770	38-2445611	501(C)(3)	10,000.	0.			CAPITAL CAMPAIGN GIFT
MEALS OF HOPE, INC. 2221 CORPORATION BLVD. NAPLES, FL 34109	27-0268307	501(C)(3)	2,500.	0.			ASSIST IN EFFORTS TO PROVIDE MEALS TO THOSE EFFECTED BY HURRICANE HARVEY IN TX
MEALS OF HOPE, INC. 2221 CORPORATION BLVD. NAPLES, FL 34109	27-0268307	501(C)(3)	22,375.	0.			HURRICANE IRMA DISASTER RELIEF
MEALS OF HOPE, INC. 2221 CORPORATION BLVD. NAPLES, FL 34109	27-0268307	501(C)(3)	12,503.	0.			PURCHASE OF FOOD FOR FOOD PANTRY
MEDICAL COLLEGE OF WISCONSIN INC. 9200 W. WISCONSIN AVENUE MILWAUKEE, WI 53226	39-0806261	501(C)(3)	5,000.	0.			STRONGER THAN SARCOMA
MEMORIAL SLOAN-KETTERING CANCER CENTER - 1275 YORK AVENUE - NEW YORK, NY 10065	91-2154267	501(C)(3)	11,328.	0.			UNRESTRICTED USE
MERCY HOME FOR BOYS AND GIRLS 1140 WEST JACKSON BLVD. CHICAGO, IL 60607	36-2171726	501(C)(3)	12,000.	0.			TO SUPORT THE BOYS AND GIRLS IN NEED IN CHICAGO

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MIAMI CHILDREN'S HOSPITAL FOUNDATION - 3000 SW 62ND AVENUE - MIAMI, FL 33155	59-1720704	501(C)(3)	48,183.	0.			UNRESTRICTED USE
MONARCH RESEARCH PROJECT 4970 LAKESIDE ROAD MARION, IA 52302	47-5292786	501(C)(3)	12,500.	0.			TO HELP IN THE REPOPULATING OF THE MONARCH BUTTERFLY
MOORINGS PARK FOUNDATION, INC. 120 MOORINGS PARK DRIVE NAPLES, FL 34105-2188	26-3631295	501(C)(3)	2,500.	0.			HURRICANE RELIEF FUND
MOORINGS PARK FOUNDATION, INC. 120 MOORINGS PARK DRIVE NAPLES, FL 34105-2188	26-3631295	501(C)(3)	500.	0.			MOORINGS PARK EMPLOYEE HURRICANE FUND
MOORINGS PARK FOUNDATION, INC. 120 MOORINGS PARK DRIVE NAPLES, FL 34105-2188	26-3631295	501(C)(3)	3,500.	0.			REPAIRS & RENOVATIONS FOR THE ASSISTED LIVING FACILITY
MOORINGS PARK FOUNDATION, INC. 120 MOORINGS PARK DRIVE NAPLES, FL 34105-2188	26-3631295	501(C)(3)	15,815.	0.			SCHOLARSHIP PROGRAM
MOORINGS PARK FOUNDATION, INC. 120 MOORINGS PARK DRIVE NAPLES, FL 34105-2188	26-3631295	501(C)(3)	37,500.	0.			SENIOR PEAK CHALLENGE
MOORINGS PARK FOUNDATION, INC. 120 MOORINGS PARK DRIVE NAPLES, FL 34105-2188	26-3631295	501(C)(3)	21,500.	0.			UNRESTRICTED USE
MOORINGS PRESBYTERIAN CHURCH 791 HARBOUR DRIVE NAPLES, FL 34103	59-1309473	501(C)(3)	1,000.	0.			DAMAGE REPAIRS FROM HURRICANE IRMA

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MOORINGS PRESBYTERIAN CHURCH 791 HARBOUR DRIVE NAPLES, FL 34103	59-1309473	501(C)(3)	2,000.	0.			HYACINTH CONCERT MUSIC PROGRAM
MOORINGS PRESBYTERIAN CHURCH 791 HARBOUR DRIVE NAPLES, FL 34103	59-1309473	501(C)(3)	394.	0.			TO SUPPORT THE EDUCATION FUND
MUNSON HEALTHCARE REGIONAL FOUNDATION - 1150 MEDICAL CAMPUS DRIVE - TRAVERSE CITY, MI 49684	38-2642724	501(C)(3)	100,000.	0.			FUTURE EXPANSION PROJECT
NAACP COLLIER COUNTY BRANCH #5117 P.O. BOX 990727 NAPLES, FL 34116	13-1084135	501(C)(3)	5,000.	0.			YOUTH ACADEMY PROGRAMS AT GOLDEN GATE HIGH SCHOOL
NAMI OF COLLIER COUNTY 6216 TRAIL BLVD NAPLES, FL 34108	65-0047747	501(C)(3)	18,770.	0.			HUGS (HEALTH UNDER GUIDED SYSTEMS)
NAMI OF COLLIER COUNTY 6216 TRAIL BLVD NAPLES, FL 34108	65-0047747	501(C)(3)	15,000.	0.			PROJECT H.O.P.E - NEIGHBORS HELPING NEIGHBORS FOR WOMEN AND GIRLS
NAPLES BACKYARD HISTORY, INC. 131 BROAD AVENUE S. NAPLES, FL 34102	27-3006897	501(C)(3)	11,451.	0.			UNRESTRICTED USE
NAPLES BOTANICAL GARDEN, INC. 4820 BAYSHORE DRIVE, #D NAPLES, FL 34112	65-0511429	501(C)(3)	5,000.	0.			BRIAN HOLLEY FUNDED CHAIR
NAPLES BOTANICAL GARDEN, INC. 4820 BAYSHORE DRIVE, #D NAPLES, FL 34112	65-0511429	501(C)(3)	1,000.	0.			CHILDREN PROGRAMS

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NAPLES BOTANICAL GARDEN, INC. 4820 BAYSHORE DRIVE, #D NAPLES, FL 34112	65-0511429	501(C)(3)	400.	0.			CHILDREN'S SUMMER PROGRAMS
NAPLES BOTANICAL GARDEN, INC. 4820 BAYSHORE DRIVE, #D NAPLES, FL 34112	65-0511429	501(C)(3)	2,500.	0.			COLLIER GREENS PROGRAM
NAPLES BOTANICAL GARDEN, INC. 4820 BAYSHORE DRIVE, #D NAPLES, FL 34112	65-0511429	501(C)(3)	150.	0.			DOGS IN THE GARDEN
NAPLES BOTANICAL GARDEN, INC. 4820 BAYSHORE DRIVE, #D NAPLES, FL 34112	65-0511429	501(C)(3)	5,000.	0.			GREEN ROOF RESEARCH
NAPLES BOTANICAL GARDEN, INC. 4820 BAYSHORE DRIVE, #D NAPLES, FL 34112	65-0511429	501(C)(3)	1,000.	0.			REPLANT AND REGROW CONTRIBUTION
NAPLES BOTANICAL GARDEN, INC. 4820 BAYSHORE DRIVE, #D NAPLES, FL 34112	65-0511429	501(C)(3)	500.	0.			SUMMER INTERN
NAPLES BOTANICAL GARDEN, INC. 4820 BAYSHORE DRIVE, #D NAPLES, FL 34112	65-0511429	501(C)(3)	1,000.	0.			UNRESTRICTED USE
NAPLES CHRISTIAN CHURCH 8000 GOODLETTE ROAD NORTH NAPLES, FL 34109	59-6519467	501(C)(3)	10,828.	0.			UNRESTRICTED USE
NAPLES COUNCIL ON WORLD AFFAIRS 2316 PINE RIDGE ROAD, #361 NAPLES, FL 34109	59-2139347	501(C)(3)	5,000.	0.			MODEL UN PROGRAM

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NAPLES LIONS CLUB FOUNDATION P.O. BOX 110474 NAPLES, FL 34108	65-0564366	501(C)(3)	400.	0.			SCHOLARSHIP FOR NEEDY STUDENTS
NAPLES LIONS CLUB FOUNDATION P.O. BOX 110474 NAPLES, FL 34108	65-0564366	501(C)(3)	7,000.	0.			TO PURCHASE A SPOT VISION SCREENER
NAPLES MUSIC CLUB P.O. BOX 112383 NAPLES, FL 34108	59-6213932	501(C)(3)	2,400.	0.			MUSIC SCORES
NAPLES MUSIC CLUB P.O. BOX 112383 NAPLES, FL 34108	59-6213932	501(C)(3)	15,000.	0.			MUSICSCORES! PRE-K LITERACY/VIOLIN PROGRAM
NAPLES PERFORMING ARTS CENTER 1048 CASTELLO DRIVE NAPLES, FL 34103	30-0871234	501(C)(3)	10,000.	0.			UNRESTRICTED USE
NAPLES PLAYERS, INC. 701 5TH AVENUE S. NAPLES, FL 34102-6662	59-6154976	501(C)(3)	324.	0.			GENERAL OPERATING PURPOSES
NAPLES PLAYERS, INC. 701 5TH AVENUE S. NAPLES, FL 34102-6662	59-6154976	501(C)(3)	500.	0.			TO SUPPORT PROGRAMS
NAPLES PLAYERS, INC. 701 5TH AVENUE S. NAPLES, FL 34102-6662	59-6154976	501(C)(3)	536.	0.			UNDERWRITING A PLAY
NAPLES PLAYERS, INC. 701 5TH AVENUE S. NAPLES, FL 34102-6662	59-6154976	501(C)(3)	5,000.	0.			UNRESTRICTED USE

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NAPLES SENIOR CENTER AT JFCS 5025 CASTELLO DRIVE, #101 NAPLES, FL 34103	45-3980909	501(C)(3)	15,000.	0.			CASE MANAGEMENT FOR THE FRAIL ELDERLY IMPACTED BY HURRICANE IRMA
NAPLES SENIOR CENTER AT JFCS 5025 CASTELLO DRIVE, #101 NAPLES, FL 34103	45-3980909	501(C)(3)	500.	0.			DEMENTIA RESPITE SUPPORT PROGRAM
NAPLES SENIOR CENTER AT JFCS 5025 CASTELLO DRIVE, #101 NAPLES, FL 34103	45-3980909	501(C)(3)	10,500.	0.			FOOD PANTRY NAVIGATOR
NAPLES SENIOR CENTER AT JFCS 5025 CASTELLO DRIVE, #101 NAPLES, FL 34103	45-3980909	501(C)(3)	500.	0.			GENERAL FUND
NAPLES SENIOR CENTER AT JFCS 5025 CASTELLO DRIVE, #101 NAPLES, FL 34103	45-3980909	501(C)(3)	15,000.	0.			GIFT CARDS FOR HURRICANE IRMA VICTIMS
NAPLES SENIOR CENTER AT JFCS 5025 CASTELLO DRIVE, #101 NAPLES, FL 34103	45-3980909	501(C)(3)	20,000.	0.			HELPING AT-RISK SENIOR WOMEN CAREGIVERS
NAPLES SENIOR CENTER AT JFCS 5025 CASTELLO DRIVE, #101 NAPLES, FL 34103	45-3980909	501(C)(3)	1,000.	0.			HURRICANE IRMA RELIEF
NAPLES SENIOR CENTER AT JFCS 5025 CASTELLO DRIVE, #101 NAPLES, FL 34103	45-3980909	501(C)(3)	11,503.	0.			PURCHASE OF FOOD FOR FOOD PANTRY
NAPLES SENIOR CENTER AT JFCS 5025 CASTELLO DRIVE, #101 NAPLES, FL 34103	45-3980909	501(C)(3)	1,000.	0.			TO SUPPORT THE NAPLES SENIOR CENTER.

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NAPLES SENIOR CENTER AT JFCS 5025 CASTELLO DRIVE, #101 NAPLES, FL 34103	45-3980909	501(C)(3)	200.	0.			UNRESTRICTED USE
NAPLES THERAPEUTIC RIDING CENTER 206 RIDGE DRIVE NAPLES, FL 34108-3418	65-0793008	501(C)(3)	1,000.	0.			PROGRAMS FOR VETERANS
NAPLES THERAPEUTIC RIDING CENTER 206 RIDGE DRIVE NAPLES, FL 34108-3418	65-0793008	501(C)(3)	500.	0.			SUMMER INTERN
NAPLES THERAPEUTIC RIDING CENTER 206 RIDGE DRIVE NAPLES, FL 34108-3418	65-0793008	501(C)(3)	15,500.	0.			THERAPEUTIC RIDING PROGRAM
NAPLES THERAPEUTIC RIDING CENTER 206 RIDGE DRIVE NAPLES, FL 34108-3418	65-0793008	501(C)(3)	375.	0.			UNRESTRICTED USE
NAPLES THERAPEUTIC RIDING CENTER 206 RIDGE DRIVE NAPLES, FL 34108-3418	65-0793008	501(C)(3)	400.	0.			VETERANS PROGRAM
NAPLES UNITED CHURCH OF CHRIST 5200 CRAYTON ROAD NAPLES, FL 34103	59-1555020	501(C)(3)	10,000.	0.			UNRESTRICTED USE
NCH HEALTHCARE FOUNDATION 350 7TH STREET N. P.O. BOX 234 NAPLES, FL 34106	59-2314655	501(C)(3)	7,168.	0.			BENEFIT OF THE NAPLES COMMUNITY HOSPITAL
NCH HEALTHCARE FOUNDATION 350 7TH STREET N. P.O. BOX 234 NAPLES, FL 34106	59-2314655	501(C)(3)	620.	0.			EDUCATIONAL PURPOSES

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NCH HEALTHCARE FOUNDATION 350 7TH STREET N. P.O. BOX 234 NAPLES, FL 34106	59-2314655	501(C)(3)	450,000.	0.			EMERGENCY ROOM RENOVATION
NCH HEALTHCARE FOUNDATION 350 7TH STREET N. P.O. BOX 234 NAPLES, FL 34106	59-2314655	501(C)(3)	1,000.	0.			GENERAL PURPOSES
NCH HEALTHCARE FOUNDATION 350 7TH STREET N. P.O. BOX 234 NAPLES, FL 34106	59-2314655	501(C)(3)	10,000.	0.			MEDICAL DIPLOMATS COUNCIL
NCH HEALTHCARE FOUNDATION 350 7TH STREET N. P.O. BOX 234 NAPLES, FL 34106	59-2314655	501(C)(3)	200,000.	0.			PUBLIC HEALTH IMPROVEMENT
NCH HEALTHCARE FOUNDATION 350 7TH STREET N. P.O. BOX 234 NAPLES, FL 34106	59-2314655	501(C)(3)	2,000.	0.			SAFE & HEALTHY CHILDREN'S COALITION
NCH HEALTHCARE FOUNDATION 350 7TH STREET N. P.O. BOX 234 NAPLES, FL 34106	59-2314655	501(C)(3)	4,000.	0.			SUPPORT OF NCH HOSPITAL BALL
NCH HEALTHCARE FOUNDATION 350 7TH STREET N. P.O. BOX 234 NAPLES, FL 34106	59-2314655	501(C)(3)	14,165.	0.			UNRESTRICTED USE
NEIGHBORHOOD HEALTH CLINIC 121 GOODLETTE ROAD N. NAPLES, FL 34102	59-3546884	501(C)(3)	1,000.	0.			GENERAL FUND
NEIGHBORHOOD HEALTH CLINIC 121 GOODLETTE ROAD N. NAPLES, FL 34102	59-3546884	501(C)(3)	50,000.	0.			HELP, HOPE AND HEALING CAPITAL CAMPAIGN

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NEIGHBORHOOD HEALTH CLINIC 121 GOODLETTE ROAD N. NAPLES, FL 34102	59-3546884	501(C)(3)	75,494.	0.			UNRESTRICTED USE
NEW ENGLAND COLLEGE OF OPTOMETRY 424 BEACON STREET 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)	2,500.	0.			CONSULTANT TO HELP WITH AUDIENCE DEVELOPMENT AT THEATREZONE
NEW HORIZONS OF SOUTHWEST FLORIDA, INC. - P.O. BOX 111833 - NAPLES, FL 34108-3410	11-3678086	501(C)(3)	1,000.	0.			PROGRAM SERVICES OR WHERE MOST NEEDED
NEW HORIZONS OF SOUTHWEST FLORIDA, INC. - P.O. BOX 111833 - NAPLES, FL 34108-3410	11-3678086	501(C)(3)	2,500.	0.			PURCHASE OF FIVE LAPTOPS
NEW HORIZONS OF SOUTHWEST FLORIDA, INC. - P.O. BOX 111833 - NAPLES, FL 34108-3410	11-3678086	501(C)(3)	25,000.	0.			SUPER TEENS CLUB - COLLIER COUNTY - 2017/18
NOAH'S ARK FAMILY SERVICES 11853 COLLIER BLVD. NAPLES, FL 34116	81-2885321	501(C)(3)	1,500.	0.			FREEZER FOR THE FOOD PANTRY
NOAH'S ARK FAMILY SERVICES 11853 COLLIER BLVD. NAPLES, FL 34116	81-2885321	501(C)(3)	12,000.	0.			FREEZERS AND OPERATING COSTS
NORTHSIDE NAPLES KIWANIS FOUNDATION, INC. - P.O. BOX 770060 - NAPLES, FL 34107	65-0697861	501(C)(3)	10,000.	0.			CHRISTMAS IN JULY BACKPACK PROGRAM

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NORTHWESTERN UNIVERSITY 1201 DAVIS STREET EVANSTON, IL 60201-4410	36-2167817	501(C)(3)	5,000.	0.			TO SUPPORT UNDER-GRADUATE SCHOLARSHIPS.
NORTHWOOD SCHOOL 92 NORTHWOOD ROAD LAKE PLACID, NY 12946	14-1401103	501(C)(3)	100,000.	0.			FUND DORM RENOVATION PROJECT
OHANA MAKAMAE, INC. P.O. BOX 914 HANA, HI 96713	99-0342126	501(C)(3)	10,750.	0.			GENERAL SUPPORT
ONE BY ONE LEADERSHIP FOUNDATION, INC. - 1390 NORTH 15TH STREET, #A P.O. BOX 5393 - IMMOKALEE, FL 34142	59-1711633	501(C)(3)	2,000.	0.			NETWORK FOR GOOD
ONE BY ONE LEADERSHIP FOUNDATION, INC. - 1390 NORTH 15TH STREET, #A P.O. BOX 5393 - IMMOKALEE, FL 34142	59-1711633	501(C)(3)	3,000.	0.			TASTE OF IMMOKALEE
ONE BY ONE LEADERSHIP FOUNDATION, INC. - 1390 NORTH 15TH STREET, #A P.O. BOX 5393 - IMMOKALEE, FL 34142	59-1711633	501(C)(3)	10,000.	0.			TASTE OF IMMOKALEE OUT-OF-SCHOOL YOUTH ENTREPRENEURSHIP PROGRAM
ONESTAR FOUNDATION 9011 MOUNTAIN RIDGE DRIVE, #100 AUSTIN, TX 78759	20-0166368	501(C)(3)	20,000.	0.			REBUILD TEXAS FUND
OPERA NAPLES, INC. 2408 LINWOOD AVENUE NAPLES, FL 34112	42-1671038	501(C)(3)	5,000.	0.			EDUCATIONAL FUND FOR CHILDREN'S SCHOLARSHIPS AND FOR CHILDREN TO ATTEND PERFORMANCES
ORDER OF MALTA PILGRIMAGE FOUNDATION - 1011 FIRST AVENUE, #1350L - NEW YORK, NY 10022	47-2881395	501(C)(3)	2,000.	0.			ANNUAL CONTRIBUTION

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ORDER OF MALTA PILGRIMAGE FOUNDATION - 1011 FIRST AVENUE, #1350L - NEW YORK, NY 10022	47-2881395	501(C)(3)	5,000.	0.			LOURDES PILGRIMAGE SUPPORT
ORONO HOCKEY BOOSTERS 1025 OLD CRYSTAL BAY ROAD NORTH LONGLAKE, MN 55356	23-7424401	501(C)(3)	150,000.	0.			RENOVATION OF THE HOCKEY ARENA
PACE CENTER FOR GIRLS 160 N. 1ST STREET IMMOKALEE, FL 34142-3703	59-2414492	501(C)(3)	4,750.	0.			UNRESTRICTED USE
PANIRA HEALTHCARE SERVICES, INC. 5045 TAMIAMI TRAIL E. NAPLES, FL 34113	47-5263276	501(C)(3)	2,500.	0.			CONSULTANT TO HELP DEVELOP A GRANT AND MARKETING PLAN
PANIRA HEALTHCARE SERVICES, INC. 5045 TAMIAMI TRAIL E. NAPLES, FL 34113	47-5263276	501(C)(3)	15,000.	0.			EXPANDING MONTHLY FREE CLINIC PROGRAM
PATHWAYS EARLY EDUCATION CENTER 3775 AIRPORT PULLING RD. N., #B NAPLES, FL 34105-2530	59-1209842	501(C)(3)	500.	0.			CHILDCARE
PATHWAYS EARLY EDUCATION CENTER 3775 AIRPORT PULLING RD. N., #B NAPLES, FL 34105-2530	59-1209842	501(C)(3)	1,000.	0.			FOUR CHILDREN'S PARTIES
PATHWAYS EARLY EDUCATION CENTER 3775 AIRPORT PULLING RD. N., #B NAPLES, FL 34105-2530	59-1209842	501(C)(3)	5,250.	0.			GENERAL SUPPORT
PATHWAYS EARLY EDUCATION CENTER 3775 AIRPORT PULLING RD. N., #B NAPLES, FL 34105-2530	59-1209842	501(C)(3)	12,897.	0.			UNRESTRICTED USE

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PAWS ASSISTANCE DOGS INC. 3173 HORSESHOE DRIVE S. NAPLES, FL 34104	27-3385763	501(C)(3)	500.	0.			FOR PARKLAND, FLORIDA EXPENSES
PAWS ASSISTANCE DOGS INC. 3173 HORSESHOE DRIVE S. NAPLES, FL 34104	27-3385763	501(C)(3)	1,000.	0.			PROGRAMS FOR VETERANS
PAWS ASSISTANCE DOGS INC. 3173 HORSESHOE DRIVE S. NAPLES, FL 34104	27-3385763	501(C)(3)	5,000.	0.			UNRESTRICTED USE
PHYSICIAN LED ACCESS NETWORK (PLAN) - 501 GOODLETTE ROAD N., #B300 - NAPLES, FL 34102	20-0477556	501(C)(3)	15,000.	0.			INCREASING ACCESS TO HEALTHCARE FOR UNINSURED COLLIER RESIDENTS
PIEDMONT ENVIRONMENTAL COUNCIL P.O. BOX 460 WARRENTON, VA 20188	54-0935569	501(C)(3)	10,000.	0.			SHENANDOAH VALLEY NETWORK
PINELLAS COMMUNITY FOUNDATION 5200 EAST BAY DRIVE, #202 CLEARWATER, FL 33764	23-7113194	501(C)(3)	104,927.	0.			TO FUND THE ROBIN T. AND YOUNGJA WHITE FUND
PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA - 736 CENTRAL AVENUE - SARASOTA, FL 34236	59-1274328	501(C)(3)	1,000.	0.			ANNUAL APPEAL
PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA - 736 CENTRAL AVENUE - SARASOTA, FL 34236	59-1274328	501(C)(3)	6,028.	0.			FAMILY PLANNING SERVICES
PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA - 736 CENTRAL AVENUE - SARASOTA, FL 34236	59-1274328	501(C)(3)	800.	0.			FOUR 1-HOUR PRESENTATIONS AT FOOTSTEPS FOR THE FUTURE ON SEX EDUCATION/WOMEN'S HEALTH

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PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA - 736 CENTRAL AVENUE - SARASOTA, FL 34236	59-1274328	501(C)(3)	1,000.	0.			HEALTHCARE
PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA - 736 CENTRAL AVENUE - SARASOTA, FL 34236	59-1274328	501(C)(3)	6,094.	0.			TO HELP REDUCE THE INCIDENCE OF TEEN PREGNANCY IN COLLIER COUNTY
PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA - 736 CENTRAL AVENUE - SARASOTA, FL 34236	59-1274328	501(C)(3)	20,875.	0.			UNRESTRICTED USE
PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA - 736 CENTRAL AVENUE - SARASOTA, FL 34236	59-1274328	501(C)(3)	8,350.	0.			UNRESTRICTED USE FOR COLLIER COUNTY
PORTLAND TENNIS & EDUCATION 7519 N. BURLINGTON AVENUE PORTLAND, OR 97203	93-1256066	501(C)(3)	7,900.	0.			GENERAL PURPOSES
PORTLAND TENNIS & EDUCATION 7519 N. BURLINGTON AVENUE PORTLAND, OR 97203	93-1256066	501(C)(3)	2,500.	0.			UNRESTRICTED USE
PREGNANCY RESOURCE CENTER 26951 COUNTRY CLUB DRIVE BONITA SPRINGS, FL 34134	59-3427729	501(C)(3)	5,000.	0.			GENERAL FUND
PROVIDENCE HOUSE, INC. P.O. BOX 128 NAPLES, FL 34106	20-3889831	501(C)(3)	5,000.	0.			HURRICANE IRMA RELIEF
PROVIDENCE HOUSE, INC. P.O. BOX 128 NAPLES, FL 34106	20-3889831	501(C)(3)	1,250.	0.			UNRESTRICTED USE

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RCMA 402 W. MAIN STREET IMMOKALEE, FL 34142-3933	59-1221966	501(C)(3)	500.	0.			HURRICANE IRMA DISASTER RECOVERY IN IMMOKALEE
RCMA 402 W. MAIN STREET IMMOKALEE, FL 34142-3933	59-1221966	501(C)(3)	75,000.	0.			HURRICANE IRMA DISASTER RELIEF
RCMA 402 W. MAIN STREET IMMOKALEE, FL 34142-3933	59-1221966	501(C)(3)	10,000.	0.			TO HELP UNDOCUMENTED WORKERS IN IMMOKALEE RECOVER AFTER HURRICANE IRMA
RCMA 402 W. MAIN STREET IMMOKALEE, FL 34142-3933	59-1221966	501(C)(3)	1,250.	0.			UNRESTRICTED USE
REACH OUT EVERGLADES & C.O.P.S. ASSOCIATION INC. - P.O. BOX 894 - CHOKOLOSKEE, FL 34138	59-3471628	501(C)(3)	14,537.	0.			FOR BUILDING SUPPLIES AND APPLICANCES IN THE EVERGLADES CITY AREA
REACH OUT EVERGLADES & C.O.P.S. ASSOCIATION INC. - P.O. BOX 894 - CHOKOLOSKEE, FL 34138	59-3471628	501(C)(3)	28,375.	0.			HURRICANE IRMA DISASTER RELIEF
REACH OUT EVERGLADES & C.O.P.S. ASSOCIATION INC. - P.O. BOX 894 - CHOKOLOSKEE, FL 34138	59-3471628	501(C)(3)	55,000.	0.			HURRICANE IRMA RELIEF; APPLIANCES, TRAILERS, AND BUILDING SUPPLIES
REBUILDING TOGETHER, INC. 999 N. CAPITOL ST. NE, #701 WASHINGTON, DC 20002	52-1585880	501(C)(3)	10,000.	0.			HOUSING FOR VETERANS
REMNANT TRUST, INC. BOX 41041 LUBBOCK, TX 79409	35-2072847	501(C)(3)	50,000.	0.			RPR 2008 CLAT ENDOWMENT

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REMNANT TRUST, INC. BOX 41041 LUBBOCK, TX 79409	35-2072847	501(C)(3)	100,000.	0.			RPR 2015 CLAT
RESCUE MISSION OF SYRACUSE, N.Y. 155 GIFFORD STREET SYRACUSE, NY 13202	15-0532146	501(C)(3)	33,500.	0.			CAPITAL CAMPAIGN
RESCUE MISSION OF SYRACUSE, N.Y. 155 GIFFORD STREET SYRACUSE, NY 13202	15-0532146	501(C)(3)	150,000.	0.			FOOD SERVICE AREA
RESCUE MISSION OF SYRACUSE, N.Y. 155 GIFFORD STREET SYRACUSE, NY 13202	15-0532146	501(C)(3)	200,000.	0.			NEW FOOD SERVICE CENTER
RESIDENTIAL OPTIONS OF FLORIDA, INC. (ROOF) - 3050 HORSESHOE DRIVE, N. #285 - NAPLES, FL 34104	47-1232139	501(C)(3)	15,000.	0.			CREATING SUPPORTING LIVING OPPORTUNITIES FOR INDIVIDUALS WITH DISABILITIES
RESIDENTIAL OPTIONS OF FLORIDA, INC. (ROOF) - 3050 HORSESHOE DRIVE, N. #285 - NAPLES, FL 34104	47-1232139	501(C)(3)	2,000.	0.			TO HIRE A CONSULTANT TO HELP DEVELOP A SUSTAINABILITY PLAN
RESTORATION CHURCH, INC. 2320 VANDERBILT BEACH ROAD NAPLES, FL 34109	65-0797003	501(C)(3)	3,000.	0.			GENERAL FUND
RESTORATION CHURCH, INC. 2320 VANDERBILT BEACH ROAD NAPLES, FL 34109	65-0797003	501(C)(3)	1,000.	0.			ROCK YOUTH CAMP
RESTORATION CHURCH, INC. 2320 VANDERBILT BEACH ROAD NAPLES, FL 34109	65-0797003	501(C)(3)	3,661.	0.			YOUTH GROUP

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RURAL NEIGHBORHOODS INCORPORATED P.O. BOX 343529 FLORIDA CITY, FL 33034	65-1238417	501(C)(3)	250,000.	0.			HURRICANE IRMA DISASTER RELIEF
RURAL NEIGHBORHOODS INCORPORATED P.O. BOX 343529 FLORIDA CITY, FL 33034	65-1238417	501(C)(3)	15,000.	0.			MIGRANT WORKERS
RURAL NEIGHBORHOODS INCORPORATED P.O. BOX 343529 FLORIDA CITY, FL 33034	65-1238417	501(C)(3)	10,000.	0.			MIGRANT WORKERS HOUSING
RURAL NEIGHBORHOODS INCORPORATED P.O. BOX 343529 FLORIDA CITY, FL 33034	65-1238417	501(C)(3)	10,000.	0.			OPERATIONS
RUSSELL AND ANN GERDIN AMERICAN CANCER SOCIETY HOPE LODGE - 750 HAWKINS DRIVE - IOWA CITY, IA 52246	13-1788491	501(C)(3)	5,000.	0.			HOUSING FACILITY FOR PATIENTS RECEIVING CANCER TREATMENT AT UNIV. OF IOWA HOSPITALS
RUTGERS UNIVERSITY FOUNDATION WINANTS HALL 7 COLLEGE AVENUE NEW BRUNSWICK, NJ 08901	23-7318742	501(C)(3)	57,500.	0.			CONTRIBUTION TO THE JOYCE GOODMAN ENDOWED PROJECT SUPER SCHOLARSHIP
RUTGERS UNIVERSITY FOUNDATION WINANTS HALL 7 COLLEGE AVENUE NEW BRUNSWICK, NJ 08901	23-7318742	501(C)(3)	57,500.	0.			STEM SCHOLARSHIP ENDOWMENT
SALESIAN SISTERS OF SAINT JOHN BOSCO - 659 BELMONT AVE - NORTH HALENDON, NJ 07508	22-6043753	501(C)(3)	50,000.	0.			TUITION ASSISTANCE
SALVATION ARMY HOUSTON 1500 AUSTIN STREET HOUSTON, TX 77002	58-0660607	501(C)(3)	5,000.	0.			HOUSTON FLOOD RELIEF

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SALVATION ARMY OF COLLIER COUNTY P.O. BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	25,000.	0.			AFTERSCHOOL PROGRAM FOR AVALON ELEMENTARY AND SHADOWLAWN ELEMENTARY
SALVATION ARMY OF COLLIER COUNTY P.O. BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	1,000.	0.			ANNUAL FUND
SALVATION ARMY OF COLLIER COUNTY P.O. BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	500.	0.			BEST USE
SALVATION ARMY OF COLLIER COUNTY P.O. BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	1,000.	0.			CHILDREN'S BIKE PROGRAM
SALVATION ARMY OF COLLIER COUNTY P.O. BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	10,000.	0.			COORDINATION OF EMERGENCY FUNDING
SALVATION ARMY OF COLLIER COUNTY P.O. BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	240.	0.			FUNDING PROGRAMS IN COLLIER COUNTY
SALVATION ARMY OF COLLIER COUNTY P.O. BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	3,100.	0.			GENERAL PURPOSES
SALVATION ARMY OF COLLIER COUNTY P.O. BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	125,500.	0.			GIFT CARDS FOR HURRICANE IRMA VICTIMS
SALVATION ARMY OF COLLIER COUNTY P.O. BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	11,503.	0.			PURCHASE OF FOOD FOR FOOD PANTRY

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SALVATION ARMY OF COLLIER COUNTY P.O. BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	1,000.	0.			STORM AID IN TEXAS
SALVATION ARMY OF COLLIER COUNTY P.O. BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	4,000.	0.			TO SUPPORT THOSE IN NEED
SALVATION ARMY OF COLLIER COUNTY P.O. BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	32,958.	0.			UNRESTRICTED USE
SALVATION ARMY OF COLLIER COUNTY P.O. BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	20,000.	0.			WOMEN IN NEED: HELPING AT-RISK WOMEN AVOID HOMELESSNESS
SAMARITAN'S PURSE P.O. BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	5,000.	0.			DISASTER SUPPORT
SAMARITAN'S PURSE P.O. BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	500.	0.			HURRICANE RELIEF SERVICES IN TEXAS DUE TO HURRICANE HARVEY
SAMARITAN'S PURSE P.O. BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	10,000.	0.			TEXAS FLOOD RELIEF
SAMARITAN'S PURSE P.O. BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	200.	0.			WHERE MOST NEEDED
SENIOR FRIENDSHIP CENTER-COLLIER COUNTY - 2355 STANFORD COURT, #701 - NAPLES, FL 34112	59-1522614	501(C)(3)	500.	0.			BEST USE

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SENIOR FRIENDSHIP CENTER-COLLIER COUNTY - 2355 STANFORD COURT, #701 - NAPLES, FL 34112	59-1522614	501(C)(3)	200.	0.			GENERAL USE
SENIOR FRIENDSHIP CENTER-COLLIER COUNTY - 2355 STANFORD COURT, #701 - NAPLES, FL 34112	59-1522614	501(C)(3)	5,000.	0.			GIFT CARDS FOR HURRICANE IRMA VICTIMS
SENIOR FRIENDSHIP CENTER-COLLIER COUNTY - 2355 STANFORD COURT, #701 - NAPLES, FL 34112	59-1522614	501(C)(3)	20,000.	0.			HELP FOR AT-RISK COLLIER SENIOR WOMEN
SENIOR FRIENDSHIP CENTER-COLLIER COUNTY - 2355 STANFORD COURT, #701 - NAPLES, FL 34112	59-1522614	501(C)(3)	2,000.	0.			IRMA DISASTER RELIEF
SENIOR FRIENDSHIP CENTER-COLLIER COUNTY - 2355 STANFORD COURT, #701 - NAPLES, FL 34112	59-1522614	501(C)(3)	5,000.	0.			OPERATING SUPPORT
SHADOW WOOD CHARITABLE FOUNDATION 24600 TAMIAMI TRAIL, #212 PMB 162 BONITA SPRINGS, FL 34134	38-3881140	501(C)(3)	10,000.	0.			UNRESTRICTED USE
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	2,000.	0.			APPLICANT # 1260: CAR PURCHASE ASSISTANCE
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	1,440.	0.			APPLICANT #1253: RENT-FIRST, LAST MONTHS AND SECURITY DEPOSIT
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	1,735.	0.			APPLICANT #1255: FIRST, LAST MONTHS' RENT, SEWER AND WATER

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	1,500.	0.			APPLICANT #1258: DOWN PAYMENT FOR A CAR
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	1,500.	0.			APPLICANT #1259: RENT
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	1,500.	0.			APPLICANT #1257: FIRST AND LAST MONTHS RENT
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	2,000.	0.			APPLICANT #1263: FIRST AND LAST MONTHS RENT
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	1,800.	0.			APPLICATION #1256: FIRST, LAST MONTHS' RENT AND SECURITY DEPOSIT
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	2,000.	0.			APPLICATION #1270: COST OF A USED CAR
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	2,100.	0.			APPLICATION #1274: FOR HOUSING
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	1,611.	0.			APPLICATION #1254: FIRST AND LAST MONTHS' RENT, SECURITY DEPOSIT
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	1,261.	0.			APPLICATION #1261: RENT AND CAR REPAIRS

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SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	2,000.	0.			APPLICATION #1264: FIRST, LAST MONTHS' RENT AND UTILITY DEPOSIT
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	967.	0.			APPLICATION #1265: IS FOR CONTINUING EDUCATION
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	2,000.	0.			APPLICATION #1268: FOR FIRST AND LAST MONTH'S RENT
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	2,000.	0.			APPLICATION #1269: RENT DEPOSIT
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	2,000.	0.			APPLICATION #1277: TO START NURSING EDUCATION
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	1,825.	0.			APPLICATION #1279 RENT AND SECURITY DEPOSITS
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	1,554.	0.			APPLICATION #1280: RENT AND SECURITY DEPOSITS
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	1,499.	0.			APPLICATION #1281: FOR RENT AND DEPOSIT
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	5,000.	0.			BENEFACITOR SPONSORSHIP FOR 2018 MENDING BROKEN HEARTS WITH HOPE LUNCHEON

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SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	500.	0.			BEST USE
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	10,000.	0.			GIFT TO SHELTER LUNCHEON
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	1,000.	0.			HUMAN TRAFFICKING PROGRAM
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	2,794.	0.			IN SUPPORT OF THE SHELTER
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	5,000.	0.			POST IRMA SHELTER VICTIMS
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	25,000.	0.			TO HELP BUILD THE IMMOKALEE SHELTER FOR WOMEN AND GIRLS
SHELTER FOR ABUSED WOMEN & CHILDREN - P.O. BOX 10102 - NAPLES, FL 34101	59-2752895	501(C)(3)	58,477.	0.			UNRESTRICTED USE
SHRINERS HOSPITALS FOR CHILDREN 2900 ROCKY POINT DRIVE TAMPA, FL 33607	36-2193608	501(C)(3)	5,000.	0.			TO PROVIDE HIGHLY SPECIALIZED MEDICAL CARE FOR CHILDREN IN GREAT NEED
SHRINERS HOSPITALS FOR CHILDREN 2900 ROCKY POINT DRIVE TAMPA, FL 33607	36-2193608	501(C)(3)	1,000.	0.			UNRESTRICTED USE

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SHY WOLF SANCTUARY, EDUCATION AND EXPERIENCE CENTER, INC. - 1161 27TH STREET SW - NAPLES, FL 34117	59-3691867	501(C)(3)	250.	0.			ANNUAL CONTRIBUTION
SHY WOLF SANCTUARY, EDUCATION AND EXPERIENCE CENTER, INC. - 1161 27TH STREET SW - NAPLES, FL 34117	59-3691867	501(C)(3)	5,000.	0.			UNRESTRICTED USE
SHY WOLF SANCTUARY, EDUCATION AND EXPERIENCE CENTER, INC. - 1161 27TH STREET SW - NAPLES, FL 34117	59-3691867	501(C)(3)	5,000.	0.			VETERINARY ASSISTANCE AND PROTECTION OF ANIMALS
SIGHTLINE INSTITUTE 1402 THIRD AVENUE, #500 SEATTLE, WA 98101	52-1833599	501(C)(3)	10,000.	0.			GENERAL FUND
SKANEATELES RECREATIONAL CHARITABLE TRUST - C/O MIKE BESAW 11 FENNELL STREET, #1 - SKANEATELES, NY 13152	16-1556744	501(C)(3)	36,158.	0.			SKANEATELES COMMUNITY CENTER ICE FACILITY MAINTENANCE & REPAIR
SOUTH FLORIDA NATIONAL PARKS TRUST 1390 S. DIXIE HIGHWAY, #2203 CORAL GABLES, FL 33146	13-4341209	501(C)(3)	10,000.	0.			EVERGLADES SWAMP WALKS FOR 6TH GRADE STUDENTS
SOUTH FLORIDA NATIONAL PARKS TRUST 1390 S. DIXIE HIGHWAY, #2203 CORAL GABLES, FL 33146	13-4341209	501(C)(3)	12,000.	0.			HURRICANE IRMA RELIEF
SOUTHWEST FLORIDA COMMUNITY FOUNDATION - 2031 JACKSON STREET, SUITE 100 - FT. MYERS, FL 33901	59-6580974	501(C)(3)	50,000.	0.			HURRICANE IRMA RELIEF
SOUTHWEST FLORIDA COMMUNITY FOUNDATION - 2031 JACKSON STREET, SUITE 100 - FT. MYERS, FL 33901	59-6580974	501(C)(3)	1,000.	0.			HURRICANE IRMA RELIEF IN THE BONITA SPRINGS AREA

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SOUTHWEST FLORIDA COMMUNITY FOUNDATION - 2031 JACKSON STREET, SUITE 100 - FT. MYERS, FL 33901	59-6580974	501(C)(3)	1,000.	0.			WINK HERO FOR HOPE
SPECIAL OPERATIONS WARRIOR FOUNDATION - P.O. BOX 89367 - TAMPA, FL 33689	52-1183585	501(C)(3)	10,000.	0.			UNRESTRICTED USE
ST. AMBROSE OF WOODBURY CATHOLIC CHURCH - 4125 WOODBURY DRIVE - WOODBURY, MN 55129	41-1905541	501(C)(3)	5,000.	0.			UNRESTRICTED USE
ST. ANDREWS CHURCH P.O. BOX 272 BOCA GRANDE, FL 33921	65-0947190	501(C)(3)	6,000.	0.			PEW CUSHIONS
ST. ANN CATHOLIC CHURCH 475 9TH AVENUE S. NAPLES, FL 34102	59-0823952	501(C)(3)	19,896.	0.			UNRESTRICTED USE
ST. ANN SCHOOL FOUNDATION, INC. 475 9TH AVENUE S. NAPLES, FL 34102	59-2201867	501(C)(3)	20,000.	0.			SCHOLARSHIPS
ST. BERNADETTE CATHOLIC CHURCH 6500 ST. BERNADETTE AVENUE PROSPECT, KY 40059		501(C)(3)	5,000.	0.			SEMI-ANNUAL CONTRIBUTION
ST. JAMES EPISCOPAL CHURCH 96 E. GENESEE ST SKANEATELES, NY 13152	15-0611600	501(C)(3)	20,000.	0.			ANNUAL GIFT FOR GENERAL FUND
ST. JOHN NEUMANN HIGH SCHOOL 3000 53RD STREET SW NAPLES, FL 34116	59-2017451	501(C)(3)	18,396.	0.			UNRESTRICTED USE

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ST. JOHN THE EVANGELIST CATHOLIC CHURCH - 625 111TH AVENUE N. - NAPLES, FL 34108	65-0082023	501(C)(3)	1,500.	0.			AS NEEDED
ST. JOHN THE EVANGELIST CATHOLIC CHURCH - 625 111TH AVENUE N. - NAPLES, FL 34108	65-0082023	501(C)(3)	200,000.	0.			CAPITAL CAMPAIGN, TO OFFSET HURRICANE DEDUCTIBLE FOR ROOF
ST. JOHN THE EVANGELIST CATHOLIC CHURCH - 625 111TH AVENUE N. - NAPLES, FL 34108	65-0082023	501(C)(3)	500.	0.			UNRESTRICTED USE
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	49,883.	0.			UNRESTRICTED USE
ST. MARY'S CATHOLIC CHURCH 1003 BRIDGE STREET CHARLEVOIX, MI 49720		501(C)(3)	10,000.	0.			GENERAL PURPOSES
ST. MARY'S SCHOOL 1005 BRIDGE STREET CHARLEVOIX, MI 49720	38-1411193	501(C)(3)	5,000.	0.			TUITION AID
ST. MATTHEW'S HOUSE 2001 AIRPORT ROAD S. NAPLES, FL 34112-4814	65-1110501	501(C)(3)	500.	0.			2018 GOLFATHON
ST. MATTHEW'S HOUSE 2001 AIRPORT ROAD S. NAPLES, FL 34112-4814	65-1110501	501(C)(3)	1,250.	0.			ANNUAL GIFTS
ST. MATTHEW'S HOUSE 2001 AIRPORT ROAD S. NAPLES, FL 34112-4814	65-1110501	501(C)(3)	500.	0.			EASTER DINNER

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ST. MATTHEW'S HOUSE 2001 AIRPORT ROAD S. NAPLES, FL 34112-4814	65-1110501	501(C)(3)	1,000.	0.			NEEDS RESULTING FROM HURRICANE IRMA
ST. MATTHEW'S HOUSE 2001 AIRPORT ROAD S. NAPLES, FL 34112-4814	65-1110501	501(C)(3)	11,503.	0.			PURCHASE OF FOOD FOR FOOD PANTRY
ST. MATTHEW'S HOUSE 2001 AIRPORT ROAD S. NAPLES, FL 34112-4814	65-1110501	501(C)(3)	1,000.	0.			SUMMER NEEDS
ST. MATTHEW'S HOUSE 2001 AIRPORT ROAD S. NAPLES, FL 34112-4814	65-1110501	501(C)(3)	15,650.	0.			UNRESTRICTED USE
ST. VINCENT DE PAUL SOCIETY, INC. 4451 MERCANTILE AVENUE NAPLES, FL 34104	59-1711287	501(C)(3)	21,250.	0.			MEALS ON WHEELS
ST. VINCENT DE PAUL SOCIETY, INC. 4451 MERCANTILE AVENUE NAPLES, FL 34104	59-1711287	501(C)(3)	2,446.	0.			UNRESTRICTED USE
STARABILITY FOUNDATION, INC. 868 99TH AVENUE N. NAPLES, FL 34108	59-2516162	501(C)(3)	2,000.	0.			NETWORK FOR GOOD
STARABILITY FOUNDATION, INC. 868 99TH AVENUE N. NAPLES, FL 34108	59-2516162	501(C)(3)	800.	0.			TRAILBLAZER ACADEMY
STARABILITY FOUNDATION, INC. 868 99TH AVENUE N. NAPLES, FL 34108	59-2516162	501(C)(3)	1,250.	0.			UNRESTRICTED USE

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SUNLIGHT OF COLLIER COUNTY, INC. P.O. BOX 9194 NAPLES, FL 34101	59-2417151	501(C)(3)	500.	0.			BEST USE
SUNLIGHT OF COLLIER COUNTY, INC. P.O. BOX 9194 NAPLES, FL 34101	59-2417151	501(C)(3)	2,500.	0.			STAFF OPERATING SUPPORT
SUNLIGHT OF COLLIER COUNTY, INC. P.O. BOX 9194 NAPLES, FL 34101	59-2417151	501(C)(3)	2,000.	0.			UNRESTRICTED USE
SUNLIGHT OF COLLIER COUNTY, INC. P.O. BOX 9194 NAPLES, FL 34101	59-2417151	501(C)(3)	100.	0.			WHERE MOST NEEDED
SYRACUSE UNIVERSITY 820 COMSTOCK AVENUE, #214 SYRACUSE, NY 13244-5040	15-0532081	501(C)(3)	270,000.	0.			200,000 ATRIUM AT LINK HALL AND 70,000 INVENTOR ACCELERATOR
TEXAS ORGANIZING PROJECT EDUCATION FUND - P.O. BOX 120296 - SAN ANTONIO, TX 78212	27-1481855	501(C)(3)	10,000.	0.			HARVEY COMMUNITY RELIEF FUND
THE AYN RAND INSTITUTE 2121 ALTON PARKWAY, #250 IRVINE, CA 92606	22-2570926	501(C)(3)	20,000.	0.			UNRESTRICTED USE
THE COMMUNITY FOUNDATION OF LOUISVILLE - 325 WEST MAIN STREET, #1110 - LOUISVILLE, KY 40202	31-0997017	501(C)(3)	50,000.	0.			TO FUND JOSEPH A. PARADIS III FUND
THE EVERGLADES FOUNDATION, INC. 18001 OLD CUTLER ROAD, #625 PALMETTO BAY, FL 33157	59-3228899	501(C)(3)	16,000.	0.			UNRESTRICTED USE

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THE HISTORY CENTER 716 OKLAND ROAD NE., #103 CEDAR RAPIDS, IA 52402	23-7311415	501(C)(3)	25,000.	0.			GRANT WOOD WINDOW ENDOWMENT
THE HISTORY CENTER 716 OKLAND ROAD NE., #103 CEDAR RAPIDS, IA 52402	23-7311415	501(C)(3)	5,000.	0.			NEW HENRY HAEGG OFFICE
THE IMMOKALEE FOUNDATION 2375 TAMIAMI TRAIL N., #308 NAPLES, FL 34103	65-0315664	501(C)(3)	11,220.	0.			KINGSLEY PINES CAMPSHIP
THE IMMOKALEE FOUNDATION 2375 TAMIAMI TRAIL N., #308 NAPLES, FL 34103	65-0315664	501(C)(3)	5,000.	0.			HELP TO THE FAMILIES OF THE IMMOKALEE FOUNDATION STUDENTS
THE IMMOKALEE FOUNDATION 2375 TAMIAMI TRAIL N., #308 NAPLES, FL 34103	65-0315664	501(C)(3)	39,500.	0.			UNRESTRICTED USE
THE INSTITUTE FOR JUSTICE 901 NORTH GLEBE ROAD, #900 ARLINGTON, VA 22203	52-1744337	501(C)(3)	5,000.	0.			UNRESTRICTED USE
THE JOSHUA FUND P.O. BOX 2589 MONUMENT, CO 80132-2589	20-5350994	501(C)(3)	5,000.	0.			GENERAL FUND
THE LEAGUE CLUB, INC. P.O. BOX 110868 NAPLES, FL 34108	59-2798792	501(C)(3)	5,000.	0.			CIRCLE OF FRIENDS - EMERALD LEVEL.
THE LEAGUE CLUB, INC. P.O. BOX 110868 NAPLES, FL 34108	59-2798792	501(C)(3)	1,000.	0.			CIRCLE OF FRIENDS FUND

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THE NATURE CONSERVANCY FLORIDA CHAPTER - 2500 MAITLAND CENTER PARKWAY, #311 - MAITLAND, FL 32751-7293	53-0242652	501(C)(3)	7,000.	0.			TO SUPPORT THE NATURE CONSERVANCY'S WORK IN FLORIDA
THE PRENTICE SCHOOL 18341 LASSEN DRIVE SANTA ANA, CA 92705	33-0120257	501(C)(3)	5,000.	0.			UNRESTRICTED USE
THE VOICE OF THE MARTYRS 1815 SE BISON ROAD BARTLESVILLE, OK 74006	73-1395057	501(C)(3)	10,000.	0.			VOM GLOBAL MINISTRY
THIRD WAY CENTER P.O. BOX 61385 DENVER, CO 80206	84-0599572	501(C)(3)	30,000.	0.			TO SUPPORT DISADVANTAGED, TRAUMATIZED MENTALLY ILL TEENS
THRIVE 400 EAST BABCOCK STREET BOZEMAN, MT 59715	36-3501185	501(C)(3)	5,000.	0.			GENERAL SUPPORT
TRINITY BY THE COVE EPISCOPAL CHURCH - 553 GALLEON DRIVE - NAPLES, FL 34102	59-0774204	501(C)(3)	13,877.	0.			ANNUAL APPEAL
TRINITY BY THE COVE EPISCOPAL CHURCH - 553 GALLEON DRIVE - NAPLES, FL 34102	59-0774204	501(C)(3)	620.	0.			EDUCATIONAL PURPOSES
TRINITY BY THE COVE EPISCOPAL CHURCH - 553 GALLEON DRIVE - NAPLES, FL 34102	59-0774204	501(C)(3)	2,000.	0.			FACILITIES IMPROVEMENT
TRINITY BY THE COVE EPISCOPAL CHURCH - 553 GALLEON DRIVE - NAPLES, FL 34102	59-0774204	501(C)(3)	5,000.	0.			FOR THE ARCHANGEL FUND - SILVER PARTNER

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TRINITY BY THE COVE EPISCOPAL CHURCH - 553 GALLEON DRIVE - NAPLES, FL 34102	59-0774204	501(C)(3)	503.	0.			FOR USE BY THE OUTREACH COMMISSION
TRINITY BY THE COVE EPISCOPAL CHURCH - 553 GALLEON DRIVE - NAPLES, FL 34102	59-0774204	501(C)(3)	3,000.	0.			GENERAL SUPPORT
TRINITY BY THE COVE EPISCOPAL CHURCH - 553 GALLEON DRIVE - NAPLES, FL 34102	59-0774204	501(C)(3)	7,500.	0.			OPERATING EXPENSES
TRINITY BY THE COVE EPISCOPAL CHURCH - 553 GALLEON DRIVE - NAPLES, FL 34102	59-0774204	501(C)(3)	600.	0.			SUPPORT OF THE MUSIC PROGRAM
TRINITY BY THE COVE EPISCOPAL CHURCH - 553 GALLEON DRIVE - NAPLES, FL 34102	59-0774204	501(C)(3)	19,607.	0.			UNRESTRICTED USE
TRINITY HIGH SCHOOL FOUNDATION 4011 SHELBYVILLE ROAD LOUISVILLE, KY 40207	31-1105966	501(C)(3)	50,000.	0.			HORIZON PROJECT
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 2929 WALNUT STREET, #300 FMC - PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	10,000.	0.			FOR THE INSTITUTE FOR DIABETES, OBESITY AND METABOLISM
TURNING POINT CHURCH 27411 TORTOISE TRAIL BONITA SPRINGS, FL 34135	47-2125655	501(C)(3)	10,000.	0.			GREATEST GIFT OFFERING
TURNING POINT CHURCH 27411 TORTOISE TRAIL BONITA SPRINGS, FL 34135	47-2125655	501(C)(3)	6,000.	0.			MINISTRY EXPENSES: JANUARY-JUNE

Schedule I (Form 990)

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
UNITED CHURCH OF MARCO ISLAND 320 N. BARFIELD DRIVE MARCO ISLAND, FL 34145	59-1861678	501(C)(3)	5,000.	0.			CAPITAL FUND
UNITED CHURCH OF MARCO ISLAND 320 N. BARFIELD DRIVE MARCO ISLAND, FL 34145	59-1861678	501(C)(3)	15,000.	0.			HABITAT FOR HUMANITY FUND
UNITED CHURCH OF MARCO ISLAND 320 N. BARFIELD DRIVE MARCO ISLAND, FL 34145	59-1861678	501(C)(3)	1,000.	0.			HURRICANE IRMA RELIEF
UNITED CHURCH OF MARCO ISLAND 320 N. BARFIELD DRIVE MARCO ISLAND, FL 34145	59-1861678	501(C)(3)	3,000.	0.			OPERATING BUDGET
UNITED WAY OF COLLIER COUNTY 9015 STRADA STELL COURT, #204 NAPLES, FL 34109	59-1026096	501(C)(3)	25,000.	0.			VOLUNTEER COLLIER TO SUPPORT THE FEMA SITES AND VOLUNTEER COORDINATION
UNITED WAY OF COLLIER COUNTY 9015 STRADA STELL COURT, #204 NAPLES, FL 34109	59-1026096	501(C)(3)	2,500.	0.			ANNUAL FUND
UNITED WAY OF COLLIER COUNTY 9015 STRADA STELL COURT, #204 NAPLES, FL 34109	59-1026096	501(C)(3)	26,214.	0.			COLLIER 211 SUPPORT
UNITED WAY OF COLLIER COUNTY 9015 STRADA STELL COURT, #204 NAPLES, FL 34109	59-1026096	501(C)(3)	2,000.	0.			COMMUNITY NEEDS ANNUAL DRIVE
UNITED WAY OF COLLIER COUNTY 9015 STRADA STELL COURT, #204 NAPLES, FL 34109	59-1026096	501(C)(3)	3,000.	0.			GENERAL FUND

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UNITED WAY OF COLLIER COUNTY 9015 STRADA STELL COURT, #204 NAPLES, FL 34109	59-1026096	501(C)(3)	14,600.	0.			UNRESTRICTED
UNITED WAY OF LEE COUNTY, INC. 7273 CONCOURSE DRIVE FT. MYERS, FL 33908	59-1005169	501(C)(3)	10,000.	0.			MEDITERRA COMMUNITY DRIVE FOR 2017-2018. 50% FOR LEE COUNTY AND 50% FOR COLLIER COUNTY.
UNIVERSITY OF VIRGINIA LAW SCHOOL FOUNDATION - 580 MASSIE ROAD - CHARLOTTESVILLE, VA 22907	54-0838566	501(C)(3)	10,000.	0.			MULTI-YEAR GRANT (NON-BINDING)
UNIVERSITY OF WISCONSIN FOUNDATION 1848 UNIVERSITY AVENUE MADISON, WI 53726	39-0743975	501(C)(3)	10,000.	0.			SCHOOL OF VETERINARY MEDICINE FUND
VAIL CHRISTIAN HIGH SCHOOL 31621 HIGHWAY 6 EDWARDS, CO 81632	84-1464946	501(C)(3)	5,000.	0.			UNDERWRITING SUPPORT FOR PRODUCTION SHOW
VALERIE'S HOUSE P.O. BOX 1955 FT. MYERS, FL 33902	47-3701240	501(C)(3)	15,000.	0.			COLLIER COUNTY SPANISH SPEAKING GRIEF GROUP
VILLAGE SCHOOL OF NAPLES, INC. 6000 GOODLETTE ROAD N. NAPLES, FL 34109	20-3171964	501(C)(3)	5,000.	0.			SUMMER BAND CAMP
WVCU PUBLIC MEDIA 10501 FGCU BLVD. S. FT. MYERS, FL 33965	65-0403969	501(C)(3)	350.	0.			ANNUAL CONTRIBUTIONS
WVCU PUBLIC MEDIA 10501 FGCU BLVD. S. FT. MYERS, FL 33965	65-0403969	501(C)(3)	250.	0.			GENERAL USE

Schedule I (Form 990)



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

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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.)

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WGCU PUBLIC MEDIA 10501 FGCU BLVD. S. FT. MYERS, FL 33965	65-0403969	501(C)(3)	3,000.	0.			PUBLIC RADIO
WGCU PUBLIC MEDIA 10501 FGCU BLVD. S. FT. MYERS, FL 33965	65-0403969	501(C)(3)	2,950.	0.			UNRESTRICTED USE
WHITAKER CENTER FOR SCIENCE AND THE ARTS - 225 MARKET STREET - HARRISBURG, PA 17101-2205	25-1724566	501(C)(3)	5,000.	0.			UNRESTRICTED USE
YALE UNIVERSITY P.O. BOX 803 NEW HAVEN, CT 06503-0803	06-0646973	501(C)(3)	25,000.	0.			UNRESTRICTED USE
YALE UNIVERSITY P.O. BOX 803 NEW HAVEN, CT 06503-0803	06-0646973	501(C)(3)	5,000.	0.			YALE ALUMNI FUND, CLASS OF 1965
YMCA OF THE PALMS/GREATER NAPLES YMCA - 5450 YMCA ROAD - NAPLES, FL 34109	23-7039993	501(C)(3)	10,000.	0.			CHILDCARE SERVICES
YMCA OF THE PALMS/GREATER NAPLES YMCA - 5450 YMCA ROAD - NAPLES, FL 34109	23-7039993	501(C)(3)	2,500.	0.			HURRICANE IRMA EMPLOYEE RELIEF
YMCA OF THE PALMS/GREATER NAPLES YMCA - 5450 YMCA ROAD - NAPLES, FL 34109	23-7039993	501(C)(3)	4,000.	0.			SWIM CLASSES OFFERED FOR ECONOMICALLY NEEDY CHILDREN
YMCA OF THE PALMS/GREATER NAPLES YMCA - 5450 YMCA ROAD - NAPLES, FL 34109	23-7039993	501(C)(3)	500.	0.			YOUTH AFTER-SCHOOL PROGRAMS

Schedule I (Form 990)

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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
YMCA OF THE PALMS/GREATER NAPLES YMCA - 5450 YMCA ROAD - NAPLES, FL 34109	23-7039993	501(C)(3)	1,000.	0.			YOUTH SPORTS
YOUNG AUDIENCES OF SWFL 705 PINESIDE LANE NAPLES, FL 34108	47-4669409	501(C)(3)	15,000.	0.			IMMOKALEE MIDDLE SCHOOL AFTER SCHOOL THEATER PROGRAM
YOUNG LIFE P. O. BOX 112481 NAPLES, FL 34108	84-0385934	501(C)(3)	1,150.	0.			FGCU YOUNG LIFE
YOUNG LIFE P. O. BOX 112481 NAPLES, FL 34108	84-0385934	501(C)(3)	1,000.	0.			GENERAL FUND
YOUNG LIFE P. O. BOX 112481 NAPLES, FL 34108	84-0385934	501(C)(3)	5,000.	0.			SUPPORT THE YOUNG LIFE NAPLES, FL CHAPTER
YOUNG LIFE P. O. BOX 112481 NAPLES, FL 34108	84-0385934	501(C)(3)	10,000.	0.			SUPPORT THE YOUNG LIFE SOUTHWEST FL AREA
YOUTH HAVEN 5867 WHITAKER ROAD NAPLES, FL 34112	23-7065187	501(C)(3)	1,000.	0.			ANNUAL APPEAL
YOUTH HAVEN 5867 WHITAKER ROAD NAPLES, FL 34112	23-7065187	501(C)(3)	500.	0.			BEST USE
YOUTH HAVEN 5867 WHITAKER ROAD NAPLES, FL 34112	23-7065187	501(C)(3)	250.	0.			DIRECT SERVICES

Schedule I (Form 990)

**COMMUNITY FOUNDATION OF COLLIER  
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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
YOUTH HAVEN 5867 WHITAKER ROAD NAPLES, FL 34112	23-7065187	501(C)(3)	15,000.	0.			SUPPORT THE HOMELESS TEEN TRANSITIONAL LIVING PROGRAM AND THE RAPID RE-HOUSING PROGRAM
YOUTH HAVEN 5867 WHITAKER ROAD NAPLES, FL 34112	23-7065187	501(C)(3)	8,861.	0.			UNRESTRICTED USE
LOUISVILLE COLLEGIATE SCHOOL 2427 GLENMARY AVENUE LOUISVILLE, KY 40204	61-0449630	501(C)(3)	10,000.	0.			SECOND CENTURY COMPREHENSIVE CAMPAIGN

COMMUNITY FOUNDATION OF COLLIER  
COUNTY, INC.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIP	61	804,511.	0.		

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA

(H) PURPOSE OF GRANT OR ASSISTANCE: FOUR 1-HOUR PRESENTATIONS AT  
FOOTSTEPS FOR THE FUTURE ON SEX EDUCATION/WOMEN'S HEALTH BY DR. FROSTINO

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.

**Part IV** Supplemental Information

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

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2017**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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

**Part I Questions Regarding Compensation**

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

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

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

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

**3** Indicate which, if any, of the following the 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" on line 5a or 5b, describe in Part III.

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

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

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

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

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

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

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

Schedule J (Form 990) 2017

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MS. EILEEN CONNOLLY-KEESLER PRESIDENT & CEO	(i)	180,000.	8,150.	0.	9,000.	20,566.	217,716.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

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

PART I, LINE 7:

THE CEO AND CFO RECEIVED DISCRETIONARY BONUSES DURING THE CALENDAR YEAR OF  
\$8,150 AND \$3,650, RESPECTIVELY.



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2017**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	41	6,084,688.	
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 isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

SCHEDULE M, LINE 32B:

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

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

COMMUNITY FOUNDATION OF COLLIER  
COUNTY, INC.

Employer identification number  
59-2396243

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

TO INCREASE AND FOCUS PRIVATE PHILANTHROPY IN THE COLLIER COUNTY AREA.

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

TRUSTEES AND THE PROFESSIONAL STAFF OF THE FOUNDATION. ORGANIZATIONS,

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

BEST FITS THEIR FINANCIAL AND CHARITABLE GOALS. ACCOUNTABILITY,

FLEXIBILITY AND EXPERTISE ARE THE VALUES AND BEHAVIORS THAT GOVERN ALL

FOUNDATION TRANSACTIONS. THE TAX BENEFITS OF INVESTING WITH THE

FOUNDATION ARE REALIZED IMMEDIATELY AND CHARITABLE DECISIONS CAN BE

DEFERRED.

PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

DONOR SERVICES:

THE FOUNDATION CURRENTLY MANAGES 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

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

Name of the organization	COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.	Employer identification number	59-2396243
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NEEDS REPORTING TO OUR FUND HOLDERS AND 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, SUPPORT NEW AND EXISTING PROGRAMS THAT ADDRESS CRITICAL NEEDS AND COLLECT VITAL SIGNS OR INDICATORS OF COMMUNITY NEEDS. A SECOND, BUT EQUALLY IMPORTANT GOAL OF THE COMMUNITY GRANTMAKING PROGRAM IS TO MOBILIZE COMMUNITY RESOURCES BY ENGAGING OUR DONORS IN THE GRANTS AND/OR SCHOLARSHIP PROCESS. GRANTS ARE FOCUSED ON HEALTHCARE, EDUCATION, HUMAN 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.

ALSO UNDER THE COMMUNITY GRANTMAKING PROGRAM ARE THE DYNAMIC

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

Employer identification number  
**59-2396243**

**SCHOLARSHIP OPPORTUNITIES PROVIDED TO SUPPORT EDUCATION FOR STUDENTS OF ALL AGES.**

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

**WOMEN'S FOUNDATION OF COLLIER COUNTY FUND:**

**THE WOMEN'S FOUNDATION OF COLLIER COUNTY (WFCC) FUND WAS CREATED AS A FIELD OF INTEREST ENDOWMENT FUND, WHICH HAS GROWN TO OVER \$1.2 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 SERVE THE CURRENT AND CHANGING NEEDS OF WOMEN AND GIRLS IN COLLIER COUNTY THROUGH GRANTMAKING. 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 INTIATIVE 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. DURING THE FISCAL YEAR ENDING 2018, THIS COMMITTEE HAD 5 MEMBERS.**

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

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

Name of the organization	COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.	Employer identification number	59-2396243
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FOUNDATION'S AUDITOR THEN REVIEWS THE FORM 990 AND RELATED DOCUMENTS WITH THE BOARD BEFORE THE FORM 990 IS FILED WITH THE IRS.

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

THE COMMUNITY FOUNDATION HAS GOVERNANCE AND ETHICS POLICIES THAT INCLUDE CONFIDENTIALITY, CONFLICT OF INTEREST, ETHICS AND WHISTLEBLOWER POLICIES. ANNUALLY, EACH BOARD MEMBER IS REQUIRED TO DISCLOSE POTENTIAL AND ACTUAL CONFLICTS OF INTEREST AS WELL AS SIGN OFF THAT THEY UNDERSTAND AND WILL ADHERE TO THESE POLICIES. THE FOUNDATION'S GOVERNANCE COMMITTEE HANDLES ALL ETHICS, CONFIDENTIALITY, 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 PAST CHAIR, CHAIR AND CHAIR-ELECT CONSTITUTE THE CFCC COMPENSATION COMMITTEE, WHICH IS RESPONSIBLE FOR THE ANNUAL EVALUATION AND RECOMMENDATIONS FOR THE COMPENSATION OF THE PRESIDENT AND CEO, WHICH IS APPROVED BY THE BOARD. 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. THE COMPENSATION COMMITTEE USES THE PERFORMANCE EVALUATIONS TO DETERMINE THE ACHIEVEMENT LEVEL OF BONUS PAYMENTS. THE COMPENSATION 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 2018. COMPENSATION OF KEY

Name of the organization COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.	Employer identification number 59-2396243
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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 ORGANIZAITON'S WEBSITE AND THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVILABLE BY REQUEST DURING BUSINESS HOURS.

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

CHANGE IN VALUE OF BENEFICIAL INTEREST	3,471.
CHANGE IN VALUE OF SPLIT INTEREST & ANNUITY OBLIGAITON	342,615.
OTHER	
TOTAL TO FORM 990, PART XI, LINE 9	346,086.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2017**

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 2018.	FLORIDA	0.	0.	COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.
JFN 4444, LLC - 59-2396243 1110 PINE RIDGE ROAD, #200 NAPLES, FL 34108	REAL ESTATE COMPANY WITH RENTAL REVENUE. NET INCOME TO DAF IN FOUNDATION.	FLORIDA	150,871.	1,756,063.	COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
KAPNICK FUND, INC. - 82-1038131 1110 PINE RIDGE ROAD #200 NAPLES, FL 34108	TO SUPPORT CHARITABLE ORGANIZATION	FLORIDA	501(C)(3)	509(A)(3) TYPE 1	COMMUNITY FOUNDATION OF COLLIER COUNTY	X	

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

Schedule R (Form 990) 2017



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

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

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

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

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

SEE PART VII FOR CONTINUATIONS

**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
<b>(1)</b> WILLIAM J. KIECKHEFER CHARITABLE REMAINDER TRUST	S	291,368.	FMV
<b>(2)</b> JACK W. THOMPSON CLAT	S	19,000.	FMV
<b>(3)</b>			
<b>(4)</b>			
<b>(5)</b>			
<b>(6)</b>			

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

Schedule R (Form 990) 2017

**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

**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:

WILLIAM J. KIECKHEFER CHARITABLE REMAINDER TRUST

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

NAME OF RELATED ORGANIZATION:

ELEANOR B. SWEET CHARITABLE REMAINDER TRUST

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

NAME OF RELATED ORGANIZATION:

SHELLHORN FAMILY CHARITABLE REMAINDER TRUST

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

NAME OF RELATED ORGANIZATION:

JACK W. THOMPSON CLAT

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

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

**2017**

For calendar year 2017 or other tax year beginning JUL 1, 2017, and ending JUN 30, 2018

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury  
Internal Revenue Service

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

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a)</p>	Print or Type	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.  <b>1110 PINE RIDGE ROAD, NO. 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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<p><b>C</b> Book value of all assets at end of year  <b>168,464,393.</b></p>	<p><b>F</b> Group exemption number (See instructions.) ▶</p> <p><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</p>
--	--

**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**

<b>Part I Unrelated Trade or Business Income</b>	(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>	<b>2,473.</b>	<b>2,473.</b>
<b>6</b> Rent income (Schedule C)	<b>6</b>	<b>STMT 2</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>	<b>2,473.</b>	<b>2,473.</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>20</b>	<b>147.</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>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>147.</b>
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	<b>30</b>	<b>2,326.</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>2,326.</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>1,326.</b>

COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.

**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 SEE STATEMENT 6	35c	238.
<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)		36	
<b>37 Proxy tax.</b> See instructions		37	
<b>38 Alternative minimum tax</b>		38	
<b>39 Tax on Non-Compliant Facility Income.</b> See instructions		39	
<b>40 Total.</b> Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40	238.

**Part IV Tax and Payments**

<b>41a</b>	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a	
<b>b</b>	Other credits (see instructions)	41b	
<b>c</b>	General business credit. Attach Form 3800	41c	
<b>d</b>	Credit for prior year minimum tax (attach Form 8801 or 8827)	41d	
<b>e</b>	<b>Total credits.</b> Add lines 41a through 41d	41e	
<b>42</b>	Subtract line 41e from line 40	42	238.
<b>43</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)	43	
<b>44</b>	<b>Total tax.</b> Add lines 42 and 43	44	238.
<b>45a</b>	Payments: A 2016 overpayment credited to 2017	45a	
<b>b</b>	2017 estimated tax payments	45b	
<b>c</b>	Tax deposited with Form 8868	45c	
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions)	45d	
<b>e</b>	Backup withholding (see instructions)	45e	
<b>f</b>	Credit for small employer health insurance premiums (Attach Form 8941)	45f	
<b>g</b>	Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	45g	
<b>46</b>	<b>Total payments.</b> Add lines 45a through 45g	46	
<b>47</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	47	
<b>48</b>	<b>Tax due.</b> If line 46 is less than the total of lines 44 and 47, enter amount owed STATEMENT 4	48	238.
<b>49</b>	<b>Overpayment.</b> If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49	
<b>50</b>	Enter the amount of line 49 you want: Credited to 2018 estimated tax Refunded	50	

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

<b>51</b>	At any time during the 2017 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>52</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>53</b>	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

**Sign Here**

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

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ CEO \_\_\_\_\_ Title \_\_\_\_\_

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

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
BARRY F. HOLES	BARRY F. HOLES	01/16/19		P00055337
Firm's name HILL, BARTH & KING LLC			Firm's EIN 34-1897225	
3838 TAMIAMI TRAIL NORTH, SUITE 200				
Firm's address NAPLES, FL 34103			Phone no. (239) 263-2111	

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

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

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) .....

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ... 0.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			
(2)			
(3)			
(4)			
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Totals</b> .....		Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
		0.	0.
<b>Total dividends-received deductions</b> included in column 8 .....			0.

COMMUNITY FOUNDATION OF COLLIER

Form 990-T (2017) COUNTY, INC.

59-2396243

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
<b>Totals</b>			0.	0.

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
<b>Totals</b>		0.		0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
<b>Totals</b>	0.	0.				0.

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

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



COMMUNITY FOUNDATION OF COLLIER

Form 990-T (2017) COUNTY, INC.

59-2396243

Page 5

**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> .....	<b>0.</b>	<b>0.</b>				<b>0.</b>
<b>Totals, Part II (lines 1-5)</b> .....	Enter here and on page 1, Part I, line 11, col. (A). <b>0.</b>	Enter here and on page 1, Part I, line 11, col. (B). <b>0.</b>				Enter here and on page 1, Part II, line 27. <b>0.</b>

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 .....			<b>0.</b>

Form 990-T (2017)

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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.

TO FORM 990-T, PAGE 1

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FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS AND S CORPORATIONS	STATEMENT 2
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DESCRIPTION	AMOUNT
MILL CREEK STRATEGIC RETURN, LP - PRIVATE EQUITY III SERIES	1,809.
MILL CREEK STRATEGIC RETURN, LP - PRIVATE EQUITY III SERIES	245.
MILL CREEK PRIVATE QUITTY FUND IV, L.P.	734.
PRIVATE EQUITY CORE FUND (QP) IV, LP	2,107.
PRIVATE EQUITY CORE FUND (QP) IV, LP	-46.
PRIVATE EQUITY CORE FUND (QP) VI, LP	104.
PRIVATE EQUITY CORE FUND (QP) VI, LP	-3.
FIFTH AVENUE ABSOLUTE RETURN FUND LLC	-2,518.
FIFTH AVENUE ABSOLUTE RETURN FUND LLC	41.

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TOTAL TO FORM 990-T, PAGE 1, LINE 5	2,473.
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FORM 990-T	CONTRIBUTIONS SUMMARY	STATEMENT 3
QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT		
CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS		
FOR TAX YEAR 2012		
FOR TAX YEAR 2013		
FOR TAX YEAR 2014		
FOR TAX YEAR 2015	9,406,633	
FOR TAX YEAR 2016	6,695,290	
TOTAL CARRYOVER		16,101,923
TOTAL CURRENT YEAR 10% CONTRIBUTIONS		
TOTAL CONTRIBUTIONS AVAILABLE		16,101,923
TAXABLE INCOME LIMITATION AS ADJUSTED		147
EXCESS 10% CONTRIBUTIONS		16,101,776
EXCESS 100% CONTRIBUTIONS		0
TOTAL EXCESS CONTRIBUTIONS		16,101,776
ALLOWABLE CONTRIBUTIONS DEDUCTION		147
TOTAL CONTRIBUTION DEDUCTION		147

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FORM 990-T	INTEREST AND PENALTIES	STATEMENT 4
TAX FROM FORM 990-T, PART IV		
LATE PAYMENT PENALTY		238.
		4.
TOTAL AMOUNT DUE		242.

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FORM 990-T	LATE PAYMENT PENALTY			STATEMENT 5	
DESCRIPTION	DATE	AMOUNT	BALANCE	MONTHS	PENALTY
TAX DUE	11/15/18	238.	238.	3	4.
DATE FILED	01/16/19		238.		
TOTAL LATE PAYMENT PENALTY					4.

FORM 990-T

LINE 35C TAX COMPUTATION

STATEMENT 6

1.	TAXABLE INCOME . . . . .		1,326
2.	LESSER OF LINE 1 OR FIRST BRACKET AMOUNT . .		1,326
3.	LINE 1 LESS LINE 2 . . . . .		0
4.	LESSER OF LINE 3 OR SECOND BRACKET AMOUNT . .		0
5.	LINE 3 LESS LINE 4 . . . . .		0
6.	INCOME SUBJECT TO 34% TAX RATE . . . . .		0
7.	INCOME SUBJECT TO 35% TAX RATE . . . . .		0
8.	15 PERCENT OF LINE 2 . . . . .		199
9.	25 PERCENT OF LINE 4 . . . . .		0
10.	34 PERCENT OF LINE 6 . . . . .		0
11.	35 PERCENT OF LINE 7 . . . . .		0
12.	ADDITIONAL 5% SURTAX . . . . .		0
13.	ADDITIONAL 3% SURTAX . . . . .		0
14.	TOTAL INCOME TAX		<u>199</u>
15.	TAX AT 21% RATE EFFECTIVE AFTER 12/31/2017		<u>278</u>
		DAYS	
16.	TAX PRORATED FOR NUMBER OF DAYS IN 2017	184	100
17.	TAX PRORATED FOR NUMBER OF DAYS IN 2018	181	138
18.	TOTAL TAX PRORATED	<u>365</u>	<u>238</u>

# Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund

Information about Form 8621 and its separate instructions is at [www.irs.gov/form8621](http://www.irs.gov/form8621).

Name of shareholder <b>COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.</b>	Identifying number (see instructions) <b>59-2396243</b>
Number, street, and room or suite no. (If a P.O. box, see instructions.) <b>1110 PINE RIDGE ROAD, NO. 200</b>	Shareholder tax year: calendar year <b>JUL 1, 2017</b> and ending or other tax year beginning <b>JUN 30, 2018</b>
City or town, state, and ZIP code or country <b>NAPLES, FL 34108</b>	
Check type of shareholder filing the return: <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> Nongrantor Trust <input type="checkbox"/> Estate	
Check if any Excepted Specified Foreign Financial Assets are Reported on this Form (see instructions) <input type="checkbox"/>	
Name of passive foreign investment company (PFIC) or qualified electing fund (QEF) <b>AG OWL SELECT OFFSHORE, LTD</b>	Employer identification number (if any) <b>98-1229096</b>
Address (Enter number, street, city or town, and country.) <b>190 ELGIN AVE, GEORGE TOWN GRAND CAYMAN, CAYMAN ISLANDS KY1-9005</b>	Reference ID number (see instructions)
	Tax year of PFIC or QEF: calendar year <b>2017</b> or other tax year beginning , and ending , .

## Part I Summary of Annual Information (See instructions.)

Provide the following information with respect to all shares of the PFIC held by the shareholder:

- Description of each class of shares held by the shareholder: **ORDINARY**  
 Check if shares jointly owned with spouse.
- Date shares acquired during the taxable year, if applicable: \_\_\_\_\_
- Number of shares held at the end of the taxable year: \_\_\_\_\_
- Value of shares held at the end of the taxable year (check the appropriate box, if applicable):  
(a)  \$0-50,000 (b)  \$50,001-100,000 (c)  \$100,001-150,000 (d)  \$150,001-200,000  
(e) If more than \$200,000, list value: **378,257.**
- Type of PFIC and amount of any excess distribution or gain treated as an excess distribution under section 1291, inclusion under section 1293, or inclusion or deduction under section 1296:  
(a)  Section 1291 \$ \_\_\_\_\_  
(b)  Section 1293 (Qualified Electing Fund) \$ **64,973.**  
(c)  Section 1296 (Mark to Market) \$ \_\_\_\_\_

## Part II Elections (See instructions.)

**SEE STATEMENT 7**

- A**  **Election To Treat the PFIC as a QEF.** I, a shareholder of a PFIC, elect to treat the PFIC as a QEF. Complete lines 6a through 7c of Part III.
- B**  **Election To Extend Time For Payment of Tax.** I, a shareholder of a QEF, elect to extend the time for payment of tax on the undistributed earnings and profits of the QEF until this election is terminated. Complete lines 8a through 9c of Part III to calculate the tax that may be deferred.  
**Note:** If any portion of line 6a or line 7a of Part III is includible under section 951, you may not make this election. Also, see sections 1294(c) and 1294(f) and the related regulations for events that terminate this election.
- C**  **Election To Mark-to-Market PFIC Stock.** I, a shareholder of a PFIC, elect to mark-to-market the PFIC stock that is marketable within the meaning of section 1296(e). Complete Part IV.
- D**  **Deemed Sale Election.** I, a shareholder on the first day of a PFIC's first tax year as a QEF, elect to recognize gain on the deemed sale of my interest in the PFIC. Enter gain or loss on line 15f of Part V.
- E**  **Deemed Dividend Election.** I, a shareholder on the first day of a PFIC's first tax year as a QEF that is a controlled foreign corporation (CFC), elect to treat an amount equal to my share of the post-1986 earnings and profits of the CFC as an excess distribution. Enter this amount on line 15e of Part V. If the excess distribution is greater than zero, also complete line 16 of Part V.
- F**  **Election To Recognize Gain on Deemed Sale of PFIC.** I, a shareholder of a former PFIC or a PFIC to which section 1297(d) applies, elect to treat as an excess distribution the gain recognized on the deemed sale of my interest in the PFIC on the last day of its last tax year as a PFIC under section 1297(a). Enter gain on line 15f of Part V.
- G**  **Deemed Dividend Election With Respect to a Section 1297(e) PFIC.** I, a shareholder of a section 1297(e) PFIC, within the meaning of Regulations section 1.1297-3(a), elect to make a deemed dividend election with respect to the Section 1297(e) PFIC. My holding period in the stock of the Section 1297(e) PFIC includes the CFC qualification date, as defined in Regulations section 1.1297-3(d). Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.
- H**  **Deemed Dividend Election With Respect to a Former PFIC.** I, a shareholder of a former PFIC, within the meaning of Regulations section 1.1298-3(a), elect to make a deemed dividend election with respect to the former PFIC. My holding period in the stock of the former PFIC includes the termination date, as defined in Regulations section 1.1298-3(d). Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.

**Part III Income From a Qualified Electing Fund (QEF).** All QEF shareholders complete lines 6a through 7c. If you are making Election B, also complete lines 8a through 9c. (See instructions.)

<b>6 a</b>	Enter your pro rata share of the ordinary earnings of the QEF .....	<b>6a</b>	50,544.		
<b>b</b>	Enter the portion of line 6a that is included in income under section 951 or that may be excluded under section 1293(g) .....	<b>6b</b>			
<b>c</b>	Subtract line 6b from line 6a. Enter this amount on your tax return as ordinary income .....	<b>6c</b>		50,544.	
<b>7 a</b>	Enter your pro rata share of the total net capital gain of the QEF .....	<b>7a</b>	14,429.		
<b>b</b>	Enter the portion of line 7a that is included in income under section 951 or that may be excluded under section 1293(g) .....	<b>7b</b>			
<b>c</b>	Subtract line 7b from line 7a. This amount is a net long-term capital gain. Enter this amount in Part II of the Schedule D used for your income tax return. (See instructions.) .....	<b>7c</b>		14,429.	

**Complete lines 8 and 9 only if you are making a section 1294 election (Election B) for the current tax year.**

<b>8 a</b>	Add lines 6c and 7c .....	<b>8a</b>			
<b>b</b>	Enter the total amount of cash and the fair market value of other property distributed or deemed distributed to you during the tax year of the QEF. (See instructions.) .....	<b>8b</b>			
<b>c</b>	Enter the portion of line 8a not already included in line 8b that is attributable to shares in the QEF that you disposed of, pledged, or otherwise transferred during the tax year .....	<b>8c</b>			
<b>d</b>	Add lines 8b and 8c .....	<b>8d</b>			
<b>e</b>	Subtract line 8d from line 8a, and enter the difference (if zero or less, enter amount in brackets) .....	<b>8e</b>			
<b>Important:</b> If line 8e is greater than zero, and no portion of line 6a or 7a is includible in income under section 951, you may make Election B with respect to the amount on line 8e.					
<b>9 a</b>	Enter the total tax for the tax year (See instructions.) .....	<b>9a</b>			
<b>b</b>	Enter the total tax for the tax year determined without regard to the amount entered on line 8e .....	<b>9b</b>			
<b>c</b>	Subtract line 9b from line 9a. <b>This is the deferred tax, the time for payment of which is extended by making Election B</b> .....	<b>9c</b>			

**Part IV Gain or (Loss) From Mark-to-Market Election** (See instructions.)

<b>10a</b>	Enter the fair market value of your PFIC stock at the end of the tax year .....	<b>10a</b>			
<b>b</b>	Enter your adjusted basis in the stock at the end of the tax year .....	<b>10b</b>			
<b>c</b>	Subtract line 10b from line 10a. If a gain, do not complete lines 11 and 12. Include this amount as ordinary income on your tax return. If a loss, go to line 11 .....	<b>10c</b>			
<b>11</b>	Enter any unreversed inclusions (as defined in section 1296(d)) .....	<b>11</b>			
<b>12</b>	Enter the loss from line 10c, but only to the extent of unreversed inclusions on line 11. Include this amount as an ordinary loss on your tax return .....	<b>12</b>			
<b>13</b>	<b>If you sold or otherwise disposed of any section 1296 stock (see instructions) during the tax year:</b>				
<b>a</b>	Enter the fair market value of the stock on the date of sale or disposition .....	<b>13a</b>			
<b>b</b>	Enter the adjusted basis of the stock on the date of sale or disposition .....	<b>13b</b>			
<b>c</b>	Subtract line 13b from line 13a. If a gain, do not complete line 14. Include this amount as ordinary income on your tax return. If a loss, go to line 14 .....	<b>13c</b>			
<b>14a</b>	Enter any unreversed inclusions (as defined in section 1296(d)) .....	<b>14a</b>			
<b>b</b>	Enter the loss from line 13c, but only to the extent of unreversed inclusions on line 14a. Include this amount as an ordinary loss on your tax return. If the loss on line 13c exceeds unreversed inclusions on line 14a, complete line 14c .....	<b>14b</b>			
<b>c</b>	Enter the amount by which the loss on line 13c exceeds unreversed inclusions on line 14a. Include this amount on your tax return according to the rules generally applicable for losses provided elsewhere in the Code and regulations .....	<b>14c</b>			

**Note:** See instructions in case of multiple sales or dispositions.

**Part V Distributions From and Dispositions of Stock of a Section 1291 Fund** (See instructions.)

*Complete a separate Part V for each excess distribution and disposition (see instructions).*

<p><b>15 a</b> Enter your total distributions from the section 1291 fund during the current tax year with respect to the applicable stock. If the holding period of the stock began in the current tax year, see instructions .....</p>	<p><b>15a</b></p>	
<p><b>b</b> Enter the total distributions (reduced by the portions of such distributions that were excess distributions but not included in income under section 1291(a)(1)(B)) made by the fund with respect to the applicable stock for each of the 3 years preceding the current tax year (or if shorter, the portion of the shareholder's holding period before the current tax year) .....</p>	<p><b>15b</b></p>	
<p><b>c</b> Divide line 15b by 3. (See instructions if the number of preceding tax years is less than 3.) .....</p>	<p><b>15c</b></p>	
<p><b>d</b> Multiply line 15c by 125% (1.25) .....</p>	<p><b>15d</b></p>	
<p><b>e</b> Subtract line 15d from line 15a. This amount, if more than zero, is the excess distribution with respect to the applicable stock. If there is an excess distribution, complete line 16. If zero or less and you did not dispose of stock during the tax year, <b>do not</b> complete the rest of Part V. See instructions if you received more than one distribution during the current tax year. Also, see instructions for rules for reporting a nonexcess distribution on your income tax return .....</p>	<p><b>15e</b></p>	
<p><b>f</b> Enter gain or loss from the disposition of stock of a section 1291 fund or former section 1291 fund. If a gain, complete line 16. If a loss, show it in brackets and <b>do not</b> complete line 16 .....</p>	<p><b>15f</b></p>	
<p><b>16 a</b> If there is a positive amount on line 15e or 15f (or both), attach a statement for each excess distribution and disposition. Show your holding period for each share of stock or block of shares held. Allocate the excess distribution or gain to each day in your holding period. Add all amounts that are allocated to days in each tax year.</p>		
<p><b>b</b> Enter the total of the amounts determined in line 16a that are allocable to the current tax year and tax years before the foreign corporation became a PFIC (pre-PFIC years). Enter these amounts on your income tax return as other income .....</p>	<p><b>16b</b></p>	
<p><b>c</b> Enter the aggregate increases in tax (before credits) for each tax year in your holding period (other than the current tax year and pre-PFIC years). (See instructions.) .....</p>	<p><b>16c</b></p>	
<p><b>d</b> Foreign tax credit. (See instructions.) .....</p>	<p><b>16d</b></p>	
<p><b>e</b> Subtract line 16d from line 16c. Enter this amount on your income tax return as "additional tax." (See instructions.) .....</p>	<p><b>16e</b></p>	
<p><b>f</b> Determine interest on each net increase in tax determined on line 16e using the rates and methods of section 6621. Enter the aggregate amount of interest here. (See instructions.) .....</p>	<p><b>16f</b></p>	

**Part VI Status of Prior Year Section 1294 Elections and Termination of Section 1294 Elections**

*Complete a separate column for each outstanding election.*

Complete lines 17 through 20 to report the status of outstanding prior year section 1294 elections.						
	(i)	(ii)	(iii)	(iv)	(v)	(vi)
17 Tax year of outstanding election .....						
18 Undistributed earnings to which the election relates						
19 Deferred tax .....						
20 Interest accrued on deferred tax (line 19) as of the filing date .....						
<b>Complete lines 21 through 24 only if a section 1294 election is terminated in the current year.</b>						
21 Event terminating election						
22 Earnings distributed or deemed distributed during the tax year .....						
23 Deferred tax due with this return .....						
24 Accrued interest due with this return .....						
<b>Complete lines 25 and 26 only if there is a partial termination of a section 1294 election in the current tax year.</b>						
25 Deferred tax outstanding after partial termination of election. Subtract line 23 from line 19 .....						
26 Interest accrued after partial termination of election. Subtract line 24 from line 20						



FORM 8621

ADDITIONAL INFORMATION

STATEMENT 7

NAME OF PASSIVE FOREIGN INVESTMENT COMPANY OR QUALIFIED ELECTING FUND

AG OWL SELECT OFFSHORE, LTD

CLASS OF STOCK	NUMBER OF SHARES AT BEGINING OF YEAR	CHANGE IN NUMBER OF SHARES	DATE OF CHANGE	NUMBER OF SHARES AT END OF YEAR	VALUE OF SHARES HELD AT END OF YEAR
ORDINARY					378,257.00

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868) .**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. <b>COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.</b>	Employer identification number (EIN) or  <b>59-2396243</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1110 PINE RIDGE ROAD, NO. 200</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NAPLES, FL 34108</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**LISETTE HOLMES**

• The books are in the care of ▶ **1110 PINE RIDGE ROAD, NO. 200 - NAPLES, FL 34108**  
Telephone No. ▶ **239-649-5000** Fax No. ▶ \_\_\_\_\_

• If the organization does not have an office or place of business in the United States, check this box    
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year \_\_\_\_\_ or  
▶  tax year beginning **JUL 1, 2017**, and ending **JUN 30, 2018**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

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

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

**MAIL TO: DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE CENTER  
OGDEN, UT 84201-0045**

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868) .**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
Type or print  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. <b>COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.</b>	Employer identification number (EIN) or  <b>59-2396243</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1110 PINE RIDGE ROAD, NO. 200</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NAPLES, FL 34108</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**LISETTE HOLMES**

• The books are in the care of ▶ **1110 PINE RIDGE ROAD, NO. 200 - NAPLES, FL 34108**  
Telephone No. ▶ **239-649-5000** Fax No. ▶ \_\_\_\_\_

• If the organization does not have an office or place of business in the United States, check this box    
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year \_\_\_\_\_ or  
▶  tax year beginning **JUL 1, 2017**, and ending **JUN 30, 2018**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	350.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	350.

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

**MAIL TO: DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE CENTER  
OGDEN, UT 84201-0045**

# TAX RETURN FILING INSTRUCTIONS

FLORIDA F-1120

FOR THE YEAR ENDING

JUNE 30, 2018

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**PREPARED FOR:**

COMMUNITY FOUNDATION OF COLLIER  
COUNTY, INC.  
1110 PINE RIDGE ROAD NO. 200  
NAPLES, FL 34108

---

**PREPARED BY:**

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

---

**TO BE SIGNED AND DATED BY:**

NOT APPLICABLE

---

**AMOUNT OF TAX:**

TOTAL TAX	\$	0
LESS: PAYMENTS AND CREDITS	\$	0
PLUS: OTHER AMOUNT		0
PLUS: INTEREST AND PENALTIES	\$	0
NO PAYMENT REQUIRED	\$	0

---

**OVERPAYMENT:**

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

---

**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

---

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

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE FLORIDA DOR, PLEASE CONTACT OUR OFFICE. WE WILL THEN SUBMIT YOUR ELECTRONIC RETURN TO THE FLORIDA DOR. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FLORIDA DOR.

---

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

NOT APPLICABLE

---

**SPECIAL INSTRUCTIONS:**

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

**1019**  
F-7004  
R. 01/17  
Rule 12C-1.051  
Florida Administrative Code  
Effective 01/17

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

F-7004  
R. 01/17

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

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

**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** .

744961  
10-11-17

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

**1019**  
F-7004  
R. 01/17

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

FEIN 59-2396243  
Taxable Year End 06/30/18  
FILING STATUS Partnership  Corporation   
All other federal returns to be filed \_\_\_\_\_  
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
20180630	0	0	0
0	0	0	0
012	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0

0

8833 0 20180630 0002005030 2 3592396243 0000 6



Florida Corporate Income/Franchise Tax Return

FEIN 59-2396243

F-1120, R. 01/17 1019

For calendar year 2017 or tax year beginning

JUL 1

, 2017 ending

JUN 30, 2018

Rule 12C-1.051 Florida Administrative Code Effective 01/17

883302018063000020050375359239624300006

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

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

Computation of Florida Net Income Tax

Table with 3 columns: Description, Check here if negative, Amount. Rows include Federal taxable income, State income taxes, Additions, Subtractions, Florida exemption, and Total amount due.

Florida Corporate Income Tax Return

1019 F-1120 R. 01/17

Do Not Detach

YEAR ENDING 06/30/18

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

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

If 6/30 year end, return is due 1st day of the 4th month after the close of the taxable year, otherwise return is due 1st day of the 5th month after the close of the taxable year.

Table with 4 columns: Identification numbers (592396243, 20170701, 20180630, 00000000, 012, 201, 132600, 0) and corresponding values (14700, 0, 147300, 0.000000, 0, 0, 0, 147300).



COMMUNITY FOUNDATION OF COLLIER COUN

1019

F-1120

R. 01/17

Page 2

FEIN 59-2396243

06/30/18

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, Title CEO, Preparer's signature BARRY F. HOLES, Date 01/16/19, Preparer's PTIN P00055337, Firm's name HILL, BARTH & KING LLC, 3838 TAMIAMI TRAIL NORTH, SUITE 200, NAPLES, FL, FEIN 34-1897225, ZIP 34103

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

- A. State of incorporation: FLORIDA
B. Florida Secretary of State document number: N00430
C. Florida consolidated return? YES [ ] NO [X]
D. [ ] Initial return [ ] Final return (final federal return filed)
E. 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 [X] NO [ ]
H-1. Corporation is a member of a controlled group? YES [ ] NO [X] If yes, attach list.
H-2. Part of a federal consolidated return? YES [ ] NO [X] If yes, provide:
FEIN from federal consolidated return:
Name of corporation:
H-3. The federal common parent has sales, property, or payroll in Florida? YES [ ] NO [X]
I. Location of corporate books: 1110 PINE RIDGE ROAD, NO. 200
City, State, ZIP: NAPLES, FL 34108
J. Taxpayer is a member of a Florida partnership or joint venture? YES [ ] NO [X]
K. Enter date of latest IRS audit:
a) List years examined:
L. Contact person concerning this return: EILEEN CONNOLLY-KEES
a) Contact person telephone number: 239-649-5000
b) Contact person e-mail address: LHOLMES@CFCOLLIER.OR
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 COLLIER FEIN 59-2396243 TAXABLE YEAR ENDING 06/30/18

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. <b>147.00</b>	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. s. 168(k) IRC special bonus depreciation	19.	19.
20. Other additions (attach schedule)	20.	20.
21. Total Lines 1 through 20 in Columns (a) and (b). Enter totals for each column on Line 21. 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.	21. <b>147.00</b>	21.

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 \$ _____ <b>Total ▶</b>	1.	1.
2. Gross subpart F income less attributable expenses (a) Enter s. 951, IRC subpart F income \$ _____ (b) less direct and indirect expenses \$ _____ <b>Total ▶</b>	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 COLLIER FEIN 59-2396243 TAXABLE YEAR ENDING 06/30/18

<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 COLLIER FEIN 59-2396243 TAXABLE YEAR ENDING 06/30/18

<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 COLLIER FEIN 59-2396243 TAXABLE YEAR ENDING 06/30/18

**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, 2018**

1. Florida income expected in taxable year .....	1. \$	<u>1,473.00</u>
2. Florida exemption \$50,000 (Members of a controlled group, see instructions on Page 14 of Florida Form F-1120N) .....	2. \$	<u>1,473.00</u>
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 .....	\$	_____
* 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	If 6/30 year end, last day of 4th month,	
payment amounts:	otherwise last day of 5th month - Enter 0.25 of Line 4 .....	
	5a.	_____
	5b.	_____
	5c.	_____
	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. 01/17

FEIN 59-2396243

DATA Page 1

592396243	0	0	0
147300	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
1	0	0	0
2	0	0	0
2	0	0	0
2	0	0	0
2	0	0	0
00000000	0	0	0
0	0	0	0
0	0	0	0
0	14700	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0



COMMUNITY FOUNDATION OF COLLIER COUNTY,

1019  
F-1120  
R. 01/17

FEIN 59-2396243

DATA Page 2

592396243	0	0	0
1.000000	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0.000000	0	0
0	0.000000	0	0
0	0	0	0
0	0.000000	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0