

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
**2017**  
Open to Public Inspection

**A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018**

- B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
COMMUNITY FOUNDATION OF COLLIER COUNTY INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite  
1110 PINE RIDGE ROAD NO 200

City or town, state or province, country, and ZIP or foreign postal code  
NAPLES, FL 34108

**D** Employer identification number  
59-2396243

**E** Telephone number  
(239) 649-5000

**G** Gross receipts \$ 92,136,519

**F** Name and address of principal officer  
EILEEN CONNOLLY-KEESLER  
1110 PINE RIDGE ROAD SUITE 200  
NAPLES, FL 34108

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list (see instructions)  
**H(c)** Group exemption number ▶

**I** Tax-exempt status  501(c)(3)  501(c) ( ) ◀ (insert no )  4947(a)(1) or  527

**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**

**1** Briefly describe the organization's mission or most significant activities  
CONNECTING DONORS TO COMMUNITY NEEDS AND PROVIDING LEADERSHIP ON CRITICAL COMMUNITY ISSUES

**2** Check this box  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)	19
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	19
<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)	15
<b>6</b> Total number of volunteers (estimate if necessary)	75
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	2,473
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	1,326

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	15,328,216	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>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,523,135	15,066,555
<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) ▶ 307,987		
<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

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	152,408,257	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

**Sign Here**

\*\*\*\*\*  
Signature of officer \_\_\_\_\_ Date 2018-12-07

EILEEN CONNOLLY-KEESLER CEO  
Type or print name and title \_\_\_\_\_

**Paid Preparer Use Only**

Print/Type preparer's name BARRY F HOLES	Preparer's signature BARRY F HOLES	Date 2018-11-20	Check <input type="checkbox"/> if self-employed	PTIN P00055337
Firm's name ▶ HILL BARTH & KING LLC			Firm's EIN ▶ 34-1897225	
Firm's address ▶ 3838 TAMiami TRAIL NORTH SUITE 200 NAPLES, FL 34103			Phone no (239) 263-2111	

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

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

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses \$ 15,156,735 including grants of \$ 14,801,016 ) (Revenue \$ 171,107 )  
See Additional Data

**4b** (Code ) (Expenses \$ 1,068,176 including grants of \$ 668,854 ) (Revenue \$ )  
See Additional Data

**4c** (Code ) (Expenses \$ 248,639 including grants of \$ 136,685 ) (Revenue \$ )  
See Additional Data

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

**4e Total program service expenses** ▶ 16,473,550

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, Yes, No. Rows include questions 1 through 19 regarding organizational requirements, reporting, and fundraising activities.

**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>		No
<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>	Yes	
<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>	Yes	
<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>	Yes	
<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>		No
<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>		No
<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>		No
<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>		No
<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>		No
<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>		No
<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>		No
<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>		No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	Yes	
<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>		No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		No
<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>		No
<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>	Yes	
<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>	Yes	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
<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>		No
<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>		No
<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>		No
<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 . . . . .	Yes	

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and organizational details.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (19), 1b (19), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 (FL), 18 (Own website, Another's website, Upon request, Other), 19, 20 (LISETTE HOLMES 1110 PINE RIDGE ROAD NO 200 NAPLES, FL 34108 (239) 649-5000).

**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, or 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 dotted 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

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

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows for Sub-Total, Total from continuation sheets, and Total (add lines 1b and 1c).

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

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation.

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



**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>1a</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>			Business Code				
	<b>2a</b> ADMINISTRATIVE FEES		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	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
			150,871				
		<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>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			68,252,094				
		<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>8a</b> Gross income from fundraising events (not including \$ 257,767 of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>					
		<b>b</b> Less direct expenses . . . . .	<b>b</b>		104,885		
<b>c</b> Net income or (loss) from fundraising events . . . . .				-43,636		-43,636	
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>						
	<b>b</b> Less direct expenses . . . . .	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities . . . . .						
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
	<b>b</b> Less cost of goods sold . . . . .	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory . . . . .						
Miscellaneous Revenue	Business Code						
<b>11a</b> OTHER REVENUE	812900	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	

**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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<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, line 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 Schedule 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</b> DUES & SUBSCRIPTIONS	31,764	500	15,632	15,632
<b>b</b> LICENSES/TAXES/FEE	946	511	265	170
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e.	17,641,190	16,473,550	859,653	307,987
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .		<b>1</b>	1
	<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 instructions) Complete Part II of Schedule 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	4,073,022		
	<b>b</b> Less accumulated depreciation	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>27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</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>30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</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 Total net assets or fund balances . . . . .</b>	100,158,330	<b>33</b>	112,068,825
	<b>34 Total liabilities and net assets/fund balances . . . . .</b>	152,408,257	<b>34</b>	168,464,393

**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
<p><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</p>		
<p><b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?                      If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	<b>2a</b>	No
<p><b>b</b> Were the organization's financial statements audited by an independent accountant?                      If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	<b>2b</b>	Yes
<p><b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?                      If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	<b>2c</b>	Yes
<p><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?</p>	<b>3a</b>	No
<p><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</p>	<b>3b</b>	

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 59-2396243

**Name:** COMMUNITY FOUNDATION OF COLLIER  
COUNTY INC

Form 990 (2017)

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**Form 990, Part III, Line 4a:**

DONOR SERVICESSEE SCHEDULE O

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**Form 990, Part III, Line 4b:**

COMMUNITY GRANTMAKINGSEE SCHEDULE O

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**Form 990, Part III, Line 4c:**

WOMEN'S FOUNDATION OF COLLIER COUNTYSEE SCHEDULE O

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

**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.

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

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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 **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>						



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

(Complete only if you checked the box on line 5, 7, 8, or 9 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 grant")	12,939,189	16,067,539	15,364,524	15,328,216	20,136,670	79,836,138
<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</b>	<b>Total.</b> Add lines 1 through 3	12,939,189	16,067,539	15,364,524	15,328,216	20,136,670	79,836,138
<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)						17,252,303
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4						62,583,835

**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	12,939,189	16,067,539	15,364,524	15,328,216	20,136,670	79,836,138
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,521,074	2,208,586	1,766,282	2,514,553	3,436,763	11,447,258
<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</b>	<b>Total support.</b> Add lines 7 through 10						91,378,629

**12** Gross receipts from related activities, etc (see instructions) **12**

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

**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>	68.490 %
<b>15</b>	Public support percentage for 2016 Schedule A, Part II, line 14	<b>15</b>	66.810 %

**16a** **33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

**b** **33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

**17a** **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶

**b** **10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶

**18** **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶

**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</b>	<b>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</b>	<b>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</b>	<b>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 <b>2017</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2016</b> 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 on line 12 of 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? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	<b>1</b>		
<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)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	<b>3a</b>		
<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)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	<b>4b</b>		
<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)? If "Yes," explain in <b>Part VI</b> 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.		
	<b>4c</b>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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).		
	<b>5a</b>		
<b>b</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>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<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? If "Yes," provide detail in <b>Part VI</b> .		
	<b>6</b>		
<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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>7</b>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>8</b>		
<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))? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9a</b>		
<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? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9b</b>		
<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? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9c</b>		
<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)? If "Yes," answer line 10b below.		
	<b>10a</b>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	<b>10b</b>		

**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 ( <b>see instructions</b> )		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	Activities Test <b>Answer (a) and (b) below.</b>		
<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 <b>Answer (a) and (b) below.</b>		
<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>		

**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.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<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)		

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<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	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2017</b>	<b>(iii) Distributable Amount for 2017</b>
<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 Part VI) 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>\$</b>			
<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 If the amount is greater than zero, explain in Part VI See instructions			
<b>6</b> Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI 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. . . . .			

**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)

<b>Facts And Circumstances Test</b>

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
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 D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**  
▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.  
**Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047  
**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
<b>1</b> Total number at end of year	198	
<b>2</b> Aggregate value of contributions to (during year)	12,684,020	
<b>3</b> Aggregate value of grants from (during year)	8,581,362	
<b>4</b> 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?  Yes  No
- 6** Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

**Part II Conservation Easements.** Complete if the organization answered "Yes" 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 an historically important land area
- Protection of natural habitat  Preservation of a certified historic structure
- Preservation of open space

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

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

- 3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- 4** Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- 5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No
- 6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- 7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_
- 8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No
- 9** In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

- 1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
- (i)** Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_
- (ii)** Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_
- 2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- a** Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_
- b** Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_



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

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

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- |  | Amount |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> Ending balance                |        |
- 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 in 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
<b>1a</b> Beginning of year balance . . . . .	42,382,939	38,013,814	39,450,027	40,515,552	34,372,996
<b>b</b> Contributions . . . . .	8,340,548	3,731,249	4,117,870	1,441,161	3,864,824
<b>c</b> Net investment earnings, gains, and losses	3,225,688	4,548,831	-1,119,554	555,742	4,760,056
<b>d</b> Grants or scholarships . . . . .	5,707,297	2,998,181	3,411,564	2,052,256	1,706,916
<b>e</b> Other expenditures for facilities and programs . . . . .	1,069,239	315,710	419,865	407,380	243,592
<b>f</b> Administrative expenses . . . . .	675,154	597,064	603,100	602,792	531,816
<b>g</b> 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 ▶ 100 000 %
  - 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 |
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  | No |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> | No |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 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
<b>1a</b> Land . . . . .		1,267,310		1,267,310
<b>b</b> Buildings . . . . .		2,587,300	210,666	2,376,634
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		218,412	71,500	146,912
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				3,790,856

**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	F
(B) HEDGE FUNDS	4,616,360	F
(C) FIXED INCOME	8,698,385	F
(D) REAL ESTATE INVESTMENT FUNDS	1,987,035	F
(E) COMMINGLED FUNDS	20,079,484	F
(F) PRIVATELY HELD STOCK	15,000	F
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12.)	42,434,339	

**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> (Column (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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
FUNDS HELD FOR AGENCIES	55,686,834
ANNUITY OBLIGATIONS	351,333
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.)	56,038,167

**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

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

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

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

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 59-2396243

**Name:** COMMUNITY FOUNDATION OF COLLIER  
COUNTY INC

## Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	RELATED PARTY EXPENSES FROM CONSOLIDATED FINANCIALS NET RENTAL ACTIVITY

# Supplemental Information

Return Reference	Explanation
PART V, LINE 4	ENDOWMENT FUNDS ARE USED TO PROVIDE GRANTS TO NON-PROFIT ORGANIZATIONS

## Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE FOUNDATION FOLLOWS THE INCOME TAX STANDARD REGARDING THE RECOGNITION AND MEASUREMENT OF UNCERTAIN TAX POSITIONS THIS GUIDANCE CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ORGANIZATION'S CONSOLIDATED FINANCIAL STATEMENTS THIS STANDARD HAS HAD NO IMPACT ON THE CONSOLIDATED FINANCIAL STATEMENTS

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

# Statement of Activities Outside the United States

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

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

OMB No 1545-0047

# 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" to Form 990, Part IV, line 14b.

- 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
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
( 1 ) See Add'l Data					
( 2 )					
( 3 )					
( 4 )					
( 5 )					
<b>3a</b> Sub-total	0	0			350,799
<b>b</b> Total from continuation sheets to Part I					0
<b>c</b> Totals (add lines 3a and 3b)	0	0			350,799



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

<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)
<b>( 1 )</b>	See Add'l Data								
<b>( 2 )</b>									
<b>( 3 )</b>									
<b>( 4 )</b>									
<b>( 5 )</b>								<b>Schedule F (Form 990) 2017</b>	
<b>( 6 )</b>									
<b>( 7 )</b>									
<b>( 8 )</b>									
<b>( 9 )</b>									
<b>( 10 )</b>									
<b>( 11 )</b>									
<b>( 12 )</b>									
<b>( 13 )</b>									
<b>( 14 )</b>									
<b>( 15 )</b>									
<b>( 16 )</b>									

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 . . . . . ▶ \_\_\_\_\_

10

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

Part III can be duplicated if additional space is needed.

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Region	<b>(c)</b> Number of recipients	<b>(d)</b> Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of non-cash assistance	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)
( 1 )							
( 2 )							
( 3 )							
( 4 )							
( 5 )							
( 6 )							
( 7 )							
( 8 )							
( 9 )							
( 10 )							
( 11 )							
( 12 )							
( 13 )							
( 14 )							
( 15 )							
( 16 )							
( 17 )							
( 18 )							

**Part IV Foreign Forms**

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

**Part V Supplemental Information**

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

Return Reference	Explanation
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

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 59-2396243

**Name:** COMMUNITY FOUNDATION OF COLLIER  
COUNTY INC

### Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA & CARIBBEAN	0	0	GRANTS		245,900
EAST ASIA & THE PACIFIC	0	0	GRANTS		45,100

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE	0	0	GRANTS		7,000
MIDDLE EAST & NORTH AFRICA	0	0	GRANTS		15,000

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
RUSSIA & NEIGHBORING STATES	0	0	GRANTS		500
SOUTH AMERICA	0	0	GRANTS		2,200

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH ASIA	0	0	GRANTS		8,300
SUB-SAHARAN AFRICA	0	0	GRANTS		26,799



**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	VARIOUS PROGRAMS	135,800	CHECK			
		CENTRAL AMERICA AND THE CARIBBEAN	GENERAL SUPPORT	55,800	CHECK			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	GENERAL SUPPORT	45,000	CHECK			
		CENTRAL AMERICA AND THE CARIBBEAN	GENERAL SUPPORT	25,000	CHECK			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	GENERAL SUPPORT	10,500	CHECK			
		MIDDLE EAST & NORTH AFRICA	GRANTMAKING IN THE MIDDLE EAST	7,500	CHECK			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST & NORTH AFRICA	WORK IN AFGHANISTAN & IRAQ	7,500	CHECK			
		SOUTH ASIA	AFGHAN WOMEN & GIRLS	7,500	CHECK			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	UNRESTRICTED USE	6,000	CHECK			
		CENTRAL AMERICA AND THE CARIBBEAN	GENERAL SUPPORT	10,000	CHECK			

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

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
COMMUNITY FOUNDATION OF COLLIER  
COUNTY INC

**Employer identification number**

59-2396243

**Part I 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
- 2a** 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 ten 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			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<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

**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.

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		<b>1</b>	Gross revenue . . . . .		
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b>	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
<b>7</b>	Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶				
<b>8</b>	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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 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
 

<b>a</b>	The organization's facility	%
<b>b</b>	An outside facility	%

**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 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).

Return Reference	Explanation
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**Schedule I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
COMMUNITY FOUNDATION OF COLLIER COUNTY INC

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

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

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

OMB No 1545-0047

**2017**

**Open to Public Inspection**

**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

(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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

**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 . . . . . ▶ \_\_\_\_\_

**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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIP	61	804,511			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

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

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 59-2396243  
**Name:** COMMUNITY FOUNDATION OF COLLIER  
COUNTY INC

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CITY OF EVERGLADES CITY PO BOX 110 EVERGLADES CITY, FL 34139		501(C)(3)	4,478				EVERGLADES CITY COMMUNITY CENTER
ABBOTT NORTHWESTERN HOSPITAL FOUNDATION 800 EAST 28TH STREET MINNEAPOLIS, MN 554073799	04-3643816	501(C)(3)	60,000				FOR THE ADVANCEMENT OF NURSING EXCELLENCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ABILITY HOUSING 3740 BEACH BLVD 304 JACKSONVILLE, FL 32207	59-3087085	501(C)(3)	11,922				ESSENTIAL SERVICES PERSONNEL HOUSING
ABLE ACADEMY INC 5860 GOLDEN GATE PKWY NAPLES, FL 34116	20-3571795	501(C)(3)	10,000				TUITION ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ADOPT-A-NATIVE-ELDER PO BOX 3401 PARK CITY, UT 84060	87-0490211	501(C)(3)	20,000				GENERAL SUPPORT
ADVOCATES INCORPORATED 636 OLD LIVERPOOL ROAD SYRACUSE, NY 13088	16-1453716	501(C)(3)	25,000				UNRESTRICTED USE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ALLENDALE COLUMBIA SCHOOL 519 ALLENS CREEK ROAD ROCHESTER, NY 14618	16-0983166	501(C)(3)	20,000				UNRESTRICTED USE
ALZHEIMER'S ASSOCIATION - NATIONAL OFFICE 225 N MICHIGAN AVENUE FL 17 CHICAGO, IL 606017633	13-3039601	501(C)(3)	2,000				RESEARCH

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ALZHEIMER'S ASSOCIATION - NATIONAL OFFICE 225 N MICHIGAN AVENUE FL 17 CHICAGO, IL 606017633	13-3039601	501(C)(3)	10,828				UNRESTRICTED USE
ALZHEIMER'S SUPPORT NETWORK 660 TAMiami TRAIL N 21 NAPLES, FL 34102	59-2198939	501(C)(3)	500				BEST USE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ALZHEIMER'S SUPPORT NETWORK 660 TAMIAMI TRAIL N 21 NAPLES, FL 34102	59-2198939	501(C)(3)	4,500				UNRESTRICTED USE
AMERICAN CANCER SOCIETY 5020 TAMIAMI TRAIL N 108 NAPLES, FL 34103	13-1788491	501(C)(3)	2,000				ANNUAL DONATION



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN CANCER SOCIETY 5020 TAMiami TRAIL N 108 NAPLES, FL 34103	13-1788491	501(C)(3)	10,000				NAPLES RESEARCH COUNCIL
AMERICAN CANCER SOCIETY 5020 TAMiami TRAIL N 108 NAPLES, FL 34103	13-1788491	501(C)(3)	12,367				UNRESTRICTED USE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN DIABETES ASSOCIATION 1511 N WEST SHORE BLVD 980 TAMPA, FL 33607	13-1623888	501(C)(3)	10,742				UNRESTRICTED USE
AMERICAN HEART ASSOCIATION NATIONAL BEQUEST CENTER PO BOX 22035 ST PETERSBURG, FL 33742	13-5613797	501(C)(3)	10,828				HEART RESEARCH ONLY

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN HEART ASSOCIATION NATIONAL BEQUEST CENTER PO BOX 22035 ST PETERSBURG, FL 33742	13-5613797	501(C)(3)	10,742				UNRESTRICTED USE
AMERICAN INDIAN COLLEGE FUND 8333 GREENWOOD BLVD DENVER, CO 80221	52-1573446	501(C)(3)	10,000				FOR TRIBAL SCHOLARSHIPS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN RED CROSS - FL SOUTHERN GULF CHAPTER 2610 NORTHBROOKE PLAZA DRIVE NAPLES, FL 34119	53-0196605	501(C)(3)	500				BEST USE
AMERICAN RED CROSS - FL SOUTHERN GULF CHAPTER 2610 NORTHBROOKE PLAZA DRIVE NAPLES, FL 34119	53-0196605	501(C)(3)	2,000				COLLIER COUNTY VICTIMS OF HURRICANE IRMA

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN RED CROSS - FL SOUTHERN GULF CHAPTER 2610 NORTHBROOKE PLAZA DRIVE NAPLES, FL 34119	53-0196605	501(C)(3)	1,000				DISASTER RELIEF
AMERICAN RED CROSS - FL SOUTHERN GULF CHAPTER 2610 NORTHBROOKE PLAZA DRIVE NAPLES, FL 34119	53-0196605	501(C)(3)	1,000				HURRICANE HARVEY RELIEF

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN RED CROSS - FL SOUTHERN GULF CHAPTER 2610 NORTHBROOKE PLAZA DRIVE NAPLES, FL 34119	53-0196605	501(C)(3)	28,000				HURRICANE IRMA RELIEF
AMERICAN RED CROSS - FL SOUTHERN GULF CHAPTER 2610 NORTHBROOKE PLAZA DRIVE NAPLES, FL 34119	53-0196605	501(C)(3)	5,000				LIFESAVING WATER SAFETY AND SWIMMING SKILLS FOR ECONOMICALLY NEEDY CHILDREN

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN RED CROSS - FL SOUTHERN GULF CHAPTER 2610 NORTHBROOKE PLAZA DRIVE NAPLES, FL 34119	53-0196605	501(C)(3)	2,250				UNRESTRICTED USE
AMERICAN RED CROSS DONOR CENTER OF SYRACUSE 344 GENESSEE STREET SYRACUSE, NY 13202	53-0196605	501(C)(3)	20,000				TEXAS FLOOD RELIEF

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN RED CROSS PO BOX 37839 BOONE, IA 500370839	53-0196605	501(C)(3)	1,000				CALIFORNIA WILDFIRES
AMERICAN RED CROSS PO BOX 37839 BOONE, IA 500370839	53-0196605	501(C)(3)	618				EMERGENCY RELIEF SERVICES



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN RED CROSS PO BOX 37839 BOONE, IA 500370839	53-0196605	501(C)(3)	250				GENERAL PURPOSES
AMERICAN RED CROSS PO BOX 37839 BOONE, IA 500370839	53-0196605	501(C)(3)	1,750				GENERAL USE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN RED CROSS PO BOX 37839 BOONE, IA 500370839	53-0196605	501(C)(3)	5,000				HURRICANE HARVEY
AMERICAN RED CROSS PO BOX 37839 BOONE, IA 500370839	53-0196605	501(C)(3)	5,000				RELIEF FOLLOWING HURRICANES HARVEY, IRMA AND MARIA

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN RED CROSS PO BOX 37839 BOONE, IA 500370839	53-0196605	501(C)(3)	1,000				TO HELP BRING RELIEF TO EAST TEXAS IN THE WAKE OF TROPICAL STORM HARVEY
ARTHRITIS RESEARCH INSTITUTE OF AMERICA 300 S DUNCAN AVENUE 188 CLEARWATER, FL 34615	59-2438325	501(C)(3)	10,828				UNRESTRICTED USE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ARTIS-NAPLES INC 5833 PELICAN BAY BLVD NAPLES, FL 341082740	59-2322926	501(C)(3)	2,500				ANNUAL DONATION
ARTIS-NAPLES INC 5833 PELICAN BAY BLVD NAPLES, FL 341082740	59-2322926	501(C)(3)	25,000				PERFORMANCE OF BENJAMIN GROSVENOR, PIANIST AND THE NAPLES PHILHARMONIC ORCHESTRA

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ARTIS-NAPLES INC 5833 PELICAN BAY BLVD NAPLES, FL 341082740	59-2322926	501(C)(3)	5,000				AT-RISK CHILDREN'S PARTICIPATION IN SUMMER CAMPS, YOUTH ORCHESTRA, OR CHORALE
ARTIS-NAPLES INC 5833 PELICAN BAY BLVD NAPLES, FL 341082740	59-2322926	501(C)(3)	5,000				AT-RISK STUDENTS TO PARTICIAPTE IN YOUTH ORCHESTRA, CHORALE, OR SUMMER CAMP PROGRAMS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ARTIS-NAPLES INC 5833 PELICAN BAY BLVD NAPLES, FL 341082740	59-2322926	501(C)(3)	2,500				COMMITTEE OF A THOUSAND
ARTIS-NAPLES INC 5833 PELICAN BAY BLVD NAPLES, FL 341082740	59-2322926	501(C)(3)	20,000				FOR UNDERWRITING OF GLENN LOONTJENS DURING THE 2018-19 SYMPHONY SEASON

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ARTIS-NAPLES INC 5833 PELICAN BAY BLVD NAPLES, FL 341082740	59-2322926	501(C)(3)	3,000				LEADERSHIP CIRCLE
ARTIS-NAPLES INC 5833 PELICAN BAY BLVD NAPLES, FL 341082740	59-2322926	501(C)(3)	2,500				ORCHESTRA OPERATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ARTIS-NAPLES INC 5833 PELICAN BAY BLVD NAPLES, FL 341082740	59-2322926	501(C)(3)	37,089				UNRESTRICTED USE
AUBURN COMMUNITY HOSPITAL 17 LANSING STREET AUBURN, NY 13021	15-0532054	501(C)(3)	10,000				ANNUAL GALA



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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AUDUBON OF FLORIDACORKSCREW SWAMP SANCTUARY 375 SANCTUARY ROAD WEST NAPLES, FL 341209803	13-1624102	501(C)(3)	7,000				UNRESTRICTED USE
AVE MARIA UNIVERSITY 5050 AVE MARIA BLVD AVE MARIA, FL 34142	03-0482006	501(C)(3)	5,000				SCHOLARSHIPS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AVE MARIA UNIVERSITY 5050 AVE MARIA BLVD AVE MARIA, FL 34142	03-0482006	501(C)(3)	2,916				UNRESTRICTED USE
AVOW HOSPICE INC 1095 WHIPPOORWILL LANE NAPLES, FL 34105	59-2201250	501(C)(3)	500				HOSPICE SERVICES

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AVOW HOSPICE INC 1095 WHIPPOORWILL LANE NAPLES, FL 34105	59-2201250	501(C)(3)	2,500				PATIENT CARE
AVOW HOSPICE INC 1095 WHIPPOORWILL LANE NAPLES, FL 34105	59-2201250	501(C)(3)	1,000				TO SUPPORT FAMLIES AT THIS DIFFICULT TIME

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AVOW HOSPICE INC 1095 WHIPPOORWILL LANE NAPLES, FL 34105	59-2201250	501(C)(3)	30,371				UNRESTRICTED USE
BABY BASICS OF COLLIER COUNTY INC PMB 132- PO BOX 413005 NAPLES, FL 34101	20-1498596	501(C)(3)	3,000				HURRICANE IRMA RELIEF FOR DIAPERS, WIPES AND CREAMS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BABY BASICS OF COLLIER COUNTY INC PMB 132- PO BOX 413005 NAPLES, FL 34101	20-1498596	501(C)(3)	6,200				UNRESTRICTED USE
BARRIER ISLAND PARKS SOCIETY PO BOX 637 BOCA GRANDE, FL 33921	65-0327405	501(C)(3)	25,000				THE LIGHTKEEPER'S FUND

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BARRIER ISLAND PARKS SOCIETY PO BOX 637 BOCA GRANDE, FL 33921	65-0327405	501(C)(3)	25,000				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				GLAUCOMA PILLAR

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BASCOM PALMER EYE INSTITUTE 3880 TAMIAMI TRAIL N NAPLES, FL 34103	59-0624458	501(C)(3)	5,000				UNRESTRICTED USE
BERKSHIRE HUMANE SOCIETY 214 BARKER ROAD PITTSFIELD, MA 01201	04-3148018	501(C)(3)	11,228				UNRESTRICTED USE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BIG BROTHERS BIG SISTERS OF THE SUN COAST INC 809 WALKERBILT ROAD 3 NAPLES, FL 34110	59-1361826	501(C)(3)	5,611				UNRESTRICTED USE
BLOOMINGTON HEALTHFOUNDATION INC 320 WEST 8TH STREET 116 BLOOMINGTON, IN 47404	35-1720795	501(C)(3)	5,000				UNRESTRICTED USE



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BOARD OF REGENTS OF GUNSTON HALL INCORPORATED 10709 GUNSTON ROAD MASON NECK, VA 22079	52-1284368	501(C)(3)	5,000				THE GARDEN
BONITA BAY VETERANS COUNCIL INC 26660 COUNTRY CLUB DRIVE BONITA SPRINGS, FL 34134	47-3563908	501(C)(3)	5,000				FINANCIAL SUPPORT OF LOCAL VETERANS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BONITA SPRINGS ASSISTANCE OFFICE PO BOX 16 BONITA SPRINGS, FL 34133	59-2337909	501(C)(3)	16,000				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				OPERATING EXPENSES

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BOOKS FOR COLLIER KIDS INC 4755 TAMIAMI TRAIL N 139 NAPLES, FL 34103	82-1078351	501(C)(3)	2,000				UNRESTRICTED USE
BOY SCOUTS OF AMERICA - LONGHOUSE COUNCIL 2803 BREWERTON ROAD SYRACUSE, NY 13211	22-1576300	501(C)(3)	10,000				2018 BOYPOWER DINNER

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BOY SCOUTS OF AMERICA-SOUTHWEST FLORIDA COUNCIL 1801 BOY SCOUT DRIVE FT MYERS, FL 33907	59-1150488	501(C)(3)	500				TROOP 243
BOY SCOUTS OF AMERICA-SOUTHWEST FLORIDA COUNCIL 1801 BOY SCOUT DRIVE FT MYERS, FL 33907	59-1150488	501(C)(3)	14,500				UNRESTRICTED USE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BOYS & GIRLS CLUB OF COLLIER COUNTY 7500 DAVIS BLVD NAPLES, FL 34104	65-0279110	501(C)(3)	250				AFTER SCHOOL PROGRAM
BOYS & GIRLS CLUB OF COLLIER COUNTY 7500 DAVIS BLVD NAPLES, FL 34104	65-0279110	501(C)(3)	500				BEST USE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BOYS & GIRLS CLUB OF COLLIER COUNTY 7500 DAVIS BLVD NAPLES, FL 34104	65-0279110	501(C)(3)	7,500				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				SMART GIRLS PROGRAM

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BOYS & GIRLS CLUB OF COLLIER COUNTY 7500 DAVIS BLVD NAPLES, FL 34104	65-0279110	501(C)(3)	5,850				UNRESTRICTED USE
BOYS & GIRLS CLUB OF COLLIER COUNTY 7500 DAVIS BLVD NAPLES, FL 34104	65-0279110	501(C)(3)	7,500				YEAR-LONG PROGRAM INVOLVING UP TO 15 TEENS THAT ATTEND THE BOYS AND GIRLS PROGRAM

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BOYS & GIRLS CLUB OF GREATER HAVERHILL INC 55 EMERSON STREET HAVERHILL, MA 01830	04-2111215	501(C)(3)	5,400				KINGSLEY PINES CAMPERSHIP
BOYS & GIRLS CLUB OF SYRACUSE 2100 E FAYETTE STREET SYRACUSE, NY 13202	15-0532240	501(C)(3)	7,500				NEW SET OF BLEACHERS FOR AFTER SCHOOL RECREATION FACILITY



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BRIGHTFOCUS FOUNDATION 22512 GATEWAY CENTER DRIVE CLARKSBURG, MD 30982	23-7337229	501(C)(3)	1,000				TO SUPPORT NATIONAL GLAUCOMA RESEARCH
BRIGHTFOCUS FOUNDATION 22512 GATEWAY CENTER DRIVE CLARKSBURG, MD 30982	23-7337229	501(C)(3)	11,328				UNRESTRICTED USE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BROOKE'S LEGACY ANIMAL RESCUE INC PO BOX 990255 NAPLES, FL 34116	20-4518210	501(C)(3)	100				UNRESTRICTED USE
CAMP DUDLEY YMCA INC 126 CAMP DUDLEY ROAD WESTPORT, NY 12993	14-1504974	501(C)(3)	5,000				UNRESTRICTED USE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CAMPUS CRUSADE FOR CHRIST INC P O BOX 628222 ORLANDO, FL 32832	95-6006173	501(C)(3)	2,000				MINISTRY EXPENSES
CAMPUS CRUSADE FOR CHRIST INC P O BOX 628222 ORLANDO, FL 32832	95-6006173	501(C)(3)	300				SUMMER MISSION TRIP

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CAMPUS CRUSADE FOR CHRIST INC P O BOX 628222 ORLANDO, FL 32832	95-6006173	501(C)(3)	250				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				TO SUPPORT THE WORK OF CRU MISSIONARIES

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CANCER ALLIANCE OF NAPLES INC 3384 WOODS EDGE CIRCLE 102 BONITA SPRINGS, FL 34134	22-3879709	501(C)(3)	50				BREAST CANCER AWARENESS
CANCER ALLIANCE OF NAPLES INC 3384 WOODS EDGE CIRCLE 102 BONITA SPRINGS, FL 34134	22-3879709	501(C)(3)	50				BREAST CANCER RESEARCH

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CANCER ALLIANCE OF NAPLES INC 3384 WOODS EDGE CIRCLE 102 BONITA SPRINGS, FL 34134	22-3879709	501(C)(3)	2,000				NETWORK FOR GOOD
CANCER ALLIANCE OF NAPLES INC 3384 WOODS EDGE CIRCLE 102 BONITA SPRINGS, FL 34134	22-3879709	501(C)(3)	13,608				UNRESTRICTED USE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CAROL M BALDWIN BREAST CANCER RESEARCH FUND OF CENTRAL NY PO BOX 187 WARNERS, NY 13164	41-2026012	501(C)(3)	10,000				TO HELP CANCER RESEARCH
CATALYST SCHOOLS 6727 SOUTH CALIFORNIA AVENUE CHICAGO, IL 60629	20-4069346	501(C)(3)	100,000				MUSIC AND FINE ARTS THEATER STAGE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CATHEDRAL OF THE ASSUMPTION 433 S FIFTH STREET LOUISVILLE, KY 40202	61-0447247	501(C)(3)	5,000				CONTRIBUTION TO CHURCH
CATHEDRAL OF THE ASSUMPTION 433 S 5TH STREET LOUISVILLE, KY 40202	61-0447247	501(C)(3)	5,000				SEMI-ANNUAL CONTRIBUTION



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CATHOLIC CHARITIES OF COLLIER COUNTY 2210 SANTA BARBARA BLVD NAPLES, FL 34116	53-0196617	501(C)(3)	1,000				UNRESTRICTED USE
CATHOLIC CHARITIES OF COLLIER COUNTY 2210 SANTA BARBARA BLVD NAPLES, FL 34116	53-0196617	501(C)(3)	1,000				BEST USE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CATHOLIC CHARITIES OF COLLIER COUNTY 2210 SANTA BARBARA BLVD NAPLES, FL 34116	53-0196617	501(C)(3)	3,000				EMERALD BALL
CATHOLIC CHARITIES OF COLLIER COUNTY 2210 SANTA BARBARA BLVD NAPLES, FL 34116	53-0196617	501(C)(3)	10,500				FAMILY OUTREACH PROGRAM

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CATHOLIC CHARITIES OF COLLIER COUNTY 2210 SANTA BARBARA BLVD NAPLES, FL 34116	53-0196617	501(C)(3)	1,500				FOOD BANK
CATHOLIC CHARITIES OF COLLIER COUNTY 2210 SANTA BARBARA BLVD NAPLES, FL 34116	53-0196617	501(C)(3)	100,000				GIFT CARDS FOR HURRICANE IRMA VICTIMS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CATHOLIC CHARITIES OF COLLIER COUNTY 2210 SANTA BARBARA BLVD NAPLES, FL 34116	53-0196617	501(C)(3)	2,000				GUADALUPE CHURCH IN IMMOKALEE
CATHOLIC CHARITIES OF COLLIER COUNTY 2210 SANTA BARBARA BLVD NAPLES, FL 34116	53-0196617	501(C)(3)	1,000				HOMELESS CHILDREN IN COLLIER COUNTY

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CATHOLIC CHARITIES OF COLLIER COUNTY 2210 SANTA BARBARA BLVD NAPLES, FL 34116	53-0196617	501(C)(3)	1,000				JUDY SULLIVAN FAMILY RESOURCE CENTER
CATHOLIC CHARITIES OF COLLIER COUNTY 2210 SANTA BARBARA BLVD NAPLES, FL 34116	53-0196617	501(C)(3)	3,762				SERVICES RENDERED BY CATHOLIC CHARITIES

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CATHOLIC CHARITIES OF COLLIER COUNTY 2210 SANTA BARBARA BLVD NAPLES, FL 34116	53-0196617	501(C)(3)	300				SOUP KITCHEN IN IMMOKALEE
CATHOLIC CHARITIES OF COLLIER COUNTY 2210 SANTA BARBARA BLVD NAPLES, FL 34116	53-0196617	501(C)(3)	3,000				TO SUPPORT THE EMERALD BALL

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CATHOLIC CHARITIES OF COLLIER COUNTY 2210 SANTA BARBARA BLVD NAPLES, FL 34116	53-0196617	501(C)(3)	750				UNRESTRICTED USE
CATHOLIC COMMUNITY FOUNDATION OF MINNESOTA 2610 UNIVERSITY AVENUE WEST COURT WEST SUITE 500 SAINT PAUL, MN 55114	41-1744184	501(C)(3)	25,000				UNRESTRICTED USE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CELEBRATION COMMUNITY BEACH CHURCH 5020 TAMiami TRAIL N 202 NAPLES, FL 34103	65-0900789	501(C)(3)	2,446				UNRESTRICTED USE
CENTRAL NEW YORK COMMUNITY FOUNDATION INC 431 EAST FAYETTE STREET 100 SYRACUSE, NY 13202	15-0626910	501(C)(3)	500,000				REDHOUSE ARTS CENTER FOR THEATRICAL FACILITIES



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHAMELEON THEATRE CIRCLE 7287 153RD STREET W 240069 APPLE VALLEY, MN 55124	41-1899943	501(C)(3)	6,000				GENERAL FUND
CHARLEVOIX HISTORICAL SOCIETY 103 STATE STREET CHARLEVOIX, MI 49720	38-2636672	501(C)(3)	10,000				CAPITAL CAMPAIGN

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHARLOTTE HABITAT FOR HUMANITY PO BOX 220287 CHARLOTTE, NC 28222	56-1366233	501(C)(3)	100,000				CRITICAL HOME REPAIR
CHILDREN'S ADVOCACY CENTER OF COLLIER COUNTY 1036 6TH AVENUE N NAPLES, FL 34102	65-0049492	501(C)(3)	7,500				SUPERVISED FAMILY VISITATION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHILDREN'S ADVOCACY CENTER OF COLLIER COUNTY 1036 6TH AVENUE N NAPLES, FL 34102	65-0049492	501(C)(3)	1,000				UNRESTRICTED USE
CHILDREN'S HOSPITAL FOUNDATION INC MS 3050 PO BOX 1997 MILWAUKEE, WI 53201	39-1500075	501(C)(3)	5,000				AREA OF GREATEST NEED

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHIVE CHARITIES 98 SAN JACINTO BLVD 160 AUSTIN, TX 78701	45-5415041	501(C)(3)	50,000				TO HELP THOSE IN NEED
CHRIST EPISCOPAL CHURCH 220 40TH STREET NE CEDAR RAPIDS, IA 52402		501(C)(3)	7,000				KENWOOD BACKPACK PROGRAM

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CITIZEN'S FOR PENNSYLVANIA'S FUTURE DBA PENNFUTURE 610 NORTH THIRD STREET HARRISBURG, PA 17101	31-1607866	501(C)(3)	10,000				\$5,000 FOR GENERAL SUPPORT AND \$5,000 FOR CIVIC ENGAGEMENT
CITY OF EVERGLADES CITY PO BOX 110 EVERGLADES CITY, FL 34139		501(C)(3)	5,000				EVERGLADES COMMUNITY CENTER BASKETBALL COURT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CIVIL WAR PRESERVATION TRUST 1156 15TH STREET NW 900 WASHINGTON, DC 20005	54-1426643	501(C)(3)	11,000				\$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				UNRESTRICTED USE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COLLIER CHILD CARE RESOURCES INC 2335 TAMIAMI TRAIL N 504 NAPLES, FL 34103	26-2646032	501(C)(3)	3,000				APPLE BLOSSOM AWARDS 2018
COLLIER CHILD CARE RESOURCES INC 2335 TAMIAMI TRAIL N 504 NAPLES, FL 34103	26-2646032	501(C)(3)	2,000				CCCR BUSINESS 100 LEADERSHIP COUNCIL

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COLLIER CHILD CARE RESOURCES INC 2335 TAMIAMI TRAIL N 504 NAPLES, FL 34103	26-2646032	501(C)(3)	10,000				CHILDCARE SERVICES
COLLIER CHILD CARE RESOURCES INC 2335 TAMIAMI TRAIL N 504 NAPLES, FL 34103	26-2646032	501(C)(3)	7,500				HURRICANE IRMA GIFT CARDS



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COLLIER CHILD CARE RESOURCES INC 2335 TAMIAMI TRAIL N 504 NAPLES, FL 34103	26-2646032	501(C)(3)	2,000				HURRICANE IRMA RELIEF
COLLIER CHILD CARE RESOURCES INC 2335 TAMIAMI TRAIL N 504 NAPLES, FL 34103	26-2646032	501(C)(3)	2,000				NETWORK FOR GOOD

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COLLIER CHILD CARE RESOURCES INC 2335 TAMIAMI TRAIL N 504 NAPLES, FL 34103	26-2646032	501(C)(3)	500				SUMMER INTERN
COLLIER CHILD CARE RESOURCES INC 2335 TAMIAMI TRAIL N 504 NAPLES, FL 34103	26-2646032	501(C)(3)	10,000				TUITION ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COLLIER CHILD CARE RESOURCES INC 2335 TAMIAMI TRAIL N 504 NAPLES, FL 34103	26-2646032	501(C)(3)	10,000				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				UNRESTRICTED USE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COLLIER COUNTY 100 CLUB PO BOX 2008 NAPLES, FL 34106	59-2529757	501(C)(3)	35,298				GENERAL OPERATING FUND
COLLIER COUNTY HUNGER AND HOMELESS COALITION PO BOX 9202 NAPLES, FL 34101	04-3610154	501(C)(3)	10,000				GAP FUND

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COLLIER COUNTY HUNGER AND HOMELESS COALITION PO BOX 9202 NAPLES, FL 34101	04-3610154	501(C)(3)	3,000				GENERAL SUPPORT
COLLIER COUNTY PUBLIC SCHOOLS 5775 OSCEOLA TRAIL NAPLES, FL 34109	59-2663954	501(C)(3)	10,000				HOMELESS COORDINATOR

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COLLIER COUNTY PUBLIC SCHOOLS 5775 OSCEOLA TRAIL NAPLES, FL 34109	59-2663954	501(C)(3)	2,375				HURRICANE IRMA RELIEF
COLLIER COUNTY PUBLIC SCHOOLS 5775 OSCEOLA TRAIL NAPLES, FL 34109	59-2663954	501(C)(3)	75				HURRICANE RELIEF

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COLLIER COUNTY PUBLIC SCHOOLS 5775 OSCEOLA TRAIL NAPLES, FL 34109	59-2663954	501(C)(3)	1,906				IMMOKALEE MIDDLE SCHOOL GIRLS VOLLEYBALL & TRACK UNIFORMS
COLLIER COUNTY PUBLIC SCHOOLS 5775 OSCEOLA TRAIL NAPLES, FL 34109	59-2663954	501(C)(3)	10,000				IMMOKALEE PUBLIC SCHOOLS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COLLIER COUNTY PUBLIC SCHOOLS 5775 OSCEOLA TRAIL NAPLES, FL 34109	59-2663954	501(C)(3)	17,000				LELY ELEMENTARY SCHOOL TUTORING PROGRAM
COLLIER COUNTY PUBLIC SCHOOLS 5775 OSCEOLA TRAIL NAPLES, FL 34109	59-2663954	501(C)(3)	10,000				PREPARATIONS FOR FUTURE HURRICANES



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COLLIER COUNTY PUBLIC SCHOOLS 5775 OSCEOLA TRAIL NAPLES, FL 34109	59-2663954	501(C)(3)	15,624				READING PROGRAM
COLLIER COUNTY PUBLIC SCHOOLS 5775 OSCEOLA TRAIL NAPLES, FL 34109	59-2663954	501(C)(3)	35,000				TO HELP HOMELESS STUDENTS & THEIR FAMILIES AFFECTED BY HURRICANE IRMA

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COLLIER COUNTY PUBLIC SCHOOLS 5775 OSCEOLA TRAIL NAPLES, FL 34109	59-2663954	501(C)(3)	5,000				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				TO SUPPORT THE LAWS OF LIFE PROGRAM

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COLLIER HARVEST FOUNDATION P O BOX 11143 NAPLES, FL 34101	65-0307084	501(C)(3)	2,000				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				PURCHASE FOOD & BASIC ITEMS FOR DISASTER RELIEF

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COLLIER HARVEST FOUNDATION P O BOX 11143 NAPLES, FL 34101	65-0307084	501(C)(3)	11,503				PURCHASE OF FOOD FOR FOOD PANTRY
COLLIER HARVEST FOUNDATION P O BOX 11143 NAPLES, FL 34101	65-0307084	501(C)(3)	600				UNRESTRICTED USE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COLLIER HARVEST FOUNDATION P O BOX 11143 NAPLES, FL 34101	65-0307084	501(C)(3)	91,925				UNRESTRICTED USE AS PART OF THE MATCHING CAMPAIGN
COLLIER SENIOR RESOURCES 4755 TAMIAMI TRAIL N 140 NAPLES, FL 34103	27-0946278	501(C)(3)	14,000				DIRECT ASSISTANCE FOR NEEDY SENIORS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COLLIER SENIOR RESOURCES 4755 TAMIAMI TRAIL N 140 NAPLES, FL 34103	27-0946278	501(C)(3)	15,000				GIFT CARDS FOR HURRICANE IRMA VICTIMS
COLLIER SENIOR RESOURCES 4755 TAMIAMI TRAIL N 140 NAPLES, FL 34103	27-0946278	501(C)(3)	700				GOLDEN GATE SENIOR CENTER

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COLLIER SENIOR RESOURCES 4755 TAMIAMI TRAIL N 140 NAPLES, FL 34103	27-0946278	501(C)(3)	11,503				PURCHASE OF FOOD FOR FOOD PANTRY
COLLIER SENIOR RESOURCES 4755 TAMIAMI TRAIL N 140 NAPLES, FL 34103	27-0946278	501(C)(3)	1,000				TABLES & CHAIRS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COMMUNITY SCHOOL OF NAPLES 13275 LIVINGSTON ROAD NAPLES, FL 34109	59-1920297	501(C)(3)	10,000				COMMUNITY SCHOOL SCHOLARSHIP PROGRAM
COMMUNITY SCHOOL OF NAPLES 13275 LIVINGSTON ROAD NAPLES, FL 34109	59-1920297	501(C)(3)	4,227				SCHOLARSHIPS



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COMMUNITY SCHOOL OF NAPLES 13275 LIVINGSTON ROAD NAPLES, FL 34109	59-1920297	501(C)(3)	1,000				UNRESTRICTED USE
CONSERVANCY OF SOUTHWEST FLORIDA INC 1495 SMITH PRESERVE WAY NAPLES, FL 34102	59-1157084	501(C)(3)	20,000				\$10,000-OIL DRILLING ADVOCACY CAMPAIGN AND \$10,000-ESTUARY REPORT CARD

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CONSERVANCY OF SOUTHWEST FLORIDA INC 1495 SMITH PRESERVE WAY NAPLES, FL 34102	59-1157084	501(C)(3)	3,000				ANNUAL APPEAL
CONSERVANCY OF SOUTHWEST FLORIDA INC 1495 SMITH PRESERVE WAY NAPLES, FL 34102	59-1157084	501(C)(3)	250				ANNUAL CONTRIBUTION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CONSERVANCY OF SOUTHWEST FLORIDA INC 1495 SMITH PRESERVE WAY NAPLES, FL 34102	59-1157084	501(C)(3)	2,000				EDUCATION DEPARTMENT
CONSERVANCY OF SOUTHWEST FLORIDA INC 1495 SMITH PRESERVE WAY NAPLES, FL 34102	59-1157084	501(C)(3)	1,000				FUND A NEED

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CONSERVANCY OF SOUTHWEST FLORIDA INC 1495 SMITH PRESERVE WAY NAPLES, FL 34102	59-1157084	501(C)(3)	200				GENERAL PURPOSES
CONSERVANCY OF SOUTHWEST FLORIDA INC 1495 SMITH PRESERVE WAY NAPLES, FL 34102	59-1157084	501(C)(3)	42,000				GEOTHERMAL SYSTEM

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CONSERVANCY OF SOUTHWEST FLORIDA INC 1495 SMITH PRESERVE WAY NAPLES, FL 34102	59-1157084	501(C)(3)	50,000				LIVE FUND A NEED
CONSERVANCY OF SOUTHWEST FLORIDA INC 1495 SMITH PRESERVE WAY NAPLES, FL 34102	59-1157084	501(C)(3)	12,000				NATURE CENTER 2 0 PLANNING

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CONSERVANCY OF SOUTHWEST FLORIDA INC 1495 SMITH PRESERVE WAY NAPLES, FL 34102	59-1157084	501(C)(3)	10,000				UNRESTRICTED - IRMA APPEAL
CONSERVANCY OF SOUTHWEST FLORIDA INC 1495 SMITH PRESERVE WAY NAPLES, FL 34102	59-1157084	501(C)(3)	75,387				UNRESTRICTED USE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CONSERVANCY OF SOUTHWEST FLORIDA INC 1495 SMITH PRESERVE WAY NAPLES, FL 34102	59-1157084	501(C)(3)	500				WILDLIFE HOSPITAL
CORTLAND COLLEGE FOUNDATION INC P O BOX 2000 CORTLAND, NY 13045	16-0979814	501(C)(3)	33,000				CORTLAND'S URBAN TEACHER EDUCATION SCHOLARSHIPS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COUNCIL FOR NATIVE HAWAIIAN ADVANCEMENT 2149 LAUWILIWILI 200 KAPOLEI, HI 96707	91-0313383	501(C)(3)	10,000				HAWAIIAN WAY FUND
COVENANT HOUSE FLORIDA INC 733 BREAKERS AVENUE FORT LAUDERDALE, FL 33304	59-2323607	501(C)(3)	7,000				TO SUPPORT WORK WITH TEENS IN DISTRESS IN SOUTH FLORIDA



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CRETIN-DERHAM HALL HIGH SCHOOL 550 S ALBERT STREET ST PAUL, MN 55116	41-1570394	501(C)(3)	21,000				MATCHING GRANT
CRISIS ASSISTANCE MINISTRY 500-A SPRATT STREET CHARLOTTE, NC 28206	56-1416719	501(C)(3)	5,000				GENERAL FUND

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DAVID LAWRENCE MENTAL HEALTH CENTER INC 6075 BATHEY LANE NAPLES, FL 34116	59-2206025	501(C)(3)	5,000				2018 DLC GALA
DAVID LAWRENCE MENTAL HEALTH CENTER INC 6075 BATHEY LANE NAPLES, FL 34116	59-2206025	501(C)(3)	20,000				CHILDREN'S CRISIS STABILIZATION HOLISTIC WELLNESS PROGRAM

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DAVID LAWRENCE MENTAL HEALTH CENTER INC 6075 BATHEY LANE NAPLES, FL 34116	59-2206025	501(C)(3)	20,000				PRE AND POSTPARTUM ADDICTION SERVICES
DAVID LAWRENCE MENTAL HEALTH CENTER INC 6075 BATHEY LANE NAPLES, FL 34116	59-2206025	501(C)(3)	19,200				UNRESTRICTED USE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DAVID'S REFUGE 8195 CAZENOVIA RD MANLIUS, NY 13104	45-3686680	501(C)(3)	22,000				GENERAL FUND
DAVID'S REFUGE 8195 CAZENOVIA RD MANLIUS, NY 13104	45-3686680	501(C)(3)	2,250				UNRESTRICTED USE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DR PIPER CENTER FOR SOCIAL SERVICES INC 2607 DR ELLA PIPER WAY FT MYERS, FL 33916	65-0788551	501(C)(3)	17,500				FOR FOSTER GRANDPARENTS AND SENIOR COMPANION PROGRAM
DUNELM USA 5803 LINDEN SQUARE COURT N BETHESDA, MD 208525507	52-1775682	501(C)(3)	25,000				HATFIELD TRUST'S ROBIN T WHITE 1956 BURSARY FUND

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
EDUCATION FOUNDATION - CHAMPIONS FOR LEARNING 3606 ENTERPRISE AVENUE 150 NAPLES, FL 34104	65-0230582	501(C)(3)	207,500				FUTURE READY COLLIER
EDUCATION FOUNDATION - CHAMPIONS FOR LEARNING 3606 ENTERPRISE AVENUE 150 NAPLES, FL 34104	65-0230582	501(C)(3)	50,000				FUTURE READY COLLIER - PARENT OUTREACH INITIATIVE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
EDUCATION FOUNDATION - CHAMPIONS FOR LEARNING 3606 ENTERPRISE AVENUE 150 NAPLES, FL 34104	65-0230582	501(C)(3)	15,000				GIFTED STUDENT PROGRAM DEVELOPMENT
EDUCATION FOUNDATION - CHAMPIONS FOR LEARNING 3606 ENTERPRISE AVENUE 150 NAPLES, FL 34104	65-0230582	501(C)(3)	10,000				LOBBY ENTRANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
EDUCATION FOUNDATION - CHAMPIONS FOR LEARNING 3606 ENTERPRISE AVENUE 150 NAPLES, FL 34104	65-0230582	501(C)(3)	1,000				SCHOLARSHIPS
EDUCATION FOUNDATION - CHAMPIONS FOR LEARNING 3606 ENTERPRISE AVENUE 150 NAPLES, FL 34104	65-0230582	501(C)(3)	20,000				TAKE STOCK IN EDUCATION SCHOLARSHIP



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
EDUCATION FOUNDATION - CHAMPIONS FOR LEARNING 3606 ENTERPRISE AVENUE 150 NAPLES, FL 34104	65-0230582	501(C)(3)	6,000				THREE FSW/TAKE STOCK SCHOLARSHIPS
EDUCATION FOUNDATION - CHAMPIONS FOR LEARNING 3606 ENTERPRISE AVENUE 150 NAPLES, FL 34104	65-0230582	501(C)(3)	23,370				TO SUPPORT & ENHANCE MUSIC EDUCATION IN COLLIER CO PUBLIC SCHOOL SYSTEM

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
EDUCATION FOUNDATION - CHAMPIONS FOR LEARNING 3606 ENTERPRISE AVENUE 150 NAPLES, FL 34104	65-0230582	501(C)(3)	4,000				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				UNRESTRICTED USE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ETERNAL PERSPECTIVE MINISTRIES 39085 PIONEER BLVD 206 SANDY, OR 97055	94-3125475	501(C)(3)	5,000				GENERAL FUND
EVANS SCHOLARS FOUNDATION ONE BRIAR ROAD GOLF, IL 60029	36-2518129	501(C)(3)	5,000				UNRESTRICTED USE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
EVERGLADES COMMUNITY CHURCH - FOOD PANTRY 1010 COPELAND AVENUE S EVERGLADES CITY, FL 34139		501(C)(3)	11,503				PURCHASE OF FOOD FOR FOOD PANTRY
FARM AID 501 CAMBRIDGE STREET CAMBRIDGE, MA 02141	36-3383233	501(C)(3)	30,000				FAMILY FARM DISASTER FUND FOR HURRICANES

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FINGER LAKES LAND TRUST 202 E COURT STREET ITHACA, NY 14850	22-2983688	501(C)(3)	50,000				LAND ACQUISITION
FINGER LAKES LAND TRUST 202 E COURT STREET ITHACA, NY 14850	22-2983688	501(C)(3)	5,000				UNRESTRICTED USE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FIRST BAPTIST CHURCH OF MARCO ISLAND 1450 WINTERBERRY DR MARCO ISLAND, FL 34145	59-1972918	501(C)(3)	1,100				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				OUR DAILY BREAD FOOD PANTRY - HURRICANE IRMA DISASTER RELIEF

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FIRST BAPTIST CHURCH OF MARCO ISLAND 1450 WINTERBERRY DR MARCO ISLAND, FL 34145	59-1972918	501(C)(3)	11,503				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				ALL IN CAMPAIGN

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FIRST BOOK 1319 F STREET NW 1000 WASHINGTON, DC 20004	52-1779606	501(C)(3)	13,565				BOOKS FOR COLLIER STUDENTS
FISCHING 4 CHANGE 310 PLYMOUTH PLYMOUTH, WI 53073	82-2551375	501(C)(3)	100,000				REMOVAL OF ASIAN CARP FROM INFESTED WATERS AND FOR THE CONSTRUCTION OF A SPECIALIZED BOAT



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FLORIDA CERT ASSOCIATION 1885 VETERANS PARK DRIVE NAPLES, FL 34109	01-0764856	501(C)(3)	5,000				SPONSOR FOR CERT STRONG 2018 NATIONAL CONFERENCE
FLORIDA CITIZENS' ALLIANCE PO BOX 697 MARCO ISLAND, FL 34146	46-3854467	501(C)(3)	10,000				EDUCATION IN AMERICA

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FLORIDA CONFERENCE OF THE UNITED METHODIST CHURCH INC 450 MARTIN LUTHER KING JR AVENUE LAKELAND, FL 33815	59-0904361	501(C)(3)	29,379				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				UMCOR GOODLAND DISASTER RELIEF EFFORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FLORIDA DENTAL ASSOCIATION FOUNDATION 1111 E TENNESSEE STREET TALLAHASSEE, FL 32308	59-2019148	501(C)(3)	5,000				FLA-MOM SILVER SPONSORSHIP
FLORIDA GULF COAST UNIVERSITY FOUNDATION INC 10501 FGCU BLVD S FT MYERS, FL 339656565	65-0403969	501(C)(3)	20,000				ENGINEERING SCHOLARSHIPS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FLORIDA GULF COAST UNIVERSITY FOUNDATION INC 10501 FGCU BLVD S FT MYERS, FL 339656565	65-0403969	501(C)(3)	10,000				FBO BOWER SCHOOL OF MUSIC - MARILYN KOREST MUSIC THERAPY SCHOLARSHIP FUND
FLORIDA GULF COAST UNIVERSITY FOUNDATION INC 10501 FGCU BLVD S FT MYERS, FL 339656565	65-0403969	501(C)(3)	200				MARIEB COLLEGE OF HEALTH & HUMAN SERVICE COMMUNITY RELIEF FUND

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FLORIDA GULF COAST UNIVERSITY FOUNDATION INC 10501 FGCU BLVD S FT MYERS, FL 339656565	65-0403969	501(C)(3)	22,363				NATIONAL SUMMER TRANSPORTATION INSTITUTE
FLORIDA GULF COAST UNIVERSITY FOUNDATION INC 10501 FGCU BLVD S FT MYERS, FL 339656565	65-0403969	501(C)(3)	5,000				RUTH & G BURT HOLMES RESTRICTED SCHOLARSHIP FUND

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FLORIDA PHILANTHROPIC NETWORK INC 5421 BEAUMONT CENTER DRIVE 655 TAMPA, FL 33634	20-1328734	501(C)(3)	5,000				FWFA MENTAL HEALTH REPORT
FLORIDA PHILANTHROPIC NETWORK INC 5421 BEAUMONT CENTER DRIVE 655 TAMPA, FL 33634	20-1328734	501(C)(3)	1,000				SUMMER CONFERENCE 2018

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FLORIDA PHILANTHROPIC NETWORK INC 5421 BEAUMONT CENTER DRIVE 655 TAMPA, FL 33634	20-1328734	501(C)(3)	5,000				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				"THE GIFT OF FAMILY" DOUBLE MY GIFT CAMPAIGN

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FREE WHEELCHAIR MISSION 15259 ALTON PARKWAY 300 IRVINE, CA 92618	31-1781635	501(C)(3)	50,000				TESTING LAB
FRIENDS OF ASCENSION CATHOLIC SCHOOL 1723 BRYANT AVENUE N MINNEAPOLIS, MN 55411	27-1530388	501(C)(3)	100,000				MICHAEL J O'CONNELL SCHOLARSHIP FUND



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FRIENDS OF EAST AFRICA FOUNDATION 2130 SUMMIT AVENUE ST PAUL, MN 55105	46-1673385	501(C)(3)	10,000				UNRESTRICTED USE
FRIENDS OF FOSTER CHILDREN FOREVER 2675 HORSESHOE DRIVE S 402 NAPLES, FL 34104	59-3598933	501(C)(3)	2,500				FFCF BOARD RETREAT AND STRATEGIC PLANNING PROCESS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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FRIENDS OF FOSTER CHILDREN FOREVER 2675 HORSESHOE DRIVE S 402 NAPLES, FL 34104	59-3598933	501(C)(3)	500				MENTORING
FRIENDS OF FOSTER CHILDREN FOREVER 2675 HORSESHOE DRIVE S 402 NAPLES, FL 34104	59-3598933	501(C)(3)	10,000				PRESCHOOL EDUCATION PROGRAM

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FRIENDS OF FOSTER CHILDREN FOREVER 2675 HORSESHOE DRIVE S 402 NAPLES, FL 34104	59-3598933	501(C)(3)	3,700				UNRESTRICTED USE
FRIENDS OF FOSTER CHILDREN FOREVER 2675 HORSESHOE DRIVE S 402 NAPLES, FL 34104	59-3598933	501(C)(3)	150				WHERE MOST NEEDED

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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FRIENDS OF ROOKERY BAY 300 TOWER ROAD NAPLES, FL 34113	65-0094703	501(C)(3)	10,000				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				NATURAL RESOURCE MANAGEMENT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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FRIENDS OF ROOKERY BAY 300 TOWER ROAD NAPLES, FL 34113	65-0094703	501(C)(3)	4,000				UNRESTRICTED USE
FUN TIME EARLY CHILDHOOD ACADEMY INC 102 12TH STREET N NAPLES, FL 34102	59-1039978	501(C)(3)	13,200				ANNUAL APPEAL

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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FUN TIME EARLY CHILDHOOD ACADEMY INC 102 12TH STREET N NAPLES, FL 34102	59-1039978	501(C)(3)	1,000				ANNUAL FUND
FUN TIME EARLY CHILDHOOD ACADEMY INC 102 12TH STREET N NAPLES, FL 34102	59-1039978	501(C)(3)	500				SCHOLARSHIPS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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FUN TIME EARLY CHILDHOOD ACADEMY INC 102 12TH STREET N NAPLES, FL 34102	59-1039978	501(C)(3)	14,000				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				TO BENEFIT 2018 FUN TIME EVENT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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FUN TIME EARLY CHILDHOOD ACADEMY INC 102 12TH STREET N NAPLES, FL 34102	59-1039978	501(C)(3)	15,400				TUITION ASSISTANCE
FUN TIME EARLY CHILDHOOD ACADEMY INC 102 12TH STREET N NAPLES, FL 34102	59-1039978	501(C)(3)	2,000				UNRESTRICTED USE



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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GARGIULO EDUCATION CENTER 1414 RAIL HEAD BLVD NAPLES, FL 34110	46-5416212	501(C)(3)	4,197				EQUIPMENT FOR STEAM AND ROBOTICS
GARGIULO EDUCATION CENTER 1414 RAIL HEAD BLVD NAPLES, FL 34110	46-5416212	501(C)(3)	10,000				S T E A M AFTERSCHOOL ENRICHMENT FOR STUDENTS OF MIGRANT FAMILIES

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GIANNA HOMES 14451 HIGHWAY 7 113 MINNETONKA, MN 55345	41-2005063	501(C)(3)	5,000				GENERAL SUPPORT
GIST CANCER RESEARCH FUND 3905 NE 167TH STREET AVENTURA, FL 33160	13-4182988	501(C)(3)	175,000				CANCER RESEARCH

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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GOLISANO CHILDREN'S MUSEUM OF NAPLES 15080 LIVINGSTON ROAD NAPLES, FL 34109	01-0687133	501(C)(3)	5,000				UNRESTRICTED USE
GRACE PLACE FOR CHILDREN AND FAMILIES INC PO BOX 990531 NAPLES, FL 34116	65-1229558	501(C)(3)	20,000				AP LEADERSHIP PROGRAM

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GRACE PLACE FOR CHILDREN AND FAMILIES INC PO BOX 990531 NAPLES, FL 34116	65-1229558	501(C)(3)	125,000				CONSTRUCTION OF NEW BUILDING
GRACE PLACE FOR CHILDREN AND FAMILIES INC PO BOX 990531 NAPLES, FL 34116	65-1229558	501(C)(3)	30,000				GIFT CARDS FOR HURRICANE IRMA VICTIMS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GRACE PLACE FOR CHILDREN AND FAMILIES INC PO BOX 990531 NAPLES, FL 34116	65-1229558	501(C)(3)	5,000				HURRICANE IRMA RELIEF
GRACE PLACE FOR CHILDREN AND FAMILIES INC PO BOX 990531 NAPLES, FL 34116	65-1229558	501(C)(3)	11,503				PURCHASE OF FOOD FOR FOOD PANTRY

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GRACE PLACE FOR CHILDREN AND FAMILIES INC PO BOX 990531 NAPLES, FL 34116	65-1229558	501(C)(3)	500				SUMMER INTERN
GRACE PLACE FOR CHILDREN AND FAMILIES INC PO BOX 990531 NAPLES, FL 34116	65-1229558	501(C)(3)	7,403				UNRESTRICTED USE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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GREAT LAKES CHRISTIAN COLLEGE 6211 W WILLOW HIGHWAY LANSING, MI 48917	38-6080947	501(C)(3)	10,828				UNRESTRICTED USE
GREATER HOUSTON COMMUNITY FOUNDATION 5120 WOODWAY DRIVE 6000 HOUSTON, TX 77056	23-7160400	501(C)(3)	61,350				HURRICANE HARVEY DISASTER RELIEF FUND

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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GREATER MARCO FAMILY YMCA INC PO BOX 2529 MARCO ISLAND, FL 341462529	59-2498619	501(C)(3)	10,000				AFTERSCHOOL PROGRAM
GREATER MARCO FAMILY YMCA INC PO BOX 2529 MARCO ISLAND, FL 341462529	59-2498619	501(C)(3)	20,000				GENERAL USE



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GREATER MARCO FAMILY YMCA INC PO BOX 2529 MARCO ISLAND, FL 341462529	59-2498619	501(C)(3)	2,500				HURRICANE IRMA EMPLOYEE RELIEF
GREATER MARCO FAMILY YMCA INC PO BOX 2529 MARCO ISLAND, FL 341462529	59-2498619	501(C)(3)	1,029				HURRICANE IRMA RELIEF

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GREATER MARCO FAMILY YMCA INC PO BOX 2529 MARCO ISLAND, FL 341462529	59-2498619	501(C)(3)	10,000				SERVICES IN GOODLAND AREA
GREATER MARCO FAMILY YMCA INC PO BOX 2529 MARCO ISLAND, FL 341462529	59-2498619	501(C)(3)	1,000				SWIMMING LESSONS FOR ECONOMICALLY NEEDY CHILDREN

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GUADALUPE CENTER INC 509 HOPE CIRCLE IMMOKALEE, FL 34142	59-2617151	501(C)(3)	488				BENEFIT THE AFTERSCHOOL PROGRAM
GUADALUPE CENTER INC 509 HOPE CIRCLE IMMOKALEE, FL 34142	59-2617151	501(C)(3)	500				BREAKING THE CYCLE OF POVERTY

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GUADALUPE CENTER INC 509 HOPE CIRCLE IMMOKALEE, FL 34142	59-2617151	501(C)(3)	500				EARLY EDUCATION STIPENDS FOR TWO TEACHERS
GUADALUPE CENTER INC 509 HOPE CIRCLE IMMOKALEE, FL 34142	59-2617151	501(C)(3)	750				EDUCATION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GUADALUPE CENTER INC 509 HOPE CIRCLE IMMOKALEE, FL 34142	59-2617151	501(C)(3)	10,000				GIFT CARDS FOR HURRICANE IRMA VICTIMS
GUADALUPE CENTER INC 509 HOPE CIRCLE IMMOKALEE, FL 34142	59-2617151	501(C)(3)	500				SUMMER INTERN

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GUADALUPE CENTER INC 509 HOPE CIRCLE IMMOKALEE, FL 34142	59-2617151	501(C)(3)	500				THE G-A-P PROGRAM
GUADALUPE CENTER INC 509 HOPE CIRCLE IMMOKALEE, FL 34142	59-2617151	501(C)(3)	12,056				UNRESTRICTED USE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GUADALUPE SOCIAL SERVICES PO BOX 5034 IMMOKALEE, FL 34143	59-2473176	501(C)(3)	7,000				FEEDING THE POOR
GUARDIAN ANGELS MEDICAL SERVICE DOGS 3251 NE 180TH AVENUE WILLISTON, FL 32696	27-2667123	501(C)(3)	5,000				UNRESTRICTED USE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GUIDING STAR BAPTIST CHURCH 2724 W MUHAMMAD ALI BLVD LOUISVILLE, KY 40212		501(C)(3)	10,000				UNRESTRICTED USE
GULF COMMUNITY CHURCH 4522 EXECUTIVE DRIVE NAPLES, FL 34119	47-5097188	501(C)(3)	5,000				UNRESTRICTED USE



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GULFSHORE OPERA INC 3281 GOLDEN GATE BLVD WEST NAPLES, FL 341203001	47-0989874	501(C)(3)	5,000				UNDERWRITING FOR LA TRAVIATA
GULFSHORE PLAYHOUSE 1010 FIFTH AVENUE SOUTH 205 NAPLES, FL 341026942	90-0178566	501(C)(3)	11,000				THEATER PROGRAM IN THE CLASSROOM IN PARTNERSHIP WITH THE HOLOCAUST MUSUEM

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GULFSHORE PLAYHOUSE 1010 FIFTH AVENUE SOUTH 205 NAPLES, FL 341026942	90-0178566	501(C)(3)	500				UNRESTRICTED USE
HABITAT FOR HUMANITY INTERNATIONAL INC 121 HABITAT STREET AMERICUS, GA 317093498	91-1914868	501(C)(3)	10,000				HURRICANE HARVEY RELIEF FUND

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HABITAT FOR HUMANITY OF COLLIER COUNTY 11145 TAMIAMI TRAIL E NAPLES, FL 34113	59-1834379	501(C)(3)	1,500				AFFORDABLE HOUSING
HABITAT FOR HUMANITY OF COLLIER COUNTY 11145 TAMIAMI TRAIL E NAPLES, FL 34113	59-1834379	501(C)(3)	10,000				BUILDING OF A HOME

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HABITAT FOR HUMANITY OF COLLIER COUNTY 11145 TAMIAMI TRAIL E NAPLES, FL 34113	59-1834379	501(C)(3)	55,000				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				DISASTER RELIEF OR GENERAL CONSTRUCTION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HABITAT FOR HUMANITY OF COLLIER COUNTY 11145 TAMIAMI TRAIL E NAPLES, FL 34113	59-1834379	501(C)(3)	200,000				EVERGLADES CITY STILT HOMES
HABITAT FOR HUMANITY OF COLLIER COUNTY 11145 TAMIAMI TRAIL E NAPLES, FL 34113	59-1834379	501(C)(3)	3,500				GENERAL FUND

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HABITAT FOR HUMANITY OF COLLIER COUNTY 11145 TAMIAMI TRAIL E NAPLES, FL 34113	59-1834379	501(C)(3)	5,000				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				HOME CONSTUCTION AND IRMA RELIEF

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HABITAT FOR HUMANITY OF COLLIER COUNTY 11145 TAMIAMI TRAIL E NAPLES, FL 34113	59-1834379	501(C)(3)	5,000				HOPE HOUSE 19
HABITAT FOR HUMANITY OF COLLIER COUNTY 11145 TAMIAMI TRAIL E NAPLES, FL 34113	59-1834379	501(C)(3)	150,000				HOUSING REPAIRS FOR HURRICANE IRMA VICTIMS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HABITAT FOR HUMANITY OF COLLIER COUNTY 11145 TAMIAMI TRAIL E NAPLES, FL 34113	59-1834379	501(C)(3)	7,500				HURRICANE IRMA GIFT CARDS
HABITAT FOR HUMANITY OF COLLIER COUNTY 11145 TAMIAMI TRAIL E NAPLES, FL 34113	59-1834379	501(C)(3)	382,923				HURRICANE IRMA RELIEF



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HABITAT FOR HUMANITY OF COLLIER COUNTY 11145 TAMIAMI TRAIL E NAPLES, FL 34113	59-1834379	501(C)(3)	500,000				LAND PURCHASE
HABITAT FOR HUMANITY OF COLLIER COUNTY 11145 TAMIAMI TRAIL E NAPLES, FL 34113	59-1834379	501(C)(3)	25,235				UNRESTRICTED USE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HARRY CHAPIN FOOD BANK 3760 FOWLER STREET FT MYERS, FL 33901	59-2332120	501(C)(3)	250				ANNUAL CONTRIBUTION
HARRY CHAPIN FOOD BANK 3760 FOWLER STREET FT MYERS, FL 33901	59-2332120	501(C)(3)	75,000				EMERGENCY FOOD FOR HURRICANE IRMA VICTIMS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HARRY CHAPIN FOOD BANK 3760 FOWLER STREET FT MYERS, FL 33901	59-2332120	501(C)(3)	200				GENERAL PURPOSES
HARRY CHAPIN FOOD BANK 3760 FOWLER STREET FT MYERS, FL 33901	59-2332120	501(C)(3)	8,000				MEALS FOR THE NEEDY

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HARRY CHAPIN FOOD BANK 3760 FOWLER STREET FT MYERS, FL 33901	59-2332120	501(C)(3)	1,000				PEOPLE IN NEED IN COLLIER COUNTY
HARRY CHAPIN FOOD BANK 3760 FOWLER STREET FT MYERS, FL 33901	59-2332120	501(C)(3)	11,503				PURCHASE OF FOOD AND FOOD DISTRIBUTION TO PANTRIES IN COLLIER COUNTY

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HARRY CHAPIN FOOD BANK 3760 FOWLER STREET FT MYERS, FL 33901	59-2332120	501(C)(3)	1,500				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				UNRESTRICTED USE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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HEALTHCARE NETWORK OF SOUTHWEST FLORIDA FOUNDATION 3555 KRAFT ROAD 100 NAPLES, FL 34105	26-0229508	501(C)(3)	1,500				GOLDEN GATE CAPITAL CAMPAIGN
HEALTHCARE NETWORK OF SOUTHWEST FLORIDA FOUNDATION 3555 KRAFT ROAD 100 NAPLES, FL 34105	26-0229508	501(C)(3)	1,000				HEALTH & SMILES MOBILE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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HEALTHCARE NETWORK OF SOUTHWEST FLORIDA FOUNDATION 3555 KRAFT ROAD 100 NAPLES, FL 34105	26-0229508	501(C)(3)	6,600				RONALD MCDONALD CARE MOBILE
HEALTHCARE NETWORK OF SOUTHWEST FLORIDA FOUNDATION 3555 KRAFT ROAD 100 NAPLES, FL 34105	26-0229508	501(C)(3)	23,500				SUPPORT OF IMMOKALEE DENTAL PROGRAM FOR HOMEBOUND SENIORS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HEALTHCARE NETWORK OF SOUTHWEST FLORIDA FOUNDATION 3555 KRAFT ROAD 100 NAPLES, FL 34105	26-0229508	501(C)(3)	241				UNRESTRICTED USE
HEALTHCARE NETWORK OF SOUTHWEST FLORIDA 1454 MADISON AVENUE IMMOKALEE, FL 34142	59-1741277	501(C)(3)	60,000				GENERAL OPERATIONS



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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HEART TO HEART INTERNATIONAL 13250 W 98TH STREET LENEXA, KS 66215	48-1108359	501(C)(3)	10,000				TEXAS FLOOD RELIEF
HELP A DIABETIC CHILD INC P O BOX 110161 NAPLES, FL 34108	46-1652118	501(C)(3)	462				INSULIN SUPPLIES FOR CHILDREN

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HELP A DIABETIC CHILD INC P O BOX 110161 NAPLES, FL 34108	46-1652118	501(C)(3)	4,100				SUPPLIES AND SERVICES INITIATIVE
HELP A DIABETIC CHILD INC P O BOX 110161 NAPLES, FL 34108	46-1652118	501(C)(3)	1,000				TO ASSIST CHILDREN WITH TYPE 1 DIABETES

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HELP A DIABETIC CHILD INC P O BOX 110161 NAPLES, FL 34108	46-1652118	501(C)(3)	200				UNRESTRICTED USE
HISTORICAL SOCIETY OF WESTERN PENNSYLVANIA 1212 SMALLMAN STREET PITTSBURGH, PA 15222	25-0965391	501(C)(3)	63,687				MEADOWCROFT MUSEUM

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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HODGES UNIVERSITY 2655 NORTHBROOKE DRIVE NAPLES, FL 34119		501(C)(3)	50,000				POLY-TECHNICAL SCHOOL FEASIBILITY STUDY
HODGES UNIVERSITY 2655 NORTHBROOKE DRIVE NAPLES, FL 34119		501(C)(3)	5,000				VITAL SIGNS 2017 REPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HOLLINS UNIVERSITY CORPORATION BOX 9629 7916 WILLIAMSON ROAD ROANOKE, VA 24020	54-0506314	501(C)(3)	9,000				UNRESTRICTED USE
HOLOCAUST MUSEUM OF SOUTHWEST FLORIDA INC 4760 TAMIAMI TRAIL N 7 NAPLES, FL 34103	59-3740883	501(C)(3)	5,000				FOR THE MATCHING CHALLENGE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HOLOCAUST MUSEUM OF SOUTHWEST FLORIDA INC 4760 TAMIAMI TRAIL N 7 NAPLES, FL 34103	59-3740883	501(C)(3)	250				UNRESTRICTED USE
HOOD COLLEGE OF FREDERICK MARYLAND 401 ROSEMONT AVENUE FREDERICK, MD 21701	52-0591608	501(C)(3)	10,000				SCHOLARSHIPS IN MATH AND SCIENCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HOPE FOR FAMILIES MINISTRY CORP 4349 21ST AVENUE SW NAPLES, FL 34116	47-1077982	501(C)(3)	2,500				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				SKILL BUILDING CLASSES FOR JOB MARKET SUCCESS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HORIZONS - A FAMILY SERVICE ALLIANCE 819 5TH STREET SE CEDAR RAPIDS, IA 524060667	42-1135083	501(C)(3)	20,975				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				UNRESTRICTED USE



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HUNTSVILLE SYMPHONY ORCHESTRA ASSOCIATION P O BOX 2400 HUNTSVILLE, AL 35804	63-0463802	501(C)(3)	5,000				OPERATING FUND FOR 2018-19
IN TOUCH MINISTRIES PO BOX 7900 ATLANTA, GA 30357	58-1495310	501(C)(3)	10,000				MESSENGER LAB FOR CHRISTIAN MINISTRY

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
IN TOUCH MINISTRIES PO BOX 7900 ATLANTA, GA 30357	58-1495310	501(C)(3)	1,000				UNRESTRICTED USE
INDIANA UNIVERSITY FOUNDATION PO BOX 6460 INDIANAPOLIS, IN 46206	35-6018940	501(C)(3)	3,000				HOOSIER HUNDRED VARSITY CLUB

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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INDIANA UNIVERSITY FOUNDATION PO BOX 6460 INDIANAPOLIS, IN 46206	35-6018940	501(C)(3)	500				IRWIN BORISH SCHOLARSHIP FUND
INDIANA UNIVERSITY FOUNDATION PO BOX 6460 INDIANAPOLIS, IN 46206	35-6018940	501(C)(3)	2,000				WELL HOUSE SOCIETY

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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INSTITUTE FOR HUMANE STUDIES 3434 WASHINGTON BLVD MS 1C5 ARLINGTON, VA 22201	94-1623852	501(C)(3)	38,523				THE SCHOLARSHIP FUND ADMINISTERED BY IHS
INTREPID FALLEN HEROES FUND 1 INTREPID SQUARE NEW YORK, NY 10036	20-0366717	501(C)(3)	50,000				TO HELP THOSE IN NEED

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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IRAQ & AFGHANISTAN VETERANS OF AMERICA FOUNDATION INC 119 WEST 40TH STREET 19TH FL NEW YORK, NY 10018	20-1664531	501(C)(3)	5,000				GENERAL SUPPORT
ITECH 508 N 9TH STREET IMMOKALEE, FL 34142	59-2663954	501(C)(3)	250				UNRESTRICTED USE

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JOE FOSS INSTITUTE INC 8925 E PIMA CENTER PKWY 100 SCOTTSDALE, AZ 852584409	86-1026421	501(C)(3)	5,000				UNRESTRICTED USE
JOHNS HOPKINS HOUSE PO BOX 514 GAMBRILLS, MD 21054	82-1242910	501(C)(3)	100,000				PURCHASE OF JOHNS HOPKINS ESTATE FOR SAVING AND TURNING INTO MUSEUM

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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JOHNSON UNIVERSITY FLORIDA 1011 BILL BECK BLVD KISSIMMEE, FL 34744	62-6001104	501(C)(3)	10,828				UNRESTRICTED USE
JUDICIAL WATCH INC 425 THIRD STREET SW 800 WASHINGTON, DC 20024	52-1885088	501(C)(3)	1,000				ANNUAL FUND

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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JUDICIAL WATCH INC 425 THIRD STREET SW 800 WASHINGTON, DC 20024	52-1885088	501(C)(3)	500				GENERAL PURPOSES
JUDICIAL WATCH INC 425 THIRD STREET SW 800 WASHINGTON, DC 20024	52-1885088	501(C)(3)	500				TO SUPPORT THE GOOD WORK OF JUDICIAL WATCH



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JUDICIAL WATCH INC 425 THIRD STREET SW 800 WASHINGTON, DC 20024	52-1885088	501(C)(3)	5,000				UNRESTRICTED USE
JUNIOR ACHIEVEMENT OF SW FLORIDA 9530 MARKETPLACE ROAD 302 FT MYERS, FL 33912	65-0503084	501(C)(3)	2,000				IMPLEMENTING STRATEGIC MARKETING AND FUNDRAISING INITIATIVES

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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LAKE BEULAH SAILING SCHOOL INC PO BOX 729 EAST TROY, WI 53120	39-1172460	501(C)(3)	7,810				UNRESTRICTED USE
LEADERSHIP COLLIER FOUNDATION INC 2390 TAMIAMI TRAIL N 210 NAPLES, FL 341034484	20-0446620	501(C)(3)	5,000				INTERN STIPENDS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LEADERSHIP COLLIER FOUNDATION INC 2390 TAMIAMI TRAIL N 210 NAPLES, FL 341034484	20-0446620	501(C)(3)	25,000				OPPORTUNITY NAPLES WORKFORCE HOUSING & WORKFORCE EDUCATION SUSTAINABLE FUNDING STUDY
LEADERSHIP COLLIER FOUNDATION INC 2390 TAMIAMI TRAIL N 210 NAPLES, FL 341034484	20-0446620	501(C)(3)	35,000				POLY-TECHNICAL SCHOOL FEASIBILITY STUDY

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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LEADERSHIP COLLIER FOUNDATION INC 2390 TAMIAMI TRAIL N 210 NAPLES, FL 341034484	20-0446620	501(C)(3)	500				SUMMER INTERN
LEADERSHIP COLLIER FOUNDATION INC 2390 TAMIAMI TRAIL N 210 NAPLES, FL 341034484	20-0446620	501(C)(3)	5,000				SUSTAINABILITY COMMITTEE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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LEADERSHIP COLLIER FOUNDATION INC 2390 TAMIAMI TRAIL N 210 NAPLES, FL 341034484	20-0446620	501(C)(3)	10,000				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				HURRICANE IRMA DISASTER RELIEF

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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LEGAL AID SERVICE OF COLLIER COUNTY 4436 TAMIAMI TRAIL EAST NAPLES, FL 34112	59-1547191	501(C)(3)	20,000				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				UNRESTRICTED USE

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LEUKEMIA & LYMPHOMA SOCIETY WESTERN & CENTRAL NEW YORK CHAPTER 4043 MAPLE ROAD 105 AMHERST, NY 14226	13-5644916	501(C)(3)	50,000				RESEARCH TO END THIS DISEASE
LIGHTHOUSE OF COLLIER INC 2685 HORSESHOE DRIVE S 211 NAPLES, FL 34104	27-0401702	501(C)(3)	150				UNRESTRICTED USE

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LITERACY VOLUNTEERS OF COLLIER COUNTY 8833 TAMIAMI TRAIL E NAPLES, FL 34113	65-0181251	501(C)(3)	100				UNRESTRICTED USE
LOAVES & FISHES 648 GRIFFITH ROAD B CHARLOTTE, NC 28217	56-1398498	501(C)(3)	5,000				GENERAL FUND



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LORENZO WALKER TECHNICAL COLLEGE 3702 ESTEY AVENUE NAPLES, FL 341044498	59-6000557	501(C)(3)	377				EDUCATION AND TRAINING OF NURSES
LORENZO WALKER TECHNICAL COLLEGE 3702 ESTEY AVENUE NAPLES, FL 341044498	59-6000557	501(C)(3)	250				GENERAL USE

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LORENZO WALKER TECHNICAL COLLEGE 3702 ESTEY AVENUE NAPLES, FL 341044498	59-6000557	501(C)(3)	413				REALCARE GERIATRIC SIMULATOR
LORENZO WALKER TECHNICAL COLLEGE 3702 ESTEY AVENUE NAPLES, FL 341044498	59-6000557	501(C)(3)	750				SCHOLARSHIPS

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LORENZO WALKER TECHNICAL COLLEGE 3702 ESTEY AVENUE NAPLES, FL 341044498	59-6000557	501(C)(3)	10,742				TRAINING LICENSED PRACTICAL NURSES
LOUISVILLE ORCHESTRA 620 WEST MAIN STREET 600 LOUISVILLE, KY 40202	61-6000384	501(C)(3)	10,000				2018 ANNUAL CAMPAIGN

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MANASOTA SOLVE DBA SOLVE MATERNITY HOMES 1335 MANATEE AVENUE WEST BRADENTON, FL 342056712	59-1683408	501(C)(3)	15,000				TO HELP WOMEN & CHILDREN, FAMILIES & COMMUNITIES
MARCO ISLAND ACADEMY 2255 SAN MARCO ROAD MARCO ISLAND, FL 34145	27-4411503	501(C)(3)	34,000				GENERAL USE

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MASSACHUSETTS INSTITUTE OF TECHNOLOGY 600 MEMORIAL DRIVE W98-200 CAMBRIDGE, MA 021394822	04-2103594	501(C)(3)	6,000				CLASS OF 1960 ENDOWMENT FOR INNOVATION IN EDUCATION
MAUI ADULT DAY CARE CENTER FOR SENIOR CITIZENS & DISABLED INC 11 MAHAOLO STREET B KAHALUI, HI 96732	99-0216306	501(C)(3)	10,750				HALE HULU MAMO

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MAYO FOUNDATION FOR MEDICAL EDUCATION & RESEARCH OFFICE OF DEVELOPMENT - 200 FIRST STREET SW ROCHESTER, MN 55905	41-1506440	501(C)(3)	15,828				UNRESTRICTED USE
MCLAREN NORTHERN MICHIGAN FOUNDATION 360 CONNABLE AVENUE PETOSKEY, MI 49770	38-2445611	501(C)(3)	10,000				CAPITAL CAMPAIGN GIFT

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MEALS OF HOPE INC 2221 CORPORATION BLVD NAPLES, FL 34109	27-0268307	501(C)(3)	2,500				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				HURRICANE IRMA DISASTER RELIEF

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MEALS OF HOPE INC 2221 CORPORATION BLVD NAPLES, FL 34109	27-0268307	501(C)(3)	12,503				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				STRONGER THAN SARCOMA



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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MEMORIAL SLOAN-KETTERING CANCER CENTER 1275 YORK AVENUE NEW YORK, NY 10065	91-2154267	501(C)(3)	11,328				UNRESTRICTED USE
MERCY HOME FOR BOYS AND GIRLS 1140 WEST JACKSON BLVD CHICAGO, IL 60607	36-2171726	501(C)(3)	12,000				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				UNRESTRICTED USE
MONARCH RESEARCH PROJECT 4970 LAKESIDE ROAD MARION, IA 52302	47-5292786	501(C)(3)	12,500				TO HELP IN THE REPOPULATING OF THE MONARCH BUTTERFLY

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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MOORINGS PARK FOUNDATION INC 120 MOORINGS PARK DRIVE NAPLES, FL 341052188	26-3631295	501(C)(3)	2,500				HURRICANE RELIEF FUND
MOORINGS PARK FOUNDATION INC 120 MOORINGS PARK DRIVE NAPLES, FL 341052188	26-3631295	501(C)(3)	500				MOORINGS PARK EMPLOYEE HURRICANE FUND

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MOORINGS PARK FOUNDATION INC 120 MOORINGS PARK DRIVE NAPLES, FL 341052188	26-3631295	501(C)(3)	3,500				REPAIRS & RENOVATIONS FOR THE ASSISTED LIVING FACILITY
MOORINGS PARK FOUNDATION INC 120 MOORINGS PARK DRIVE NAPLES, FL 341052188	26-3631295	501(C)(3)	15,815				SCHOLARSHIP PROGRAM

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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MOORINGS PARK FOUNDATION INC 120 MOORINGS PARK DRIVE NAPLES, FL 341052188	26-3631295	501(C)(3)	37,500				SENIOR PEAK CHALLENGE
MOORINGS PARK FOUNDATION INC 120 MOORINGS PARK DRIVE NAPLES, FL 341052188	26-3631295	501(C)(3)	21,500				UNRESTRICTED USE

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MOORINGS PRESBYTERIAN CHURCH 791 HARBOUR DRIVE NAPLES, FL 34103	59-1309473	501(C)(3)	1,000				DAMAGE REPAIRS FROM HURRICANE IRMA
MOORINGS PRESBYTERIAN CHURCH 791 HARBOUR DRIVE NAPLES, FL 34103	59-1309473	501(C)(3)	2,000				HYACINTH CONCERT MUSIC PROGRAM

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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MOORINGS PRESBYTERIAN CHURCH 791 HARBOUR DRIVE NAPLES, FL 34103	59-1309473	501(C)(3)	394				TO SUPPORT THE EDUCATION FUND
MUNSON HEALTHCARE REGIONAL FOUNDATION 1150 MEDICAL CAMPUS DRIVE TRAVERSE CITY, MI 49684	38-2642724	501(C)(3)	100,000				FUTURE EXPANSION PROJECT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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NAACP COLLIER COUNTY BRANCH #5117 PO BOX 990727 NAPLES, FL 34116	13-1084135	501(C)(3)	5,000				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				HUGS (HEALTH UNDER GUIDED SYSTEMS)



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NAMI OF COLLIER COUNTY 6216 TRAIL BLVD NAPLES, FL 34108	65-0047747	501(C)(3)	15,000				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				UNRESTRICTED USE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NAPLES BOTANICAL GARDEN INC 4820 BAYSHORE DRIVE D NAPLES, FL 34112	65-0511429	501(C)(3)	5,000				BRIAN HOLLEY FUNDED CHAIR
NAPLES BOTANICAL GARDEN INC 4820 BAYSHORE DRIVE D NAPLES, FL 34112	65-0511429	501(C)(3)	1,000				CHILDREN PROGRAMS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NAPLES BOTANICAL GARDEN INC 4820 BAYSHORE DRIVE D NAPLES, FL 34112	65-0511429	501(C)(3)	400				CHILDREN'S SUMMER PROGRAMS
NAPLES BOTANICAL GARDEN INC 4820 BAYSHORE DRIVE D NAPLES, FL 34112	65-0511429	501(C)(3)	2,500				COLLIER GREENS PROGRAM

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NAPLES BOTANICAL GARDEN INC 4820 BAYSHORE DRIVE D NAPLES, FL 34112	65-0511429	501(C)(3)	150				DOGS IN THE GARDEN
NAPLES BOTANICAL GARDEN INC 4820 BAYSHORE DRIVE D NAPLES, FL 34112	65-0511429	501(C)(3)	5,000				GREEN ROOF RESEARCH

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NAPLES BOTANICAL GARDEN INC 4820 BAYSHORE DRIVE D NAPLES, FL 34112	65-0511429	501(C)(3)	1,000				REPLANT AND REGROW CONTRIBUTION
NAPLES BOTANICAL GARDEN INC 4820 BAYSHORE DRIVE D NAPLES, FL 34112	65-0511429	501(C)(3)	500				SUMMER INTERN

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NAPLES BOTANICAL GARDEN INC 4820 BAYSHORE DRIVE D NAPLES, FL 34112	65-0511429	501(C)(3)	1,000				UNRESTRICTED USE
NAPLES CHRISTIAN CHURCH 8000 GOODLETTE ROAD NORTH NAPLES, FL 34109	59-6519467	501(C)(3)	10,828				UNRESTRICTED USE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NAPLES COUNCIL ON WORLD AFFAIRS 2316 PINE RIDGE ROAD 361 NAPLES, FL 34109	59-2139347	501(C)(3)	5,000				MODEL UN PROGRAM
NAPLES LIONS CLUB FOUNDATION PO BOX 110474 NAPLES, FL 34108	65-0564366	501(C)(3)	400				SCHOLARSHIP FOR NEEDY STUDENTS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NAPLES LIONS CLUB FOUNDATION PO BOX 110474 NAPLES, FL 34108	65-0564366	501(C)(3)	7,000				TO PURCHASE A SPOT VISION SCREENER
NAPLES MUSIC CLUB PO BOX 112383 NAPLES, FL 34108	59-6213932	501(C)(3)	2,400				MUSIC SCORES



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NAPLES MUSIC CLUB PO BOX 112383 NAPLES, FL 34108	59-6213932	501(C)(3)	15,000				MUSICSCORES! PRE-K LITERACY/VIOLIN PROGRAM
NAPLES PERFORMING ARTS CENTER 1048 CASTELLO DRIVE NAPLES, FL 34103	30-0871234	501(C)(3)	10,000				UNRESTRICTED USE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NAPLES PLAYERS INC 701 5TH AVENUE S NAPLES, FL 341026662	59-6154976	501(C)(3)	324				GENERAL OPERATING PURPOSES
NAPLES PLAYERS INC 701 5TH AVENUE S NAPLES, FL 341026662	59-6154976	501(C)(3)	500				TO SUPPORT PROGRAMS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NAPLES PLAYERS INC 701 5TH AVENUE S NAPLES, FL 341026662	59-6154976	501(C)(3)	536				UNDERWRITING A PLAY
NAPLES PLAYERS INC 701 5TH AVENUE S NAPLES, FL 341026662	59-6154976	501(C)(3)	5,000				UNRESTRICTED USE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NAPLES SENIOR CENTER AT JFCS 5025 CASTELLO DRIVE 101 NAPLES, FL 34103	45-3980909	501(C)(3)	15,000				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				DEMENTIA RESPITE SUPPORT PROGRAM

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NAPLES SENIOR CENTER AT JFCS 5025 CASTELLO DRIVE 101 NAPLES, FL 34103	45-3980909	501(C)(3)	10,500				FOOD PANTRY NAVIGATOR
NAPLES SENIOR CENTER AT JFCS 5025 CASTELLO DRIVE 101 NAPLES, FL 34103	45-3980909	501(C)(3)	500				GENERAL FUND

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NAPLES SENIOR CENTER AT JFCS 5025 CASTELLO DRIVE 101 NAPLES, FL 34103	45-3980909	501(C)(3)	15,000				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				HELPING AT-RISK SENIOR WOMEN CAREGIVERS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NAPLES SENIOR CENTER AT JFCS 5025 CASTELLO DRIVE 101 NAPLES, FL 34103	45-3980909	501(C)(3)	1,000				HURRICANE IRMA RELIEF
NAPLES SENIOR CENTER AT JFCS 5025 CASTELLO DRIVE 101 NAPLES, FL 34103	45-3980909	501(C)(3)	11,503				PURCHASE OF FOOD FOR FOOD PANTRY

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NAPLES SENIOR CENTER AT JFCS 5025 CASTELLO DRIVE 101 NAPLES, FL 34103	45-3980909	501(C)(3)	1,000				TO SUPPORT THE NAPLES SENIOR CENTER
NAPLES SENIOR CENTER AT JFCS 5025 CASTELLO DRIVE 101 NAPLES, FL 34103	45-3980909	501(C)(3)	200				UNRESTRICTED USE



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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NAPLES THERAPEUTIC RIDING CENTER 206 RIDGE DRIVE NAPLES, FL 341083418	65-0793008	501(C)(3)	1,000				PROGRAMS FOR VETERANS
NAPLES THERAPEUTIC RIDING CENTER 206 RIDGE DRIVE NAPLES, FL 341083418	65-0793008	501(C)(3)	500				SUMMER INTERN

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NAPLES THERAPEUTIC RIDING CENTER 206 RIDGE DRIVE NAPLES, FL 341083418	65-0793008	501(C)(3)	15,500				THERAPEUTIC RIDING PROGRAM
NAPLES THERAPEUTIC RIDING CENTER 206 RIDGE DRIVE NAPLES, FL 341083418	65-0793008	501(C)(3)	375				UNRESTRICTED USE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NAPLES THERAPEUTIC RIDING CENTER 206 RIDGE DRIVE NAPLES, FL 341083418	65-0793008	501(C)(3)	400				VETERANS PROGRAM
NAPLES UNITED CHURCH OF CHRIST 5200 CRAYTON ROAD NAPLES, FL 34103	59-1555020	501(C)(3)	10,000				UNRESTRICTED USE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NCH HEALTHCARE FOUNDATION 350 7TH STREET N PO BOX 234 NAPLES, FL 34106	59-2314655	501(C)(3)	7,168				BENEFIT OF THE NAPLES COMMUNITY HOSPITAL
NCH HEALTHCARE FOUNDATION 350 7TH STREET N PO BOX 234 NAPLES, FL 34106	59-2314655	501(C)(3)	620				EDUCATIONAL PURPOSES

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NCH HEALTHCARE FOUNDATION 350 7TH STREET N PO BOX 234 NAPLES, FL 34106	59-2314655	501(C)(3)	450,000				EMERGENCY ROOM RENOVATION
NCH HEALTHCARE FOUNDATION 350 7TH STREET N PO BOX 234 NAPLES, FL 34106	59-2314655	501(C)(3)	1,000				GENERAL PURPOSES

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NCH HEALTHCARE FOUNDATION 350 7TH STREET N PO BOX 234 NAPLES, FL 34106	59-2314655	501(C)(3)	10,000				MEDICAL DIPLOMATS COUNCIL
NCH HEALTHCARE FOUNDATION 350 7TH STREET N PO BOX 234 NAPLES, FL 34106	59-2314655	501(C)(3)	200,000				PUBLIC HEALTH IMPROVEMENT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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NCH HEALTHCARE FOUNDATION 350 7TH STREET N PO BOX 234 NAPLES, FL 34106	59-2314655	501(C)(3)	2,000				SAFE & HEALTHY CHILDREN'S COALITION
NCH HEALTHCARE FOUNDATION 350 7TH STREET N PO BOX 234 NAPLES, FL 34106	59-2314655	501(C)(3)	4,000				SUPPORT OF NCH HOSPITAL BALL

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NCH HEALTHCARE FOUNDATION 350 7TH STREET N PO BOX 234 NAPLES, FL 34106	59-2314655	501(C)(3)	14,165				UNRESTRICTED USE
NEIGHBORHOOD HEALTH CLINIC 121 GOODLETTE ROAD N NAPLES, FL 34102	59-3546884	501(C)(3)	1,000				GENERAL FUND



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NEIGHBORHOOD HEALTH CLINIC 121 GOODLETTE ROAD N NAPLES, FL 34102	59-3546884	501(C)(3)	50,000				HELP, HOPE AND HEALING CAPITAL CAMPAIGN
NEIGHBORHOOD HEALTH CLINIC 121 GOODLETTE ROAD N NAPLES, FL 34102	59-3546884	501(C)(3)	75,494				UNRESTRICTED USE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NEW ENGLAND COLLEGE OF OPTOMETRY 424 BEACON STREET BOSTON, MA 02115	04-1591060	501(C)(3)	10,000				HOLMES FUND
NEW HORIZONS OF SOUTHWEST FLORIDA INC PO BOX 111833 NAPLES, FL 341083410	11-3678086	501(C)(3)	2,500				CONSULTANT TO HELP WITH AUDIENCE DEVELOPMENT AT THEATREZONE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NEW HORIZONS OF SOUTHWEST FLORIDA INC PO BOX 111833 NAPLES, FL 341083410	11-3678086	501(C)(3)	1,000				PROGRAM SERVICES OR WHERE MOST NEEDED
NEW HORIZONS OF SOUTHWEST FLORIDA INC PO BOX 111833 NAPLES, FL 341083410	11-3678086	501(C)(3)	2,500				PURCHASE OF FIVE LAPTOPS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NEW HORIZONS OF SOUTHWEST FLORIDA INC PO BOX 111833 NAPLES, FL 341083410	11-3678086	501(C)(3)	25,000				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				FREEZER FOR THE FOOD PANTRY

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NOAH'S ARK FAMILY SERVICES 11853 COLLIER BLVD NAPLES, FL 34116	81-2885321	501(C)(3)	12,000				FREEZERS AND OPERATING COSTS
NORTHSIDE NAPLES KIWANIS FOUNDATION INC PO BOX 770060 NAPLES, FL 34107	65-0697861	501(C)(3)	10,000				CHRISTMAS IN JULY BACKPACK PROGRAM

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NORTHWESTERN UNIVERSITY 1201 DAVIS STREET EVANSTON, IL 602014410	36-2167817	501(C)(3)	5,000				TO SUPPORT UNDER-GRADUATE SCHOLARSHIPS
NORTHWOOD SCHOOL 92 NORTHWOOD ROAD LAKE PLACID, NY 12946	14-1401103	501(C)(3)	100,000				FUND DORM RENOVATION PROJECT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
OHANA MAKAMAE INC PO BOX 914 HANA, HI 96713	99-0342126	501(C)(3)	10,750				GENERAL SUPPORT
ONE BY ONE LEADERSHIP FOUNDATION INC 1390 NORTH 15TH STREET A PO BOX 5393 IMMOKALEE, FL 34142	59-1711633	501(C)(3)	2,000				NETWORK FOR GOOD

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ONE BY ONE LEADERSHIP FOUNDATION INC 1390 NORTH 15TH STREET A PO BOX 5393 IMMOKALEE, FL 34142	59-1711633	501(C)(3)	3,000				TASTE OF IMMOKALEE
ONE BY ONE LEADERSHIP FOUNDATION INC 1390 NORTH 15TH STREET A PO BOX 5393 IMMOKALEE, FL 34142	59-1711633	501(C)(3)	10,000				TASTE OF IMMOKALEE OUT-OF SCHOOL YOUTH ENTREPRENEURSHIP PROGRAM



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ONESTAR FOUNDATION 9011 MOUNTAIN RIDGE DRIVE 100 AUSTIN, TX 78759	20-0166368	501(C)(3)	20,000				REBUILD TEXAS FUND
OPERA NAPLES INC 2408 LINWOOD AVENUE NAPLES, FL 34112	42-1671038	501(C)(3)	5,000				EDUCATIONAL FUND FOR CHILDREN'S SCHOLARSHIPS AND FOR CHILDREN TO ATTEND PERFORMANCES

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ORDER OF MALTA PILGRIMAGE FOUNDATION 1011 FIRST AVENUE 1350L NEW YORK, NY 10022	47-2881395	501(C)(3)	2,000				ANNUAL CONTRIBUTION
ORDER OF MALTA PILGRIMAGE FOUNDATION 1011 FIRST AVENUE 1350L NEW YORK, NY 10022	47-2881395	501(C)(3)	5,000				LOURDES PILGRIMAGE SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ORONO HOCKEY BOOSTERS 1025 OLD CRYSTAL BAY ROAD NORTH LONGLAKE, MN 55356	23-7424401	501(C)(3)	150,000				RENOVATION OF THE HOCKEY ARENA
PACE CENTER FOR GIRLS 160 N 1ST STREET IMMOKALEE, FL 341423703	59-2414492	501(C)(3)	4,750				UNRESTRICTED USE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PANIRA HEALTHCARE SERVICES INC 5045 TAMIAMI TRAIL E NAPLES, FL 34113	47-5263276	501(C)(3)	2,500				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				EXPANDING MONTHLY FREE CLINIC PROGRAM

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PATHWAYS EARLY EDUCATION CENTER 3775 AIRPORT PULLING RD N B NAPLES, FL 341052530	59-1209842	501(C)(3)	500				CHILDCARE
PATHWAYS EARLY EDUCATION CENTER 3775 AIRPORT PULLING RD N B NAPLES, FL 341052530	59-1209842	501(C)(3)	1,000				FOUR CHILDREN'S PARTIES

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PATHWAYS EARLY EDUCATION CENTER 3775 AIRPORT PULLING RD N B NAPLES, FL 341052530	59-1209842	501(C)(3)	5,250				GENERAL SUPPORT
PATHWAYS EARLY EDUCATION CENTER 3775 AIRPORT PULLING RD N B NAPLES, FL 341052530	59-1209842	501(C)(3)	12,897				UNRESTRICTED USE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PAWS ASSISTANCE DOGS INC 3173 HORSESHOE DRIVE S NAPLES, FL 34104	27-3385763	501(C)(3)	500				FOR PARKLAND, FLORIDA EXPENSES
PAWS ASSISTANCE DOGS INC 3173 HORSESHOE DRIVE S NAPLES, FL 34104	27-3385763	501(C)(3)	1,000				PROGRAMS FOR VETERANS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PAWS ASSISTANCE DOGS INC 3173 HORSESHOE DRIVE S NAPLES, FL 34104	27-3385763	501(C)(3)	5,000				UNRESTRICTED USE
PHYSICIAN LED ACCESS NETWORK (PLAN) 501 GOODLETTE ROAD N B300 NAPLES, FL 34102	20-0477556	501(C)(3)	15,000				INCREASING ACCESS TO HEALTHCARE FOR UNINSURED COLLIER RESIDENTS



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PIEDMONT ENVIRONMENTAL COUNCIL PO BOX 460 WARRENTON, VA 20188	54-0935569	501(C)(3)	10,000				SHENANDOAH VALLEY NETWORK
PINELLAS COMMUNITY FOUNDATION 5200 EAST BAY DRIVE 202 CLEARWATER, FL 33764	23-7113194	501(C)(3)	104,927				TO FUND THE ROBIN T AND YOUNGJA WHITE FUND

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA 736 CENTRAL AVENUE SARASOTA, FL 34236	59-1274328	501(C)(3)	1,000				ANNUAL APPEAL
PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA 736 CENTRAL AVENUE SARASOTA, FL 34236	59-1274328	501(C)(3)	6,028				FAMILY PLANNING SERVICES

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA 736 CENTRAL AVENUE SARASOTA, FL 34236	59-1274328	501(C)(3)	800				FOUR 1-HOUR PRESENTATIONS AT FOOTSTEPS FOR THE FUTURE ON SEX EDUCATION/WOMEN'S HEALTH BY DR FROSTINO
PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA 736 CENTRAL AVENUE SARASOTA, FL 34236	59-1274328	501(C)(3)	1,000				HEALTHCARE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA 736 CENTRAL AVENUE SARASOTA, FL 34236	59-1274328	501(C)(3)	6,094				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				UNRESTRICTED USE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA 736 CENTRAL AVENUE SARASOTA, FL 34236	59-1274328	501(C)(3)	8,350				UNRESTRICTED USE FOR COLLIER COUNTY
PORTLAND TENNIS & EDUCATION 7519 N BURLINGTON AVENUE PORTLAND, OR 97203	93-1256066	501(C)(3)	7,900				GENERAL PURPOSES

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PORTLAND TENNIS & EDUCATION 7519 N BURLINGTON AVENUE PORTLAND, OR 97203	93-1256066	501(C)(3)	2,500				UNRESTRICTED USE
PREGNANCY RESOURCE CENTER 26951 COUNTRY CLUB DRIVE BONITA SPRINGS, FL 34134	59-3427729	501(C)(3)	5,000				GENERAL FUND

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PROVIDENCE HOUSE INC PO BOX 128 NAPLES, FL 34106	20-3889831	501(C)(3)	5,000				HURRICANE IRMA RELIEF
PROVIDENCE HOUSE INC PO BOX 128 NAPLES, FL 34106	20-3889831	501(C)(3)	1,250				UNRESTRICTED USE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
RCMA 402 W MAIN STREET IMMOKALEE, FL 341423933	59-1221966	501(C)(3)	500				HURRICANE IRMA DISASTER RECOVERY IN IMMOKALEE
RCMA 402 W MAIN STREET IMMOKALEE, FL 341423933	59-1221966	501(C)(3)	75,000				HURRICANE IRMA DISASTER RELIEF



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
RCMA 402 W MAIN STREET IMMOKALEE, FL 341423933	59-1221966	501(C)(3)	10,000				TO HELP UNDOCUMENTED WORKERS IN IMMOKALEE RECOVER AFTER HURRICANE IRMA
RCMA 402 W MAIN STREET IMMOKALEE, FL 341423933	59-1221966	501(C)(3)	1,250				UNRESTRICTED USE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
REACH OUT EVERGLADES & COPS ASSOCIATION INC PO BOX 894 CHOKOLOSKEE, FL 34138	59-3471628	501(C)(3)	14,537				FOR BUILDING SUPPLIES AND APPLICANCES IN THE EVERGLADES CITY AREA
REACH OUT EVERGLADES & COPS ASSOCIATION INC PO BOX 894 CHOKOLOSKEE, FL 34138	59-3471628	501(C)(3)	28,375				HURRICANE IRMA DISASTER RELIEF

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
REACH OUT EVERGLADES & COPS ASSOCIATION INC PO BOX 894 CHOKOLOSKEE, FL 34138	59-3471628	501(C)(3)	55,000				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				HOUSING FOR VETERANS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
REMNANT TRUST INC BOX 41041 LUBBOCK, TX 79409	35-2072847	501(C)(3)	50,000				RPR 2008 CLAT ENDOWMENT
REMNANT TRUST INC BOX 41041 LUBBOCK, TX 79409	35-2072847	501(C)(3)	100,000				RPR 2015 CLAT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
RESCUE MISSION OF SYRACUSE NY 155 GIFFORD STREET SYRACUSE, NY 13202	15-0532146	501(C)(3)	33,500				CAPITAL CAMPAIGN
RESCUE MISSION OF SYRACUSE NY 155 GIFFORD STREET SYRACUSE, NY 13202	15-0532146	501(C)(3)	150,000				FOOD SERVICE AREA

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
RESCUE MISSION OF SYRACUSE NY 155 GIFFORD STREET SYRACUSE, NY 13202	15-0532146	501(C)(3)	200,000				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				CREATING SUPPORTING LIVING OPPORTUNITIES FOR INDIVIDUALS WITH DISABILITIES

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
RESIDENTIAL OPTIONS OF FLORIDA INC (ROOF) 3050 HORSESHOE DRIVE N 285 NAPLES, FL 34104	47-1232139	501(C)(3)	2,000				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				GENERAL FUND

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
RESTORATION CHURCH INC 2320 VANDERBILT BEACH ROAD NAPLES, FL 34109	65-0797003	501(C)(3)	1,000				ROCK YOUTH CAMP
RESTORATION CHURCH INC 2320 VANDERBILT BEACH ROAD NAPLES, FL 34109	65-0797003	501(C)(3)	3,661				YOUTH GROUP



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
RURAL NEIGHBORHOODS INCORPORATED PO BOX 343529 FLORIDA CITY, FL 33034	65-1238417	501(C)(3)	250,000				HURRICANE IRMA DISASTER RELIEF
RURAL NEIGHBORHOODS INCORPORATED PO BOX 343529 FLORIDA CITY, FL 33034	65-1238417	501(C)(3)	15,000				MIGRANT WORKERS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
RURAL NEIGHBORHOODS INCORPORATED PO BOX 343529 FLORIDA CITY, FL 33034	65-1238417	501(C)(3)	10,000				MIGRANT WORKERS HOUSING
RURAL NEIGHBORHOODS INCORPORATED PO BOX 343529 FLORIDA CITY, FL 33034	65-1238417	501(C)(3)	10,000				OPERATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
RUSSELL AND ANN GERDIN AMERICAN CANCER SOCIETY HOPE LODGE 750 HAWKINS DRIVE IOWA CITY, IA 52246	13-1788491	501(C)(3)	5,000				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				CONTRIBUTION TO THE JOYCE GOODMAN ENDOWED PROJECT SUPER SCHOLARSHIP

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
RUTGERS UNIVERSITY FOUNDATION WINANTS HALL 7 COLLEGE AVENUE NEW BRUNSWICK, NJ 08901	23-7318742	501(C)(3)	57,500				STEM SCHOLARSHIP ENDOWMENT
SALESIAN SISTERS OF SAINT JOHN BOSCO 659 BELMONT AVE NORTH HALENDON, NJ 07508	22-6043753	501(C)(3)	50,000				TUITION ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SALVATION ARMY HOUSTON 1500 AUSTIN STREET HOUSTON, TX 77002	58-0660607	501(C)(3)	5,000				HOUSTON FLOOD RELIEF
SALVATION ARMY OF COLLIER COUNTY PO BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	25,000				AFTERSCHOOL PROGRAM FOR AVALON ELEMENTARY AND SHADOWLAWN ELEMENTARY

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SALVATION ARMY OF COLLIER COUNTY PO BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	1,000				ANNUAL FUND
SALVATION ARMY OF COLLIER COUNTY PO BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	500				BEST USE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SALVATION ARMY OF COLLIER COUNTY PO BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	1,000				CHILDREN'S BIKE PROGRAM
SALVATION ARMY OF COLLIER COUNTY PO BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	10,000				COORDINATION OF EMERGENCY FUNDING

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SALVATION ARMY OF COLLIER COUNTY PO BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	240				FUNDING PROGRAMS IN COLLIER COUNTY
SALVATION ARMY OF COLLIER COUNTY PO BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	3,100				GENERAL PURPOSES



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SALVATION ARMY OF COLLIER COUNTY PO BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	125,500				GIFT CARDS FOR HURRICANE IRMA VICTIMS
SALVATION ARMY OF COLLIER COUNTY PO BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	11,503				PURCHASE OF FOOD FOR FOOD PANTRY

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SALVATION ARMY OF COLLIER COUNTY PO BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	1,000				STORM AID IN TEXAS
SALVATION ARMY OF COLLIER COUNTY PO BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	4,000				TO SUPPORT THOSE IN NEED

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SALVATION ARMY OF COLLIER COUNTY PO BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	32,958				UNRESTRICTED USE
SALVATION ARMY OF COLLIER COUNTY PO BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	20,000				WOMEN IN NEED HELPING AT-RISK WOMEN AVOID HOMELESSNESS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	5,000				DISASTER SUPPORT
SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	500				HURRICANE RELIEF SERVICES IN TEXAS DUE TO HURRICANE HARVEY

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	10,000				TEXAS FLOOD RELIEF
SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	200				WHERE MOST NEEDED

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SENIOR FRIENDSHIP CENTER-COLLIER COUNTY 2355 STANFORD COURT 701 NAPLES, FL 34112	59-1522614	501(C)(3)	500				BEST USE
SENIOR FRIENDSHIP CENTER-COLLIER COUNTY 2355 STANFORD COURT 701 NAPLES, FL 34112	59-1522614	501(C)(3)	200				GENERAL USE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SENIOR FRIENDSHIP CENTER-COLLIER COUNTY 2355 STANFORD COURT 701 NAPLES, FL 34112	59-1522614	501(C)(3)	5,000				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				HELP FOR AT-RISK COLLIER SENIOR WOMEN

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SENIOR FRIENDSHIP CENTER-COLLIER COUNTY 2355 STANFORD COURT 701 NAPLES, FL 34112	59-1522614	501(C)(3)	2,000				IRMA DISASTER RELIEF
SENIOR FRIENDSHIP CENTER-COLLIER COUNTY 2355 STANFORD COURT 701 NAPLES, FL 34112	59-1522614	501(C)(3)	5,000				OPERATING SUPPORT



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SHADOW WOOD CHARITABLE FOUNDATION 24600 TAMIAMI TRAIL 212 PMB 162 BONITA SPRINGS, FL 34134	38-3881140	501(C)(3)	10,000				UNRESTRICTED USE
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	2,000				APPLICANT # 1260 CAR PURCHASE ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	1,440				APPLICANT #1253 RENT-FIRST, LAST MONTHS AND SECURITY DEPOSIT
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	1,735				APPLICANT #1255 FIRST, LAST MONTHS' RENT, SEWER AND WATER

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	1,500				APPLICANT #1258 DOWN PAYMENT FOR A CAR
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	1,500				APPLICANT #1259 RENT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	1,500				APPLICANT #1257 FIRST AND LAST MONTHS RENT
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	2,000				APPLICANT #1263 FIRST AND LAST MONTHS RENT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	1,800				APPLICATION #1256 FIRST, LAST MONTHS' RENT AND SECURITY DEPOSIT
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	2,000				APPLICATION #1270 COST OF A USED CAR

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	2,100				APPLICATION #1274 FOR HOUSING
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	1,611				APPLICATION #1254 FIRST AND LAST MONTHS' RENT, SECURITY DEPOSIT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	1,261				APPLICATION #1261 RENT AND CAR REPAIRS
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	2,000				APPLICATION #1264 FIRST, LAST MONTHS' RENT AND UTILITY DEPOSIT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	967				APPLICATION #1265 IS FOR CONTINUING EDUCATION
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	2,000				APPLICATION #1268 FOR FIRST AND LAST MONTH'S RENT



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	2,000				APPLICATION #1269 RENT DEPOSIT
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	2,000				APPLICATION #1277 TO START NURSING EDUCATION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	1,825				APPLICATION #1279 RENT AND SECURITY DEPOSITS
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	1,554				APPLICATION #1280 RENT AND SECURITY DEPOSITS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	1,499				APPLICATION #1281 FOR RENT AND DEPOSIT
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	5,000				BENEFACTOR SPONSORSHIP FOR 2018 MENDING BROKEN HEARTS WITH HOPE LUNCHEON

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	500				BEST USE
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	10,000				GIFT TO SHELTER LUNCHEON

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	1,000				HUMAN TRAFFICKING PROGRAM
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	2,794				IN SUPPORT OF THE SHELTER

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	5,000				POST IRMA SHELTER VICTIMS
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	25,000				TO HELP BUILD THE IMMOKALEE SHELTER FOR WOMEN AND GIRLS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	58,477				UNRESTRICTED USE
SHRINERS HOSPITALS FOR CHILDREN 2900 ROCKY POINT DRIVE TAMPA, FL 33607	36-2193608	501(C)(3)	5,000				TO PROVIDE HIGHLY SPECIALIZED MEDICAL CARE FOR CHILDREN IN GREAT NEED

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SHRINERS HOSPITALS FOR CHILDREN 2900 ROCKY POINT DRIVE TAMPA, FL 33607	36-2193608	501(C)(3)	1,000				UNRESTRICTED USE
SHY WOLF SANCTUARY EDUCATION AND EXPERIENCE CENTER INC 1161 27TH STREET SW NAPLES, FL 34117	59-3691867	501(C)(3)	250				ANNUAL CONTRIBUTION



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SHY WOLF SANCTUARY EDUCATION AND EXPERIENCE CENTER INC 1161 27TH STREET SW NAPLES, FL 34117	59-3691867	501(C)(3)	5,000				UNRESTRICTED USE
SHY WOLF SANCTUARY EDUCATION AND EXPERIENCE CENTER INC 1161 27TH STREET SW NAPLES, FL 34117	59-3691867	501(C)(3)	5,000				VETERINARY ASSISTANCE AND PROTECTION OF ANIMALS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SIGHTLINE INSTITUTE 1402 THIRD AVENUE 500 SEATTLE, WA 98101	52-1833599	501(C)(3)	10,000				GENERAL FUND
SKANEATELES RECREATIONAL CHARITABLE TRUST C/O MIKE BESAW 11 FENNELL STREET 1 SKANEATELES, NY 13152	16-1556744	501(C)(3)	36,158				SKANEATELES COMMUNITY CENTER ICE FACILITY MAINTENANCE & REPAIR

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SOUTH FLORIDA NATIONAL PARKS TRUST 1390 S DIXIE HIGHWAY 2203 CORAL GABLES, FL 33146	13-4341209	501(C)(3)	10,000				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				HURRICANE IRMA RELIEF

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SOUTHWEST FLORIDA COMMUNITY FOUNDATION 2031 JACKSON STREET SUITE 100 FT MYERS, FL 33901	59-6580974	501(C)(3)	50,000				HURRICANE IRMA RELIEF
SOUTHWEST FLORIDA COMMUNITY FOUNDATION 2031 JACKSON STREET SUITE 100 FT MYERS, FL 33901	59-6580974	501(C)(3)	1,000				HURRICANE IRMA RELIEF IN THE BONITA SPRINGS AREA

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SOUTHWEST FLORIDA COMMUNITY FOUNDATION 2031 JACKSON STREET SUITE 100 FT MYERS, FL 33901	59-6580974	501(C)(3)	1,000				WINK HERO FOR HOPE
SPECIAL OPERATIONS WARRIOR FOUNDATION PO BOX 89367 TAMPA, FL 33689	52-1183585	501(C)(3)	10,000				UNRESTRICTED USE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ST AMBROSE OF WOODBURY CATHOLIC CHURCH 4125 WOODBURY DRIVE WOODBURY, MN 55129	41-1905541	501(C)(3)	5,000				UNRESTRICTED USE
ST ANDREWS CHURCH PO BOX 272 BOCA GRANDE, FL 33921	65-0947190	501(C)(3)	6,000				PEW CUSHIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ST ANN CATHOLIC CHURCH 475 9TH AVENUE S NAPLES, FL 34102	59-0823952	501(C)(3)	19,896				UNRESTRICTED USE
ST ANN SCHOOL FOUNDATION INC 475 9TH AVENUE S NAPLES, FL 34102	59-2201867	501(C)(3)	20,000				SCHOLARSHIPS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ST BERNADETTE CATHOLIC CHURCH 6500 ST BERNADETTE AVENUE PROSPECT, KY 40059		501(C)(3)	5,000				SEMI-ANNUAL CONTRIBUTION
ST JAMES EPISCOPAL CHURCH 96 E GENESEE ST SKANEATELES, NY 13152	15-0611600	501(C)(3)	20,000				ANNUAL GIFT FOR GENERAL FUND



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ST JOHN NEUMANN HIGH SCHOOL 3000 53RD STREET SW NAPLES, FL 34116	59-2017451	501(C)(3)	18,396				UNRESTRICTED USE
ST JOHN THE EVANGELIST CATHOLIC CHURCH 625 111TH AVENUE N NAPLES, FL 34108	65-0082023	501(C)(3)	1,500				AS NEEDED

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ST JOHN THE EVANGELIST CATHOLIC CHURCH 625 111TH AVENUE N NAPLES, FL 34108	65-0082023	501(C)(3)	200,000				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				UNRESTRICTED USE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ST JUDE CHILDREN'S RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105	62-0646012	501(C)(3)	49,883				UNRESTRICTED USE
ST MARY'S CATHOLIC CHURCH 1003 BRIDGE STREET CHARLEVOIX, MI 49720		501(C)(3)	10,000				GENERAL PURPOSES

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ST MARY'S SCHOOL 1005 BRIDGE STREET CHARLEVOIX, MI 49720	38-1411193	501(C)(3)	5,000				TUITION AID
ST MATTHEW'S HOUSE 2001 AIRPORT ROAD S NAPLES, FL 341124814	65-1110501	501(C)(3)	500				2018 GOLFATHON

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ST MATTHEW'S HOUSE 2001 AIRPORT ROAD S NAPLES, FL 341124814	65-1110501	501(C)(3)	1,250				ANNUAL GIFTS
ST MATTHEW'S HOUSE 2001 AIRPORT ROAD S NAPLES, FL 341124814	65-1110501	501(C)(3)	500				EASTER DINNER

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ST MATTHEW'S HOUSE 2001 AIRPORT ROAD S NAPLES, FL 341124814	65-1110501	501(C)(3)	1,000				NEEDS RESULTING FROM HURRICANE IRMA
ST MATTHEW'S HOUSE 2001 AIRPORT ROAD S NAPLES, FL 341124814	65-1110501	501(C)(3)	11,503				PURCHASE OF FOOD FOR FOOD PANTRY

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ST MATTHEW'S HOUSE 2001 AIRPORT ROAD S NAPLES, FL 341124814	65-1110501	501(C)(3)	1,000				SUMMER NEEDS
ST MATTHEW'S HOUSE 2001 AIRPORT ROAD S NAPLES, FL 341124814	65-1110501	501(C)(3)	15,650				UNRESTRICTED USE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ST VINCENT DE PAUL SOCIETY INC 4451 MERCANTILE AVENUE NAPLES, FL 34104	59-1711287	501(C)(3)	21,250				MEALS ON WHEELS
ST VINCENT DE PAUL SOCIETY INC 4451 MERCANTILE AVENUE NAPLES, FL 34104	59-1711287	501(C)(3)	2,446				UNRESTRICTED USE



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
STARABILITY FOUNDATION INC 868 99TH AVENUE N NAPLES, FL 34108	59-2516162	501(C)(3)	2,000				NETWORK FOR GOOD
STARABILITY FOUNDATION INC 868 99TH AVENUE N NAPLES, FL 34108	59-2516162	501(C)(3)	800				TRAILBLAZER ACADEMY

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
STARABILITY FOUNDATION INC 868 99TH AVENUE N NAPLES, FL 34108	59-2516162	501(C)(3)	1,250				UNRESTRICTED USE
SUNLIGHT OF COLLIER COUNTY INC PO BOX 9194 NAPLES, FL 34101	59-2417151	501(C)(3)	500				BEST USE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SUNLIGHT OF COLLIER COUNTY INC PO BOX 9194 NAPLES, FL 34101	59-2417151	501(C)(3)	2,500				STAFF OPERATING SUPPORT
SUNLIGHT OF COLLIER COUNTY INC PO BOX 9194 NAPLES, FL 34101	59-2417151	501(C)(3)	2,000				UNRESTRICTED USE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SUNLIGHT OF COLLIER COUNTY INC PO BOX 9194 NAPLES, FL 34101	59-2417151	501(C)(3)	100				WHERE MOST NEEDED
SYRACUSE UNIVERSITY 820 COMSTOCK AVENUE 214 SYRACUSE, NY 132445040	15-0532081	501(C)(3)	270,000				200,000 ATRIUM AT LINK HALL AND 70,000 INVENTOR ACCELERATOR

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TEXAS ORGANIZING PROJECT EDUCATION FUND PO BOX 120296 SAN ANTONIO, TX 78212	27-1481855	501(C)(3)	10,000				HARVEY COMMUNITY RELIEF FUND
THE AYN RAND INSTITUTE 2121 ALTON PARKWAY 250 IRVINE, CA 92606	22-2570926	501(C)(3)	20,000				UNRESTRICTED USE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE COMMUNITY FOUNDATION OF LOUISVILLE 325 WEST MAIN STREET 1110 LOUISVILLE, KY 40202	31-0997017	501(C)(3)	50,000				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				UNRESTRICTED USE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE HISTORY CENTER 716 OKLAND ROAD NE 103 CEDAR RAPIDS, IA 52402	23-7311415	501(C)(3)	25,000				GRANT WOOD WINDOW ENDOWMENT
THE HISTORY CENTER 716 OKLAND ROAD NE 103 CEDAR RAPIDS, IA 52402	23-7311415	501(C)(3)	5,000				NEW HENRY HAEGG OFFICE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE IMMOKALEE FOUNDATION 2375 TAMIAMI TRAIL N 308 NAPLES, FL 34103	65-0315664	501(C)(3)	11,220				KINGSLEY PINES CAMPERSHIP
THE IMMOKALEE FOUNDATION 2375 TAMIAMI TRAIL N 308 NAPLES, FL 34103	65-0315664	501(C)(3)	5,000				HELP TO THE FAMILIES OF THE IMMOKALEE FOUNDATION STUDENTS



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE IMMOKALEE FOUNDATION 2375 TAMIAMI TRAIL N 308 NAPLES, FL 34103	65-0315664	501(C)(3)	39,500				UNRESTRICTED USE
THE INSTITUTE FOR JUSTICE 901 NORTH GLEBE ROAD 900 ARLINGTON, VA 22203	52-1744337	501(C)(3)	5,000				UNRESTRICTED USE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE JOSHUA FUND PO BOX 2589 MONUMENT, CO 801322589	20-5350994	501(C)(3)	5,000				GENERAL FUND
THE LEAGUE CLUB INC PO BOX 110868 NAPLES, FL 34108	59-2798792	501(C)(3)	5,000				CIRCLE OF FRIENDS - EMERALD LEVEL

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE LEAGUE CLUB INC PO BOX 110868 NAPLES, FL 34108	59-2798792	501(C)(3)	1,000				CIRCLE OF FRIENDS FUND
THE NATURE CONSERVANCY FLORIDA CHAPTER 2500 MAITLAND CENTER PARKWAY 311 MAITLAND, FL 327517293	53-0242652	501(C)(3)	7,000				TO SUPPORT THE NATURE CONSERVANCY'S WORK IN FLORIDA

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE PRENTICE SCHOOL 18341 LASSEN DRIVE SANTA ANA, CA 92705	33-0120257	501(C)(3)	5,000				UNRESTRICTED USE
THE VOICE OF THE MARTYRS 1815 SE BISON ROAD BARTLESVILLE, OK 74006	73-1395057	501(C)(3)	10,000				VOM GLOBAL MINISTRY

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THIRD WAY CENTER PO BOX 61385 DENVER, CO 80206	84-0599572	501(C)(3)	30,000				TO SUPPORT DISADVANTAGED, TRAUMATIZED MENTALLY ILL TEENS
THRIVE 400 EAST BABCOCK STREET BOZEMAN, MT 59715	36-3501185	501(C)(3)	5,000				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TRINITY BY THE COVE EPISCOPAL CHURCH 553 GALLEON DRIVE NAPLES, FL 34102	59-0774204	501(C)(3)	13,877				ANNUAL APPEAL
TRINITY BY THE COVE EPISCOPAL CHURCH 553 GALLEON DRIVE NAPLES, FL 34102	59-0774204	501(C)(3)	620				EDUCATIONAL PURPOSES

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TRINITY BY THE COVE EPISCOPAL CHURCH 553 GALLEON DRIVE NAPLES, FL 34102	59-0774204	501(C)(3)	2,000				FACILITIES IMPROVEMENT
TRINITY BY THE COVE EPISCOPAL CHURCH 553 GALLEON DRIVE NAPLES, FL 34102	59-0774204	501(C)(3)	5,000				FOR THE ARCHANGEL FUND - SILVER PARTNER

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TRINITY BY THE COVE EPISCOPAL CHURCH 553 GALLEON DRIVE NAPLES, FL 34102	59-0774204	501(C)(3)	503				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				GENERAL SUPPORT



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TRINITY BY THE COVE EPISCOPAL CHURCH 553 GALLEON DRIVE NAPLES, FL 34102	59-0774204	501(C)(3)	7,500				OPERATING EXPENSES
TRINITY BY THE COVE EPISCOPAL CHURCH 553 GALLEON DRIVE NAPLES, FL 34102	59-0774204	501(C)(3)	600				SUPPORT OF THE MUSIC PROGRAM

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TRINITY BY THE COVE EPISCOPAL CHURCH 553 GALLEON DRIVE NAPLES, FL 34102	59-0774204	501(C)(3)	19,607				UNRESTRICTED USE
TRINITY HIGH SCHOOL FOUNDATION 4011 SHELBYVILLE ROAD LOUISVILLE, KY 40207	31-1105966	501(C)(3)	50,000				HORIZON PROJECT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 2929 WALNUT STREET 300 FMC PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	10,000				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				GREATEST GIFT OFFERING

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TURNING POINT CHURCH 27411 TORTOISE TRAIL BONITA SPRINGS, FL 34135	47-2125655	501(C)(3)	6,000				MINISTRY EXPENSES JANUARY-JUNE
UNITED CHURCH OF MARCO ISLAND 320 N BARFIELD DRIVE MARCO ISLAND, FL 34145	59-1861678	501(C)(3)	5,000				CAPITAL FUND

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED CHURCH OF MARCO ISLAND 320 N BARFIELD DRIVE MARCO ISLAND, FL 34145	59-1861678	501(C)(3)	15,000				HABITAT FOR HUMANITY FUND
UNITED CHURCH OF MARCO ISLAND 320 N BARFIELD DRIVE MARCO ISLAND, FL 34145	59-1861678	501(C)(3)	1,000				HURRICANE IRMA RELIEF

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED CHURCH OF MARCO ISLAND 320 N BARFIELD DRIVE MARCO ISLAND, FL 34145	59-1861678	501(C)(3)	3,000				OPERATING BUDGET
UNITED WAY OF COLLIER COUNTY 9015 STRADA STELL COURT 204 NAPLES, FL 34109	59-1026096	501(C)(3)	25,000				VOLUNTEER COLLIER TO SUPPORT THE FEMA SITES AND VOLUNTEER COORDINATION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY OF COLLIER COUNTY 9015 STRADA STELL COURT 204 NAPLES, FL 34109	59-1026096	501(C)(3)	2,500				ANNUAL FUND
UNITED WAY OF COLLIER COUNTY 9015 STRADA STELL COURT 204 NAPLES, FL 34109	59-1026096	501(C)(3)	26,214				COLLIER 211 SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY OF COLLIER COUNTY 9015 STRADA STELL COURT 204 NAPLES, FL 34109	59-1026096	501(C)(3)	2,000				COMMUNITY NEEDS ANNUAL DRIVE
UNITED WAY OF COLLIER COUNTY 9015 STRADA STELL COURT 204 NAPLES, FL 34109	59-1026096	501(C)(3)	3,000				GENERAL FUND



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY OF COLLIER COUNTY 9015 STRADA STELL COURT 204 NAPLES, FL 34109	59-1026096	501(C)(3)	14,600				UNRESTRICTED
UNITED WAY OF LEE COUNTY INC 7273 CONCOURSE DRIVE FT MYERS, FL 33908	59-1005169	501(C)(3)	10,000				MEDITERRA COMMUNITY DRIVE FOR 2017-2018 50% FOR LEE COUNTY AND 50% FOR COLLIER COUNTY

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF VIRGINIA LAW SCHOOL FOUNDATION 580 MASSIE ROAD CHARLOTTESVILLE, VA 22907	54-0838566	501(C)(3)	10,000				MULTI-YEAR GRANT (NON-BINDING)
UNIVERSITY OF WISCONSIN FOUNDATION 1848 UNIVERSITY AVENUE MADISON, WI 53726	39-0743975	501(C)(3)	10,000				SCHOOL OF VETERINARY MEDICINE FUND

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
VAIL CHRISTIAN HIGH SCHOOL 31621 HIGHWAY 6 EDWARDS, CO 81632	84-1464946	501(C)(3)	5,000				UNDERWRITING SUPPORT FOR PRODUCTION SHOW
VALERIE'S HOUSE PO BOX 1955 FT MYERS, FL 33902	47-3701240	501(C)(3)	15,000				COLLIER COUNTY SPANISH SPEAKING GRIEF GROUP

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
VILLAGE SCHOOL OF NAPLES INC 6000 GOODLETTE ROAD N NAPLES, FL 34109	20-3171964	501(C)(3)	5,000				SUMMER BAND CAMP
WGCU PUBLIC MEDIA 10501 FGCU BLVD S FT MYERS, FL 33965	65-0403969	501(C)(3)	350				ANNUAL CONTRIBUTIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WGCU PUBLIC MEDIA 10501 FGCU BLVD S FT MYERS, FL 33965	65-0403969	501(C)(3)	250				GENERAL USE
WGCU PUBLIC MEDIA 10501 FGCU BLVD S FT MYERS, FL 33965	65-0403969	501(C)(3)	3,000				PUBLIC RADIO

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WGCU PUBLIC MEDIA 10501 FGCU BLVD S FT MYERS, FL 33965	65-0403969	501(C)(3)	2,950				UNRESTRICTED USE
WHITAKER CENTER FOR SCIENCE AND THE ARTS 225 MARKET STREET HARRISBURG, PA 171012205	25-1724566	501(C)(3)	5,000				UNRESTRICTED USE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
YALE UNIVERSITY PO BOX 803 NEW HAVEN, CT 065030803	06-0646973	501(C)(3)	25,000				UNRESTRICTED USE
YALE UNIVERSITY PO BOX 803 NEW HAVEN, CT 065030803	06-0646973	501(C)(3)	5,000				YALE ALUMNI FUND, CLASS OF 1965

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
YMCA OF THE PALMSGREATER NAPLES YMCA 5450 YMCA ROAD NAPLES, FL 34109	23-7039993	501(C)(3)	10,000				CHILDCARE SERVICES
YMCA OF THE PALMSGREATER NAPLES YMCA 5450 YMCA ROAD NAPLES, FL 34109	23-7039993	501(C)(3)	2,500				HURRICANE IRMA EMPLOYEE RELIEF



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
YMCA OF THE PALMSGREATER NAPLES YMCA 5450 YMCA ROAD NAPLES, FL 34109	23-7039993	501(C)(3)	4,000				SWIM CLASSES OFFERED FOR ECONOMICALLY NEEDY CHILDREN
YMCA OF THE PALMSGREATER NAPLES YMCA 5450 YMCA ROAD NAPLES, FL 34109	23-7039993	501(C)(3)	500				YOUTH AFTER-SCHOOL PROGRAMS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
YMCA OF THE PALMSGREATER NAPLES YMCA 5450 YMCA ROAD NAPLES, FL 34109	23-7039993	501(C)(3)	1,000				YOUTH SPORTS
YOUNG AUDIENCES OF SWFL 705 PINESIDE LANE NAPLES, FL 34108	47-4669409	501(C)(3)	15,000				IMMOKALEE MIDDLE SCHOOL AFTER SCHOOL THEATER PROGRAM

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
YOUNG LIFE P O BOX 112481 NAPLES, FL 34108	84-0385934	501(C)(3)	1,150				FGCU YOUNG LIFE
YOUNG LIFE P O BOX 112481 NAPLES, FL 34108	84-0385934	501(C)(3)	1,000				GENERAL FUND

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
YOUNG LIFE P O BOX 112481 NAPLES, FL 34108	84-0385934	501(C)(3)	5,000				SUPPORT THE YOUNG LIFE NAPLES, FL CHAPTER
YOUNG LIFE P O BOX 112481 NAPLES, FL 34108	84-0385934	501(C)(3)	10,000				SUPPORT THE YOUNG LIFE SOUTHWEST FL AREA

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
YOUTH HAVEN 5867 WHITAKER ROAD NAPLES, FL 34112	23-7065187	501(C)(3)	1,000				ANNUAL APPEAL
YOUTH HAVEN 5867 WHITAKER ROAD NAPLES, FL 34112	23-7065187	501(C)(3)	500				BEST USE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
YOUTH HAVEN 5867 WHITAKER ROAD NAPLES, FL 34112	23-7065187	501(C)(3)	250				DIRECT SERVICES
YOUTH HAVEN 5867 WHITAKER ROAD NAPLES, FL 34112	23-7065187	501(C)(3)	15,000				SUPPORT THE HOMELESS TEEN TRANSITIONAL LIVING PROGRAM AND THE RAPID RE-HOUSING PROGRAM

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
YOUTH HAVEN 5867 WHITAKER ROAD NAPLES, FL 34112	23-7065187	501(C)(3)	8,861				UNRESTRICTED USE
LOUISVILLE COLLEGIATE SCHOOL 2427 GLENMARY AVENUE LOUISVILLE, KY 40204	61-0449630	501(C)(3)	10,000				SECOND CENTURY COMPREHENSIVE CAMPAIGN

**Schedule J**  
**(Form 990)**

**Compensation Information**

OMB No 1545-0047

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**  
▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
▶ **Attach to Form 990.**  
▶ **Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**2017**

**Open to Public Inspection**

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**

	Yes	No
<b>1a</b> 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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</b> If any of the boxes in 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	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III		
<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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		
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	No
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	No
<b>c</b> 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	<b>4c</b>	No
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> 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		
<b>a</b> The organization?	<b>5a</b>	No
<b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III	<b>5b</b>	No
<b>6</b> 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		
<b>a</b> The organization?	<b>6a</b>	No
<b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III	<b>6b</b>	No
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	<b>7</b>	Yes
<b>8</b> 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	<b>8</b>	No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	



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

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

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

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

**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.

Return Reference	Explanation
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**

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

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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
<b>30a</b> During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .		No
<b>b</b> If "Yes," describe the arrangement in Part II		
<b>31</b> Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
<b>32a</b> Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	Yes	
<b>b</b> If "Yes," describe in Part II		
<b>33</b> If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

**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.

Return Reference	Explanation
PART I, LINE 32B	THIRD PARTY IS USED TO SELL SECURITIES UPON RECEIPT OF CONTRIBUTED SECURITIES

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

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

OMB No 1545-0047

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

**2017**

▶ Attach to Form 990 or 990-EZ.

**Open to Public Inspection**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
COMMUNITY FOUNDATION OF COLLIER COUNTY INC

Employer identification number

59-2396243

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS	<p>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, FIELDS OF INTEREST FUNDS, SCHOLARSHIP FUNDS, DESIGNATED FUNDS AND NONPROFIT AGENCY FUNDS THE FOUNDATION'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 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</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
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 GRANTS 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 SCHOLARSHIP OPPORTUNITIES PROVIDED TO SUPPORT EDUCATION FOR STUDENTS OF ALL AGES

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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



## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE AUDIT COMMITTEE REVIEWS THE FORM 990 WITH STAFF FROM BOTH THE FOUNDATION AND THE AUDITING FIRM BEFORE IT IS PRESENTED TO THE BOARD THE FOUNDATION'S AUDITOR THEN REVIEWS THE FORM 990 AND RELATED DOCUMENTS WITH THE BOARD BEFORE THE FORM 990 IS FILED WITH THE IRS

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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 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

# 990 Schedule O, Supplemental Information

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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9	CHANGE IN VALUE OF BENEFICIAL INTEREST 3,471 CHANGE IN VALUE OF SPLIT INTEREST & ANNUITY OBLIGATION 342,615 OTHER

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**  
▶ **Attach to Form 990.**  
▶ **Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

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
<b>(1)</b> CFCC REAL ESTATE LLC 1110 PINE RIDGE ROAD 200 NAPLES, FL 34108 26-0144559	REAL ESTATE HOLDING COMPANY WITH ZERO ASSETS, NO FINANCIAL ACTIVITY IN 2018	FL	0	0	COMMUNITY FOUNDATION OF COLLIER COUNTY INC
<b>(2)</b> JFN 4444 LLC 1110 PINE RIDGE ROAD 200 NAPLES, FL 34108 59-2396243	REAL ESTATE COMPANY WITH RENTAL REVENUE NET INCOME TO DAF IN FOUNDATION	FL	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
<b>(1)</b> KAPNICK FUND INC 1110 PINE RIDGE ROAD 200 NAPLES, FL 34108 82-1038131	TO SUPPORT CHARITABLE ORGANIZATION	FL	501(C)(3)	509(A)(3) TYPE 1	COMMUNITY FOUNDATION OF COLLIER COUNTY	Yes	

**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
<b>(1)</b> WILLIAM J KIECKHEFER CHARITABLE REMAINDER TRUST	TO SUPPORT CHARITABLE ORGANIZATION	FL	COMMUNITY FOUNDATION OF COLLIER COUNTY INC	T				Yes	
<b>(2)</b> ELEANOR B SWEET CHARITABLE REMAINDER TRUST	TO SUPPORT CHARITABLE ORGANIZATION	FL	COMMUNITY FOUNDATION OF COLLIER COUNTY INC	T				Yes	
<b>(3)</b> SHELLHORN FAMILY CHARITABLE REMAINDER TRUST	TO SUPPORT CHARITABLE ORGANIZATION	FL	COMMUNITY FOUNDATION OF COLLIER COUNTY INC	T				Yes	
<b>(4)</b> JACK W THOMPSON CLAT	TO SUPPORT CHARITABLE ORGANIZATION	MI	COMMUNITY FOUNDATION OF COLLIER COUNTY INC	T				Yes	

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

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

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	No
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	No
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	No
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	No
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	No
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	No
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	No
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	No
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	No
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	No
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	Yes

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) WILLIAM J KIECKHEFER CHARITABLE REMAINDER TRUST	S	291,368	FMV
(2) JACK W THOMPSON CLAT	S	19,000	FMV



**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 section 501(c)(3) organizations?		(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		Yes	No	

**Part VII**   **Supplemental Information**

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