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Return of Organization Exempt From Income Tax

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

DLN: 93493010015699 OMB No 1545-0047

A	For	the	20	17	С
Inte	ernal R	ev en	ue S	егл	ce
Del	arune	nt or	uie	Hea	Su

Do not enter social security numbers on this form as it may be made public Open to Public ▶ Information about Form 990 and its instructions is at www IRS gov/form990 Inspection alendar year, or tax year beginning 07-01-2017 , and ending 06-30-2018 Name of organization COMMUNITY FOUNDATION OF COLLIER D Employer identification number B Check if applicable ☐ Address change COUNTY INC 59-2396243 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) 1110 PINE RIDGE ROAD NO 200 ☐ Amended return ☐ Application pending (239) 649-5000 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 92,136,519 F Name and address of principal officer **H(a)** Is this a group return for EILEEN CONNOLLY-KEESLER ☐Yes ☑No subordinates? 1110 PINE RIDGE ROAD SUITE 200 H(b) Are all subordinates NAPLES, FL 34108 ☐ Yes ☐No included? Tax-exempt status 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW CFCOLLIER ORG L Year of formation 1985 M State of legal domicile FL Summary 1 Briefly describe the organization's mission or most significant activities CONNECTING DONORS TO COMMUNITY NEEDS AND PROVIDING LEADERSHIP ON CRITICAL COMMUNITY ISSUES Activities & Governance Check this box \blacktriangleright \square if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 3 19 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 15 75 Total number of volunteers (estimate if necessary) . . 6 7a 2,473 7a Total unrelated business revenue from Part VIII, column (C), line 12 **7**b **b** Net unrelated business taxable income from Form 990-T, line 34 1,326 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 15,328,216 20,136,670 **9** Program service revenue (Part VIII, line 2g) . . . 117,733 171,107 9,036,574 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 5,434,698 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 63,632 20,944,279 29,378,739 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . 7,523,135 15,606,555 14 Benefits paid to or for members (Part IX, column (A), line 4) . 1,221,728 1,025,762 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) . b Total fundraising expenses (Part IX, column (D), line 25) ▶307,987 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . 771,425 812,907 9,320,322 17,641,190 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 11,737,549 19 Revenue less expenses Subtract line 18 from line 12 . 11,623,957 Assets or d Balances **Beginning of Current Year End of Year** 168,464,393 20 Total assets (Part X, line 16) . 152,408,257 56,395,568 21 Total liabilities (Part X, line 26) . 52,249,927 100,158,330 112,068,825 22 Net assets or fund balances Subtract line 21 from line 20 . Part III 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 2018-12-07 Signature of officer Sign

Paid **Preparer** Use Only

Here

Print/Type preparer's name BARRY F HOLES Preparer's signature BARRY F HOLES Date PTIN Check \square if 2018-11-20 P00055337 self-employed Firm's name ► HILL BARTH & KING LLC Firm's EIN > 34-1897225 Firm's address ► 3838 TAMIAMI TRAIL NORTH SUITE 200 Phone no (239) 263-2111 NAPLES, FL 34103 May the IRS discuss this return with the preparer shown above? (see instructions) . ✓ Yes 🗆 No

EILEEN CONNOLLY-KEESLER CEO Type or print name and title

Form	990 (2	017)								Page 2
Par	t III	Statement	of Program Servi	e Accomplis	hments					
		Check If Sche	dule O contains a resp	onse or note to a	any line in this Part III					✓
1	Briefly	describe the d	organization's mission							
DONI COUI FOUI ORGA CHAI TRAN	ORS TO NTY IS A NDATION ANIZATI RITABLE	COMMUNITY NA PUBLIC CHAP NARE MANAGE IONS, INDIVID GOALS ACCO	NEEDS AND PROVIDING RITY ESTABLISHED TO ED AND OVERSEEN BY BUALS AND FAMILIES C DUNTABILITY, FLEXIBIL	E LEADERSHIP C INCREASE AND THE BOARD OF AN INVEST WIT ITY AND EXPER	ON CRITICAL COMMUNI FOCUS PRIVATE PHILA TRUSTEES AND THE PF H THE FOUNDATION IN TISE ARE THE VALUES	JALITY OF LIFE IN COLLIER TY ISSUES THE COMMUN: NTHROPY IN THE COLLIER COFESSIONAL STAFF OF TH A WAY THAT BEST FITS T AND BEHAVIORS THAT GO ZED IMMEDIATELY AND CH	TY FOUNDA COUNTY A HE FOUNDA HEIR FINAN VERN ALL F	ATION OF REA GIF TION NCIAL AN FOUNDAT	COLLI TS TO T D TON	ER THE
2		-	, ,		vices during the year w	hich were not listed on		П.,	. V r	
	•		or 990-EZ?				•	⊔ Ye	5 Y 1	No
		•	ese new services on Sci							
3	Did th	e organization	cease conducting, or n	nake significant	changes in how it cond	ucts, any program			_	.
		es?						□ Y	es 🗸	∐No
	If "Yes	s," describe the	ese changes on Schedu	le O						
4	Sectio	n 501(c)(3) ar		ons are required	to report the amount of	largest program services, of grants and allocations to			enses	
	(Code) (Expenses \$	15.156.735	including grants of \$	14.801,016) (Revenue	\$	171,10	17.)	
		ditional Data	, (2.1poiless 4							
4b	(Code) (Expenses \$	1,068,176	including grants of \$	668,854) (Revenue	\$)	
	See Ad	ldıtıonal Data								
4c	(Code) (Expenses \$	248,639	ıncludıng grants of \$	136,685) (Revenue	\$)	
	See Ad	ldıtıonal Data								
4d			ces (Describe in Sched	•						
	(Expe	nses \$	inc	luding grants of	\$) (Revenue \$)		
4e	Total	program ser	vice expenses ►	16,473,5	50					

Checklist of Required Schedules

Yes

1

2

Page 3

No

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

ın Part X, line 16? *If "Yes," complete Schedule D, Part IX* 😼

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete

2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 为 . . .

Yes 11b 11c 11d 11e Yes 11f 12a 12b Yes 13 14a 14b Yes

Yes

Yes

Nο

Form **990** (2017)

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	330 (2017)			raye 🕶
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь		
21	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? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	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? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . 🥞

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 💆

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🛸 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

24a

24b

24c

24d

25a

25b

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27

28a

28b

28c

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35a

35h

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Yes

Yes

Yes

Yes

Yes

Form **990** (2017)

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No

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orm	990 (2017)			Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 26			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
L	this return	2b	Yes	
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	50		
·	If res, to fine 3a of 3b, and the organization merofin 6000-1.	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7 b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
_	·	8		No
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter	9b		No
LO a	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
L1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
L4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		l

orm 9	90 (2	2017)			Page 6
Part	VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	" respo	nse to l	
		Check if Schedule O contains a response or note to any line in this Part VI			✓
Sec	tion	A. Governing Body and Management			
				Yes	No
1a	nter	the number of voting members of the governing body at the end of the tax year label 19			
ŀ	ody,	re are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or ir committee, explain in Schedule O			
		the number of voting members included in line 1a, above, who are independent			
		1b 19			
		ny officer, director, trustee, or key employee have a family relationship or a business relationship with any other r, director, trustee, or key employee?	2		No
		ne organization delegate control over management duties customarily performed by or under the direct supervision icers, directors or trustees, or key employees to a management company or other person?	3		No
4	Oid th	ne organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 I	Oid th	ne organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 I	Oid th	ne organization have members or stockholders?	6		No
		ne organization have members, stockholders, or other persons who had the power to elect or appoint one or more bers of the governing body?	7a		No
		ny governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or ns other than the governing body?	7 b		No
8 1	Oid th	ne organization contemporaneously document the meetings held or written actions undertaken during the year by illowing			
a	The g	overning body?	8a	Yes	
Ь	Each	committee with authority to act on behalf of the governing body?	8 b	Yes	
		ere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the dization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Sec	tion	B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	⊋.)	
				Yes	No
LOa I	Oid th	ne organization have local chapters, branches, or affiliates?	10a		No
		s," did the organization have written policies and procedures governing the activities of such chapters, affiliates, Franches to ensure their operations are consistent with the organization's exempt purposes?	10b		
		he organization provided a complete copy of this Form 990 to all members of its governing body before filing the	11a	Yes	
b I	Descr	ribe in Schedule O the process, if any, used by the organization to review this Form 990			
L2a I	Oid th	ne organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	Yes	
Ь	Nere	officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to			
		cts?	12b	Yes	
		dule O how this was done	12c	Yes	
L3 I	Oid th	ne organization have a written whistleblower policy?	13	Yes	
L4 I	Oid th	ne organization have a written document retention and destruction policy?	14	Yes	
		ne process for determining compensation of the following persons include a review and approval by independent ons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a ·	The o	rganization's CEO, Executive Director, or top management official	15a	Yes	
ь (Other	officers or key employees of the organization	15b	Yes	
]	f "Ye	s" to line 15a or 15b, describe the process in Schedule O (see instructions)			
		ne organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a ile entity during the year?	16a		No
		is," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in the venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt			
		s with respect to such arrangements?	16b		
Sec	tion	C. Disclosure			
		ne States with which a copy of this Form 990 is required to be filed▶			
		on 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) lible for public inspection. Indicate how you made these available. Check all that apply			
		Dwn website Another's website Upon request Other (explain in Schedule O)			
		Jwn website			
ا ح.	oolicy	, and financial statements available to the public during the tax year			
		the name, address, and telephone number of the person who possesses the organization's books and records ETTE HOLMES 1110 PINE RIDGE ROAD NO 200 NAPLES, FL 34108 (239) 649-5000			

(16) MS MARY BETH JOHNS

(17) MS MARY LYNN MYERS

DIRECTOR

CHAIR

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, of reportable compensation from the organization 					pen	sated	em	ployees who receive	ed more than \$100	,000
• List all of the organization's former director organization, more than \$10,000 of reportable co	s or trustees	that red	eive	d, ın	the	capa and ar	city ny re	as a former directo elated organization	or or trustee of the	
List persons in the following order individual trus	stees or directo	rs, ınstı	tutio	nal t	rust	ees,	offic	ers, key employees	s, highest	
compensated employees, and former such person						-t-d -		surrent officer dura	ster er trustee	
Check this box if neither the organization no	· ·	ganizat	ion c			ated a	any	1	1	(E)
(A) Name and Title	(B) Average hours per week (list any hours	pers	an on on is	e bo both	t che x, u n an	eck m nless office ustee	er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) DR DAVID WATSON DIRECTOR	1 00	х						0	0	0
(2) MR BRADLEY HAVEMEIER DIRECTOR	1 00	х						0	0	0
(3) MR BRIAN MCAVOY DIRECTOR	1 00	х						0	0	0
(4) MR GEORGE ABOUNADER TREASURER	2 00	х		x				0	0	0
(5) MR JAMES F MOREY DIRECTOR	1 00	х						0	0	0
(6) MR JERROL TOSTRUD CHAIR-ELECT	2 00	x		×				0	0	0
(7) MR JOHN K PAUL DIRECTOR	1 00	х						0	0	0
(8) MR MARIO VALLE DIRECTOR	1 00	Х						0	0	0
(9) MR T ROBERT BULLOCH DIRECTOR	1 00	х						0	0	0
(10) MR TODD BRADLEY DIRECTOR	1 00	х						0	0	0
(11) MS ERIKA ARON DIRECTOR	1 00	х						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	х						0	0	0
(15) MS MARSHA MURPHY SECRETARY	2 00	х		×				0	0	0

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(A)

Name and Title

compensation from the organization ▶ 0

(B)

Average

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F) Estimated

(E)

Reportable

(D)

Reportable

Page 8

	hours per week (list any hours for related for related for the state of the state o										d s	amount of compen from organizat	of other sation the
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	key employee	Highest compensated employee	Former	2/1033 (1136)	MISC		relat organiz	ed
	MS MYRA WILLIAMS	1 00	×						0		٥		0
DIKE	CTOR		••••										
(19) DIRE	MS PATRICIA AIKEN-O'NEILL CTOR	1 00	×						0		0		0
(20)	MS EILEEN CONNOLLY-KEESLER	40 00			×				188,150		0		20 566
PRES	IDENT & CEO	•••	••••		L^				168,130				29,566
(21)	MS LISETTE HOLMES	40 00			l x				113,650		٥		21,357
CFO		•••	••••		_				113,630				
	Sub-Total					1					Ľ		
	Total from continuation sheets to Part Total (add lines 1b and 1c)	•					` -		301,800	(50,923
2	Total number of individuals (including but of reportable compensation from the orga	not limited to						ceiv	ed more than \$100,	,000			
												Yes	No
3	Did the organization list any former officine 1a? <i>If "Yes," complete Schedule J for</i>							_	est compensated en	nployee on	3		No
4	For any individual listed on line 1a, is the organization and related organizations grandividual									ne			
	individual		•		•	•	•	•			4	Yes	
5	Did any person listed on line 1a receive o services rendered to the organization? If '								ganization or individ	lual for	5		No
Se	ection B. Independent Contractors	 										•	
1	Complete this table for your five highest from the organization Report compensat								· ·	•	npen	sation	
	Name and b	(A) ousiness address							Descript	(B) ion of services		(C Compen	

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

(C)

Position (do not check more

Part \		I Statement of	Revenue								rage 3
				a respo	onse or note to any	line in t	hıs Part VIII				🗆
				•		(A) revenue	(B Relate exen funct	ed or npt	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a	Federated campaign	ns	1a				rever	nue		512-514
nts nts		b Membership dues		1b							
irai 10u		c Fundraising events		1c	257,767						
S. C An		d Related organizatio		1d	237,707						
er Sift		e Government grants (co									
S, (1e							
tributions, Gifts, Grants Other Similar Amounts	1	f All other contributions, and similar amounts n		1f	19,878,903						
but the	١,	above Noncash contribution	ne included								
i j	'	in lines 1a-1f \$		6,08	34,688						
Contributions, Gifts, Grants and Other Similar Amounts	h	Total.Add lines 1a-1	f		•	20),136,670				
					Business		,,130,070				
Service Revenue	2 a	ADMINISTRATIVE FEES				812900	17	71,107	171,10	7	
ا خُد	b										
3	c										
Ę.	d										
ε	e			_							
Program	f	All other program se	rvice revenue	:							
å.	g.	Total. Add lines 2a-2f			▶	171,107					
	3]	Investment income (ii	ncluding divid	lends, ı	nterest, and other	1					
	s	similar amounts) .			•	•	3,288,365			2,473	3,285,892
		Income from investme				-					
	5 1	Royalties	(ı) Rea		(II) Personal	<u> </u>					
	6a	Gross rents	(I) Rea	'	(II) Fersonal	-					
				150,871							
	b	Less rental expenses	1	105,374							
	c	: Rental income or		45,497		-					
		(loss)									
	d	Net rental income o		•			45,497				45,497
	- -	Gross amount	(ı) Securit	ties	(II) Other	4					
	/a	from sales of assets other	68,2	252,094							
		than inventory									
	b	Less cost or									
		other basis and sales expenses	62,5	503,885							
		Gain or (loss)	5,7	748,209]					
		l Net gain or (loss) .		•	•		5,748,209				5,748,209
as l	8a	Gross income from for form for the contract of	undraising ev 257,767								
Other Revenue		contributions reporte	d on line 1c)								
eve		See Part IV, line 18			104,885	_					
œ.		Less direct expense: Net income or (loss)		b sing ev	148,521		-43,636				-43,636
the		Gross income from g			ents 🕨	1	13,030				13,030
Ó		See Part IV, line 19									
				а		4					
		Less direct expense		b	105						
		: Net income or (loss) Gross sales of invent		activit	ies >	1					
	-00	returns and allowand	ces								
				а							
	b	Less cost of goods s	sold	b							
-	С	Net income or (loss) Miscellaneous		invent							
-	11	Miscellaneous	Revenue		Business Code 81290		32,527	,			32,527
		MOTHER REVENUE			01230		32,327				32,327
	L					+					
	b	•									
	C	:									
		_									
		All other revenue .									
	е	• Total. Add lines 11a	-11d		•		32,527				
	12	Total revenue. See	Instructions				29,378,739		171,107	2,473	9,068,489
							, ,	•		, -	Form 990 (2017)

Form 990 (2017)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all col	lumns All other orga	nızatıons must comp	lete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX			<u> 🗆</u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	14,451,245	14,451,245		
2 Grants and other assistance to domestic individuals See Part IV, line 22	804,511	804,511		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	350,799	350,799		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	301,800	171,627	79,236	50,937
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	664,125	386,983	168,695	108,447
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	74,330	41,907	19,736	12,687
9 Other employee benefits	105,717	61,896	26,674	17,147
10 Payroll taxes	75,756	43,780	19,464	12,512
11 Fees for services (non-employees)				
a Management				
b Legal	10,584		10,584	
c Accounting	26,228		26,228	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	330,515		330,515	
g 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
12 Advertising and promotion	63,247	19,321		43,926
13 Office expenses	68,458	36,841	19,904	11,713
14 Information technology	102,271	55,626	28,393	18,252
15 Royalties				
16 Occupancy	34,158	18,445	9,564	6,149
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	39,071	21,115	10,929	7,027
20 Interest	1,634		1,634	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	86,483		86,483	
23 Insurance	15,635	8,443	4,378	2,814
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a DUES & SUBSCRIPTIONS	31,764	500	15,632	15,632
b LICENSES/TAXES/FEE	946	511	265	170
С				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	17,641,190	16,473,550	859,653	307,987
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here I if following SOP 98-2 (ASC 958-720)				
Check here ► ☐ If following SOP 98-2 (ASC 958-720)				

40 000 500

140,620

3,790,856

108.762.607

42.434,339

2.243.283

123,944

233,457

0

56.038.167

56,395,568

109,562,186

112,068,825

168.464.393

Form **990** (2017)

2.506.639

168.464.393

(B)

End of year

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10c

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31

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33

34

109,269

3.911.816

98.389.698

19.053.680

2,200,113

159.344

57,507

90.543

51.942.533

52,249,927

97.528.859

2.629.471

100,158,330

152,408,257

152,408,257

00 047 470

Page **11**

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

Cash-non-interest-bearing . . .

Part II of Schedule L

b Less accumulated depreciation

Grants payable . . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other

basis Complete Part VI of Schedule D

Intangible assets

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 .

Total assets.Add lines 1 through 15 (must equal line 34) . . .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

key employees, highest compensated employees, and disqualified

Unsecured notes and loans payable to unrelated third parties

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ightleftarrows and

Investments-program-related See Part IV, line 11

Tax-exempt bond liabilities

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 .

contributing employers and sponsoring organizations of section 501(c)(9)

voluntary employees' beneficiary organizations (see instructions) Complete

10a

10b

4	Savings and temporary cash investments	20,347,476		10,929,502
3	Pledges and grants receivable, net	228,661	3	11,796
4	Accounts receivable, net	167,544	4	151,389
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and			

4,073,022

282,166

(A)

Beginning of year

Assets Notes and loans receivable, net . Inventories for sale or use .

11

12

13

14

15

16

17

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21

23

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31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

Page **12**

-173.140

346,086

No

Νo

No

Form 990 (2017)

Yes

Yes

Yes

2a

3b

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . 4 5

Form 990 (2017)

Schedule O

separate basis, consolidated basis, or both

Reconcilliation of Net Assets

Part XI

6 7

100,158,330 5 8 Other changes in net assets or fund balances (explain in Schedule O) 9

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 112,068,825 Part XII **Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII ☐ Cash ☑ Accrual ☐ Other 1 Accounting method used to prepare the Form 990

☐ Separate basis Consolidated basis ☐ Both consolidated and separate basis 2b 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 Consolidated basis Separate basis ☐ Both consolidated and separate basis

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 compiled or reviewed on a

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed its method of accounting from a prior year or checked "Other," explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight

of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

2c

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

Additional Data

Software Version: **EIN:** 59-2396243

Software ID:

Name: COMMUNITY FOUNDATION OF COLLIER COUNTY INC

Form 990 (2017)

Form 990, Part III, Line 4a:

DONOR SERVICESSEE SCHEDULE O

Form 990, Part III, Line 4b: COMMUNITY GRANTMAKINGSEE SCHEDULE O

Form 990, Part III, Line 4c: WOMEN'S FOUNDATION OF COLLIER COUNTYSEE SCHEDULE O

efile GRAPHIC print - DO NOT PROCESS								DLN: 9:	DLN: 93493010015699			
SCI	H ED m 99	ULE A		Public (Charity Statu rganization is a sect 4947(a)(1) nonexe	ion 501(c)(3) o empt charitable	organization or trust.	ort	2017			
Depart	ment of	f the Treasury	▶ Inf	ormation abou	ıt Schedule A (Form	990 or 990-EZ		ictions is at	Open to Public Inspection			
Nam COMM	e of th	nue Service he organiza FOUNDATION (<u>www.irs.g</u>	ov/form990 <mark>.</mark>		Employer identific	<u> </u>			
	TY INC	Bassas	ion Dublic	Charity State	ve (All organization	a must samala	to this part \ C	59-2396243				
	rt I Irganiz				us (All organization : it is (For lines 1 thro			see mstructions.				
1	_	A church, c	onvention of	churches, or as	sociation of churches	described in sec t	tion 170(b)(1)	(A)(i).				
2		A school de	scribed in se	ction 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	90 or 990-EZ))					
3					vice organization desc	•	• •					
4		A medical r	•	•	ed in conjunction with			•	nter the hospital's			
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, s	tate, or local	government or	governmental unit de	escribed in sectio	on 170(b)(1)(A	\)(v).				
7		section 17	0(b)(1)(A)	(vi). (Complete	•			init or from the genera	al public described in			
8	✓	A communi	ty trust desc	rıbed ın sectior	170(b)(1)(A)(vi)	(Complete Part I	I)					
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 331/3% 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 331/3% 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 organiza	ition organiz	ed and operated	d exclusively to test fo	r public safety S	ee section 509	(a)(4).				
12		more public	ly supported	organizations of	d exclusively for the be described in section 5 the type of supporting	i09(a)(1) or se d	ction 509(a)(2). See section 509(a				
a		Type I. A so	upporting or n(s) the pow	ganızatıon oper	ated, supervised, or componit or elect a major	ontrolled by its s	upported organi	zation(s), typically by				
b		Type II. A manageme	supporting on t of the sup	rganization sup porting organiza	ervised or controlled i							
c		Type III f	ınctionally		and C. supporting organizatio ons) You must com				ted with, its			
d		Type III n functionally	on-function	nally integrate The organizatio	d. A supporting organi n generally must satis t IV, Sections A and	ization operated fy a distribution i	ın connection wi requirement and	th its supported orgar				
e		Check this	oox if the org	anızatıon recei	ved a written determing integrated supporting	nation from the II		pe I, Type II, Type II	functionally			
f	Enter			d organizations	megratea supporting	o gamzadon						
g	Provi	de the follow	ing informat	on about the su	ipported organization(s)			_			
	(i) N	Name of supp organization		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the orgain your govern		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
						Yes	No					
Tota	<u> </u>	work Reduc							<u> </u>			

Page 2

(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.)

S	ection A. Public Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	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
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	12,939,189	16,067,539	15,364,524	15,328,216	20,136,670	79,836,138
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						17,252,303
6	Public support. Subtract line 5 from line 4						62,583,835
S	ection B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c)2015	(d) 2016	(e) 2017	(f)Total
7	Amounts from line 4	12,939,189	16,067,539	15,364,524	15,328,216	20,136,670	79,836,138
8	Gross income from interest,						

	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
6	Public support. 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
7	Amounts from line 4	12,939,189	16,067,539	15,364,524	15,328,216	20,136,670	79,836,138
8	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
9	Net income from unrelated business activities, whether or not the business is regularly carried on	879	0	0	2,305	1,326	4,510

	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							17,252,303		
6	Public support. Subtract line 5 from line 4							62,583,835		
s	ection B. Total Support	l	l				I			
	Calendar year (or fiscal year beginning in) ▶	(a)2013	(b) 2014	(c) 2015	(d) 2016	(e) 20	017	(f)Total		
7	Amounts from line 4	12,939,189	16,067,539	15,364,524	15,328,216	20	,136,670	79,836,138		
8	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	3,436,763	11,447,258		
9	Net income from unrelated business activities, whether or not the business is regularly carried on	879	0	О	2,305		1,326	4,510		
10	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		32,52		90,723
11	Total support. Add lines 7 through 10							91,378,629		
12	Gross receipts from related activities,	etc (see instruction	ons)			12				
13	First five years. If the Form 990 is for	or the organization	's first, second, th	ırd, fourth, or fıfth	tax year as a sec	tion 501(d	c)(3) organ	nization,		
	check this box and stop here						▶□			
S	ection C. Computation of Publi									
14	Public support percentage for 2017 (li	ne 6, column (f) d	ivided by line 11,	column (f))		14		68 490 %		
15	Public support percentage for 2016 Sc	hedule A, Part II,	line 14			15		66 810 %		
16=	6a 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									

S	Section B. Total Support									
	Calendar year (or fiscal year beginning in) ▶	(a)2013	(b) 2014	(c)2015	(d) 2016	(e)2017	(f) Total			
7	Amounts from line 4	12,939,189	16,067,539	15,364,524	15,328,216	20,136,670	79,836,138			
8	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			
9	Net income from unrelated business activities, whether or not the business is regularly carried on	879	0	0	2,305	1,326	4,510			
10	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			
11	Total support. Add lines 7 through 10						91,378,629			
12	Gross receipts from related activities,	etc (see instruction	ons)			12				
13	First five years. If the Form 990 is fo	or the organization	s's first, second, th	ırd, fourth, or fıfth	n tax year as a sec	tion 501(c)(3) org	anization,			

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 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 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

Р	Support Schedule for						
	(Complete only if you cl the organization fails to						er Part II. If
Se	ection A. Public Support	quality under t	ine tests listed i	below, please co	ompiete Part II.,)	
	Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
_	(or fiscal year beginning in) ▶	(a) 2013	(0) 2014	(6) 2015	(4) 2016	(e) 2017	(I) Iotai
1	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
-	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
S	from line 6) ection B. Total Support						
	Calendar year						
	(or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9							
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
ь	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c,						
14	11, and 12) First five years. If the Form 990 is for	l r the organization	l 's first, second, th	L urd, fourth, or fift	l lax vear as a sec	ction 501(c)(3) o	l rganization
	check this box and stop here			,,	,		▶ □
Se	ection C. Computation of Public S	Support Perce	ntage				
15	Public support percentage for 2017 (lin			column (f))		15	
16	Public support percentage from 2016 S	chedule A, Part II	II, line 15			16	
Se	ction D. Computation of Investr	nent Income	Percentage				
17	Investment income percentage for 201	7 (line 10c, colur	nn (f) divided by	lıne 13, column (f	·))	17	
18	Investment income percentage from 20	016 Schedule A, I	Part III, line 17			18	
	331/3% support tests—2017. If the	organization did n	ot check the box	on line 14, and lir	ne 15 is more than		e 17 is not
	more than 33 1/3%, check this box and s						ightharpoons
	33 1/3% support tests—2016. If the						. —
_	not more than 33 1/3%, check this box	-			· ·		ightharpoons
20	Private foundation. If the organization	-	-				ightharpoons

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

5b

5c

7

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,			
	describe the designation If historic and continuing relationship, explain	1	İ	
2	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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)			
	in section 309(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below	3a	İ	
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 Part VI when and how the organization made the			
	determination	3b		

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 Part VI when and how the organization made the	·		
	determination			
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?			
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b ın Part I, answer (b) and (c) below			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			

				3.
c	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	-		
		3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b ın Part I, answer (b) and (c) below			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or		$\overline{}$	
	supervised by or in connection with its supported organizations	4b		
С	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 Part VI what controls the organization used to ensure that all support			
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes		$\overline{}$	
		4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and			

			, ,	
4a	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	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
c	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 Part VI what controls the organization used to ensure that all support			
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	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 Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the			
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		

6	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 Part VI.	6	
7	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)		

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

Substitutions only. Was the substitution the result of an event beyond the organization's control?

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

organization's organizing document?

10a

answer line 10b below

organization had an interest? If "Yes," provide detail in Part VI.

the organization had excess business holdings)

8	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)	8	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as		i

```
defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"
provide detail in Part VI.
```

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

```
9a
Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
```

Pa	rt IV Supporting Organizations (continued)			-9
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in 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			
_		1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		
5	ection C. Type II Supporting Organizations			
	cetion c. Type 11 Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
S	ection D. All Type III Supporting Organizations			
1	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?		Yes	No
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
s	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct The organization satisfied the Activities Test. Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see		ctions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in 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	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in 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	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	a 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> .	3a		
	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.</i> the role played by the organization in this regard	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 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 (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional)

Page 6

(B) Current Year

(optional)

Current Year

Schedule A (Form 990 or 990-F7) 2017

1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5

7

8

1 2

3

4 5

6

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Portion of operating expenses paid or incurred for production or collection of gross 6 income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions)

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year Section B - Minimum Asset Amount 1 1a

Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) a Average monthly value of securities **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors 2

(explain in detail in Part VI) 2 Acquisition indebtedness applicable to non-exempt use assets Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see 4 instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6

6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 8

3

7

Schedule A (Form 990 or 990-EZ) 2017

Section C - Distributable Amount

Minimum Asset Amount (add line 7 to line 6) Adjusted net income for prior year (from Section A, line 8, Column A)

Enter 85% of line 1

2

Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3

temporary reduction (see instructions)

instructions)

4 5 Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

3	Administrative expenses paid to accomplish exempt purposes of supported organizations	<u> </u>				
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI) See instructions					
7	Total annual distributions. Add lines 1 through 6					
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions					
9	Distributable amount for 2017 from Section C, line 6					
10	LO Line 8 amount divided by Line 9 amount					

8	Distributions to attentive supported organizations to wh details in Part VI) See instructions	sive (provide			
9	Distributable amount for 2017 from Section C, line 6				
10	Line 8 amount divided by Line 9 amount				
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017	
1	Distributable amount for 2017 from Section C, line 6				

details in Part VI) See instructions			
(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017	
	(i)	(i) (ii) Underdistributions	

9 Distributable amount for 2017 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			_
d From 2015			

e From 2016. f Total of lines 3a through e

d Excess from 2016. . . . e Excess from 2017.

instructions)

g Applied to underdistributions of prior years h Applied to 2017 distributable amount i Carryover from 2012 not applied (see

j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2017 from Section D, line 7

a Applied to underdistributions of prior years **b** Applied to 2017 distributable amount

c Remainder Subtract lines 4a and 4b from 4		
5 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		
6 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		
7 Excess distributions carryover to 2018. Add lines 3 ₁ and 4c		

lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions		
7 Excess distributions carryover to 2018. Add lines 3 ₁ and 4c		
8 Breakdown of line 7		
a Excess from 2013		
b Excess from 2014		
c Excess from 2015		

Schedule A (Form 990 or 990-EZ) (2017)

Schedule A	(Form 990 or 990-EZ) 2	017 Pa	ıge 8
Part VI	Section A, lines 1, 2, 3 Part IV, Section D, line	mation. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Bb, 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 is 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 and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See	
		Facts And Circumstances Test	
<u> </u>			
990 S che	dule A, Supplemen	tal Information	
Re	turn Reference	Explanation	
SCHEDIILE	A DARTII LINE 10	OTHER MISCELLANISHIS INCOME, 2013 AMOUNT, \$ 1.577.2014 AMOUNT, \$ 16.004.2015 AMOUNT, \$ 16.66	00

SCHEDULE A, PART II, LINE 10, OTHER MISCELLANEOUS INCOME 2013 AMOUNT \$ 1,577 2014 AMOUNT \$ 16,994 2015 AMOUNT \$ 16,690 EXPLANATION FOR OTHER 2016 AMOUNT \$ 22,935 2017 AMOUNT \$ 32,527

INCOME

As Filed Data efile GRAPHIC print - DO NOT PROCESS 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.

OMB No 1545-0047

DLN: 93493010015699

Open to Public Inspection

	me of the organization MMUNITY FOUNDATION OF COLLIER		Employer identification number
	JNTY INC		59-2396243
Pa	rt I Organizations Maintaining Donor Adv		r Accounts.
	Complete if the organization answered "Ye		
	Tabal according to an electrical	(a) Donor advised funds	(b)Funds and other accounts
1	Total number at end of year	198	
2	Aggregate value of contributions to (during year)	12,684,020	
3	Aggregate value of grants from (during year)	8,581,362	
4	Aggregate value at end of year	57,763,707	
5	Did the organization inform all donors and donor advisor organization's property, subject to the organization's expenses.		vised funds are the Ves No
6	Did the organization inform all grantees, donors, and d charitable purposes and not for the benefit of the dono private benefit?	onor advisors in writing that grant funds can r or donor advisor, or for any other purpose c	be used only for onferring impermissible Yes No
Pa	rt III Conservation Easements. Complete if t	ne organization answered "Yes" on Form	n 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the orga	nızatıon (check all that apply)	
	\square Preservation of land for public use (e g , recreation	n or education) \square Preservation of an	historically important land area
	Protection of natural habitat	Preservation of a c	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservation contribution in the for	m of a conservation Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified histor	ıc structure ıncluded ın (a)	2c
d	Number of conservation easements included in (c) acquistructure listed in the National Register	` ´	2d
3	Number of conservation easements modified, transferred tax year ▶	ed, released, extinguished, or terminated by t	the organization during the
	Number of states where property subject to conservation	on assement is located .	
4	, , , , , , , , , , , , , , , , , , ,	-	
5	Does the organization have a written policy regarding t and enforcement of the conservation easements it hold		Yes No
6	Staff and volunteer hours devoted to monitoring, inspe	cting, handling of violations, and enforcing co	nservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting. ▶ \$	handling of violations, and enforcing conserv	vation easements during the year
8	Does each conservation easement reported on line 2(d and section $170(h)(4)(B)(ii)$?	above satisfy the requirements of section 17	70(h)(4)(B)(ι)
9	In Part XIII, describe how the organization reports con-	servation easements in its revenue and exper	
,	balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the organization's financial state	ments that describes
Pai	t IIII Organizations Maintaining Collections Complete if the organization answered "Ye		er Similar Assets.
1a	If the organization elected, as permitted under SFAS 1 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its final	public exhibition, education, or research in fi	
b	If the organization elected, as permitted under SFAS 1 historical treasures, or other similar assets held for pub following amounts relating to these items		
((i) Revenue included on Form 990, Part VIII, line 1		▶ \$
ľ	ii)Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, histor following amounts required to be reported under SFAS		<u> </u>
а	Revenue included on Form 990, Part VIII, line 1	The state of the s	▶ \$
	Assets included in Form 990, Part X		▶ \$
	Paperwork Reduction Act Notice, see the Instruction	ns for Form 990. Cat No	52283D Schedule D (Form 990) 2017

Par	11111	Organizations Ma	aintaining Coll	lections of Art,	, Histor	ical T	reas	ures, o	r Other	Similar A	ssets (contin	ued)	
3		the organization's acquisition's acquisition's acquisition (check all that apply)	uisition, accessior	n, and other record	ds, check	any of	the fo	ollowing t	that are a	significant	use of its	colle	ction	
а		Public exhibition			d		Loar	n or exch	ange pro	grams				
b		Scholarly research			e		Othe	er						
c		Preservation for future	e generations											
4	Provi Part)	de a description of the o	organization's coll	lections and explai	ın how th	ey furt	her th	ne organiz	zation's e	xempt purp	ose in			
5		ig the year, did the orga is to be sold to raise fur								nılar	☐ Ye	s	□ N	lo
Pa	rt IV	Escrow and Cust Complete if the org X, line 21.			orm 990), Part	: IV,	line 9, o	r reporte	ed an amo	unt on F	orm	990,	Part
1a		e organization an agent ded on Form 990, Part)		an or other Interm	ediary for	r contri	ibutio	ns or oth	er assets	not	☐ Ye	s	□ N	lo
ь	If "Y∈	es," explain the arrange	ement in Part XIII	and complete the	following	table					Amount			_
С		nning balance		·	_				1c					
d	Addıt	ions during the year							1d					_
е	Dıstrı	butions during the year	r						1e					
f	Endır	ng balance							1f					_
2 a	Dıd tl	he organization include	an amount on Fo	rm 990, Part X, lır	ne 21, for	escrov	v or c	ustodial a	account li	ability?	☐ Ye	· S	□ N	— In
Ь	TE "Va	es," explain the arrange	mont in Dort VIII	Charle hara if the	avnlanat	uan ha	- h	a pravida	d in Dart	VIII				
_	rt V	Endowment Fund										•	<u> </u>	
1 4		Endownient i uni	us. complete ii	(a)Current year		Prior yea			ears back			(e) Fo	ur vea	rs back
1a	Beginn	ing of year balance .		42,382,93		38,01	$\overline{}$		39,450,027		,515,552	(-,-		372,996
Ь	Contrib	outions		8,340,54	-8	3,73	1,249		4,117,870) 1	,441,161		3,	864,824
С	Net inv	estment earnings, gair	ns, and losses	3,225,68	8	4,54	8,831		-1,119,554		555,742		4,	760,056
d	Grants	or scholarships	•	5,707,29	17	2,99	8,181		3,411,564	1 2	2,052,256		1,	706,916
e		expenditures for facilitie	es	1,069,23	19	31	5,710		419,865	5	407,380			243,592
f	Admını	strative expenses .		675,15	4	59	7,064		603,100)	602,792			531,816
g	End of	year balance		46,497,48	5	42,38	2,939	3	38,013,814	39	,450,027		40,	515,552
2 a b	Board	de the estimated perceind designated or quasi-enant endowment	_	ent year end balan 100 000 %	ce (line 1	g, colu	ımn (a	a)) held a	is	•				
c	Temp	oorarily restricted endov	wment ▶											
·	•	percentages on lines 2a,		ld equal 100%										
3а	Are tl	here endowment funds nization by		•	zation tha	it are h	neld ar	nd admın	ıstered fo	r the		Γ	Yes	No
	(i) uı	nrelated organizations										a(i)		No
_		elated organizations .									<u> </u>	(ii)		No
b 4		es" on 3a(II), are the rel ribe in Part XIII the inte	-	•			١٠,				· 🗀	3b		
4	_				Jowment	runas								
Pa	rt VI	Land, Buildings, Complete if the ord			orm 990). Part	- TV.	line 11a	. See Fo	rm 990. Pa	art X. lır	e 10	t.	
	Descri	iption of property	(a) Cost or oth (investme	er basis (b) Co	ost or other					depreciation			ok valu	ie
	Land					1.2	67,310	 						1,267,310
		gs					87,300			210,666				2,376,634
		nold improvements				_,-	.,							,-:-,
		nent				2	18,412	2		71,500				146,912
	Other													
Tota	ıl. Add	lines 1a through 1e (Co	olumn (d) must ed	qual Form 990, Pa	rt X, colu	mn(B)), line	10(c))		>			3	3,790,856

	Investments—Other Securities. Complete if th See Form 990, Part X, line 12.	ne organizat	ion answ	vered "Yes" on Form 990	, Part IV, line 11b.
	(a) Description of security or category (including name of security)	(b) Book	value	(c) Method Cost or end-of-y	of valuation year market value
(1) Financial	derivatives				
(3) Other	neld equity interests		000 075		
(A) PRIVATE			,038,075		F .
(B) HEDGE F			,616,360		<u>F</u>
(C) FIXED IN			,698,385		<u>F</u>
	FATE INVESTMENT FUNDS		,987,035		F
(E) COMMING		20	,079,484		F .
(G)	Y HELD STOCK		15,000		F
(H)					
	(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 F	Form 990, P	art IV, lıı	ne 11c. See Form 990, P	art X, line 13.
	(a) Description of investment	(b) Bo	ook value		of valuation year market value
(1)					
(2)					_
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	(b) must equal Form 990, Part X, col (B) line 13)	► Vasi an Fam	000 P-	wt TV line 11.1 Con Forms 00	AO Post V line 15
	Other Assets. Complete if the organization answered (a) Description		П 990, Ра	rt IV, iine IId See Form 99	(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	(1)				
Part X	nn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.	answered 'Y			e or 11f.
1. (1) Federal ır	(a) Description of liability		(b) Bo	ook value	
	FOR AGENCIES			55,686,834	
ANNUITY OBI	LIGATIONS			351,333	
(4)					
(5)					
(6)					
(7)					
(8)					
(9) ————————————————————————————————————					
	r uncertain tax positions In Part XIII, provide the text of	f the footnote	e to the on	56,038,167 ganization's financial statem	nents that reports the
	s liability for uncertain tax positions under FIN 48 (ASC 7				_

Part XI

2

b

C

Part XII

5

1

2

b

c

d

3 4

b

5

Part XIII

See Additional Data Table

Schedule D (Form 990) 2017

Page 4

-173,140

401,013

29,378,739

17,310,675

17,310,675

330,515

17.641.190

Schedule D (Form 990) 2017

28,977,726

С	Recoveries of prior year grants
d	Other (Describe in Part XIII)
е	Add lines 2a through 2d
3	Subtract line 2e from line 1
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1

Donated services and use of facilities .

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments

Investment expenses not included on Form 990, Part VIII, line 7b .

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b . . .

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

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

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Other (Describe in Part XIII)

Add lines **4a** and **4b**

Donated services and use of facilities . . .

Supplemental Information

Other (Describe in Part XIII)

Subtract line 2e from line 1

Add lines 2a through 2d .

Return Reference

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

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

2a

2b 2c 2d

4a

4b

2a 2b

2c

2d

4a

4b

Explanation

-173.140

330,515

70,498

2e

3

4c

2e

3

4c

5

330.515

Page 5		Schedule D (Form 990) 2017		
	ormation (continued)	Part XIII Supplemental Info		
	Explanation	Return Reference		

Schedule D (Form 990) 2017

Additional Data

Software ID: Software Version:

EIN: 59-2396243

PART XI, LINE 4B - OTHER

ADJUSTMENTS

Explanation

Supplemental Information Return Reference

Name: COMMUNITY FOUNDATION OF COLLIER COUNTY INC

RELATED PARTY EXPENSES FROM CONSOLIDATED FINANCIALS NET RENTAL ACTIVTY

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

Sup

Explanation
DUNDATION FOLLOWS THE INCOME TAX STANDARD REGARDING THE RECOGNITION AND JREMENT O ERTAIN TAX POSITIONS THIS GUIDEANCE CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCO XES RECOGNIZED IN AN ORGANIZATION'S CONSOLIDATED FINANCIAL STATEMENTS THIS STANDARD AD NO IMPACT ON THE CONSOLIDATED FINANCIAL STATEMENTS

_ _ _

efile GRAPHIC print	- DO NOT PI	ROCESS	As Filed Data -	•	С	LN: 93493010015699
SCHEDULE F (Form 990)	State	ment of A	Activities (Outside the Uni	ted States	OMB No 1545-0047
(1 51111 555)	► Comple	te if the organi		Yes" to Form 990, Part IV, I to Form 990.	ne 14b, 15, or 16.	2017
Department of the Treasury Internal Revenue Service	► Informati	on about Scheo		and its instructions is at wi	w.irs.gov/form990.	Open to Public Inspection
Name of the organization COMMUNITY FOUNDATION	LOF COLLIER				Employer	identification number
COUNTY INC	N OF COLLIER				59-239624	3
	nformation o Part IV, line 1		Outside the U	Jnited States. Comple	te if the organizati	on answered "Yes" to
other assistance, t to award the grant	the grantees' e ts or assistance Describe in P	ligibility for th e?	ne grants or assis	substantiate the amount stance, and the selection dures for monitoring the	criteria used	✓ Yes □ No d other assistance
3 Activites per Region	(The following	Part I, line 3	table can be duplı	cated if additional space is	needed)	
(a) Region (b) Number of offices in the region (c) Number of employees, agents, and independent and independent functions and independent functions.		(e) If activity listed in (c program service, desci specific type of service(s) in region	ribe for and investments in region			
(1) See Add'l Data				-		
(2)						
(3)						
(4)						
(5)						
3a Sub-total b Total from continuat Part I			0			350,799 0
c Totals (add lines 3a For Paperwork Reduction			0 0 s for Form 990		No 50082W S c	350,799 hedule F (Form 990) 2017

3 Enter total number of other organizations or entities .

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1) See Add'l Data								
(2)								
(3)								
(4)								
(5)							Schedule I	F (Form 990) 2017

IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(4)					
(5)				Schedule l	F (Form 990) 2017
(6)					
(7)					
(8)					

(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
(12)				

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(8)				
(9)				
(10)				
(11)				
(12)				
(13)				
(14)				

(11)				
(12)				
(13)				
(14)				
(15)				

(13)				
(14)				
(15)				
(16)				

(13)									
(16)									
	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								

(4) (5) (6) (7)

(8) (9) (10) (11) (12)

(13) (14) (15) (16) (17) (18) Page **3**

Schedule F (Form 990) 2017

Part IIII Grants and O	ther Assistance to	Individuals	Outside the Unite	ed States. Complete if	the organization an	swered "Yes" to Form 9	90, Part IV, line 16.
Part III can be	duplicated if addition	nal space is r	needed.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							

Sche	dule F (Form 990) 2017		Page 4
Par	t 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

Schedule F (F	chedule F (Form 990) 2017 Page 5							
	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

NOT USING THE FUNDS AS INTENDED. THE GRANTEE IS CONTACTED AND ASKED TO RETURN THE FUNDS

USED FOR THE INTENDED PURPOSE THAT THE GRANT MUST BE RETURNED IF IT IS DETERMINED THAT A GRANTEE IS

Additional Data

EAST ASIA & THE PACIFIC

Software ID: Software Version:

EIN: 59-2396243

Name: COMMUNITY FOUNDATION OF COLLIER

COUNTY INC

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	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
--	--	--	---	--------------------------------------

(a) Region	(b) Number of	(c) Number of	(d) Activities conducted	(e) If activity listed in (d)	(f) Tot
	offices in the	employees or	ın region (by type) (ı e ,	is a program service,	1
	region	agents in	fundraising, program	describe specific type of	
		region	services, grants to	service(s) in region	
			recipients located in the		

	1.09.0.1	region	services, grants to recipients located in the region)	service(s) in region	
CENTRAL AMERICA &	•	0	GRANTS		241

		region	services, grants to recipients located in the region)	service(s) in region	
CENTRAL AMERICA &	_	0	GRANTS		

		region	recipients located in the region)	service(s) in region	
CENTRAL AMERICA &	0	٥	GRANTS		

0 GRANTS

			region)	
CENTRAL AMERICA & CARIBBEAN	0	0	GRANTS	245,900

			region)	
CENTRAL AMERICA &	0	0	GRANTS	

			region)	
CENTRAL AMERICA & CARIBBEAN	0	0	GRANTS	

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) **EUROPE** 0 IGRANTS 7.000 MIDDLE EAST & NORTH 0 IGRANTS 15,000 AFRICA

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) **RUSSIA & NEIGHBORING** 0 IGRANTS 500 STATES 0 IGRANTS 2,200 SOUTH AMERICA

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) SOUTH ASIA 0 IGRANTS 8.300 SUB-SAHARAN AFRICA 0 IGRANTS 26,799

Form 990 Schedule F Part II - Grants or Entities Outside The United States (ı) Method of l(b) IRS codel (h) Description (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(ıf cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) CENTRAL **VARIOUS** 135,800 CHECK AMERICA AND PROGRAMS THE CARIBBEAN GENERAL 55.800 CHECK **ICENTRAL** AMERICA AND ISUPPORT

THE CARIBBEAN

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (q) Amount of (f) Manner of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(If organization grant cash grant non-cash disbursement appraisal, assistance applicable) assistance other) EAST ASIA AND GENERAL 45,000 CHECK THE PACIFIC ISUPPORT CENTRAL IGENERAL 25.000 CHECK IAMERICA AND ISUPPORT THE CARIBBEAN

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (b) IRS code (h) Description (q) Amount of (f) Manner of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV, non-cash cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) SUB-SAHARAN GENERAL 10,500 CHECK IAFRICA SUPPORT MIDDLE EAST IGRANTMAKING IN 7.500 CHECK & NORTH ITHE MIDDLE EASTI AFRICA

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) IMIDDLE EAST WORK IN 7.500 CHECK & NORTH IAFGHANISTAN & AFRICA IRAQ ISOUTH ASIA IAFGHAN WOMEN 7.500 CHECK l& GIRLS

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (g) Amount of (f) Manner of valuation (e) Amount of (a) Name of section (d) Purpose of (c) Region (book, FMV, non-cash cash organization and EIN(If cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) ISUB-SAHARAN IUNRESTRICTED 6.000 CHECK IAFRICA luse **ICENTRAL** IGENERAL 10.000 CHECK IAMERICA AND ISUPPORT THE CARIBBEAN

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493010015699 OMB No 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** 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 Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990. Name of the organization **Employer identification number** COMMUNITY FOUNDATION OF COLLIER COUNTY INC 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. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Internet and email solicitations ☐ Solicitation of government grants Phone solicitations ☐ Special fundraising events In-person solicitations 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 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 (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col (i) contributions? Yes No 1 8 10 Total 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 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2017

Sche	dule G (Form 990 or 990-EZ) 2017				Page 2
Pa	rt II Fundraising Events. Complethan \$15,000 of fundraising egross receipts greater than \$100.000 fundraising \$100.0000 fundraising \$100.0000 fundraising \$100.0000 fundraising \$	event contributions and			
	groot roccipes grouter than \$1	(a)Event #1 POWER OF THE PURSE (event type)	(b) Event #2 WOMEN OF INITIATIVE (event type)	(c)Other events 1 (total number)	(d) Total events (add col (a) through col (c))
Revenue					
	1 Gross receipts	197,174	126,868	38,610	362,652
	2 Less Contributions	147,289	86,943	23,535	257,767
	3 Gross income (line 1 minus line 2)	49,885	39,925	15,075	104,885
	4 Cash prizes				
S	5 Noncash prizes				
nse	6 Rent/facility costs	7,558	9,271	6,340	23,169
Direct Expenses	7 Food and beverages	35,630	31,129	12,742	79,501
й	8 Entertainment	40,144	4,375		44,519
Dire	9 Other direct expenses	666	666		1,332
	10 Direct expense summary Add lines 4 t	through 9 in column (d)		.	148,521
	11 Net income summary Subtract line 10			•	-43,636
Pai	t III Gaming. Complete if the organization on Form 990-EZ, line 6a.	anızatıon answered "Ye	es" on Form 990, Part I	V, line 19, or reported	more than \$15,000
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
æ	1 Gross revenue				
Expenses	2 Cash prizes				
ភ្នំ	3 Noncash prizes				
Direct	4 Rent/facility costs				
	5 Other direct expenses				
			☐ Yes %	Yes %	
	6 Volunteer labor	☐ No	☐ No	□ No	
	7 Direct expense summary Add lines 2 t	through 5 in column (d)		•	
	8 Net gaming income summary Subtrac	t line 7 from line 1, colum	n (d)	<u> ▶</u>	
9 a	Enter the state(s) in which the organization licensed to conduct go	aming activities in each of			Yes No
b	If "No," explain				
10a b	Were any of the organization's gaming lid	•	d or terminated during the	e tax year?	☐ Yes ☐ No
,					

Sche	dule G (Form 990 or 990-EZ) 2017				F	Page 3
11	Does the organization conduct gaming	activities with nonmembers?		Yes	□No	
12			ΣY	□Yes	□No	
13	Enter the name and address of the person who prepares the organization's gaming/special events books and r Name ▶ Address ▶ Does the organization have a contract with a third party from whom the organization receives gaming revenue? If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and to amount of gaming revenue retained by the third party ▶ \$ and to amount of gaming revenue retained by the third party Name ▶ Gaming manager information Name ▶ Gaming manager compensation ▶ \$ Independent contractor Mandatory distributions Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 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 ▶ \$					
а	The organization's facility		13	a		%
b	An outside facility		13	ь		%
14	Enter the name and address of the per	son who prepares the organization's gaming/special events books	and record	s		
	Name ►					
	Address •					
15a		with a third party from whom the organization receives gaming		□Yes	□No	
Ь			and the			
c	If "Yes," enter name and address of the	e third party				
	Name •					
	Address ►					
16	Gaming manager information					
	Name ►					
	Gaming manager compensation ▶ \$	······································				
	Description of services provided ►					
	☐ Director/officer	☐ Employee ☐ Independent contractor				
17	Mandatory distributions					
а		e law to make charitable distributions from the gaming proceeds to)	□Yes	Пио	
b	•	· -	pent	63		
Pai		on. Provide the explanations required by Part I, line 2b, col 5c, 16, and 17b, as applicable. Also provide any additional				s).
	Return Reference	Explanation				

Schedule G (Form 990 or 990-EZ) 2017

efile GRAPHIC print - DO NOT PROCESS As Filed Data DLN: 93493010015699 OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization **Employer identification number** COMMUNITY FOUNDATION OF COLLIER 59-2396243 COUNTY INC Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ☐ Yes **☑** No Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part III 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 (c) IRC section (a) Name and address of (b) EIN (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) (book, FMV, appraisal, noncash assistance organization grant cash or assistance or government assistance other) (1) See Additional Data (3) (5) (6)(7) (8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . 278 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2017

Schedule I (Form 990) 2017						Page 2		
		Domestic Individuonal space is needed		anization answered "Yes"	" on Form 990, Part IV, line 22			
(a) Type of grant or as	•	(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)	1							
(3)								
(4)								
(5)								
(6)								
(7)								
Part IV Supplement	tal Information	on. Provide the in	iformation required in	Part I, line 2; Part III	(, column (b); and any other a	additional information.		
Return Reference	Explanation	on						
PART I, LINE 2	LISTED GR. APPROPRIA REVIEWED I GRANTEE W	RANTS FROM DONOR ADVISED FUNDS MUST BE DOCUMENTED WITH AN APPRORIATE DONOR SUGGESTION FORM WITH AMOUNTS AND PURPOSES OF GRANTS STED GRANTS FROM DONOR DESIGNATED FUNDS, FIELD OF INTEREST FUNDS, SCHOLARSHIP FUNDS AND UNRESTRICTED FUNDS MUST ALSO HAVE THE PPROPRIATE DOCUMENTATION SUPPORTED BY THEIR FUND AGREEMENTS OR GRANT REQUESTS SCHOLARSHIP FUNDS AND UNRESTRICTED FUND GRANTS ARE EVIEWED BY THE APPROPRIATE COMMITTEES AND RECOMMENDED FOR APPROVAL BY THE BOADD GRANT LETTERS ARE SENT WITH THE GRANT CHECKS TO THE RANTEE WITH AMOUNTS AND PURPOSES CLEARLY LISTED WE VERIFY THAT EACH GRANTEE IS A QUALIFIED CHARITY AS RECOGNIZED BY THE INTERNAL REVENUE ERVICE AND WHETHER OR NOT THE GRANT REQUIRES ADDITIONAL EXPENDITURE RESPONSIBILITY PROCEDURES DEPENDING ON THEIR PUBLIC CHARITY STATUS						

Additional Data

PO BOX 110

EVERGLADES CITY, FL 34139
ABBOTT NORTHWESTERN

MINNEAPOLIS, MN 554073799

HOSPITAL FOUNDATION

800 EAST 28TH STREET

Software ID: Software Version: EIN: Name:

04-3643816

EIN: 59-2396243 **Name:** COMMUNITY FOUNDATION OF COLLIER

Form 990 Schedule T. Part TT. Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

TTY FOUNDATION OF COLLIE

COMMUNITY CENTER

ADVANCEMENT OF

NURSING EXCELLENCE

FOR THE

COUNTY INC

The state of the s										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CITY OF EVERGLADES CITY		501(C)(3)	4,478				EVERGLADES CITY			

60,000

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 59-3087085 501(C)(3) 11.922 ABILITY HOUSING IESSENTIAL SERVICES

10,000

IPERSONNEL HOUSING

TUITION ASSISTANCE

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

501(C)(3)

3740 BEACH BLVD 304 JACKSONVILLE, FL 32207 ABLE ACADEMY INC

5860 GOLDEN GATE PKWY NAPLES, FL 34116

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 87-0490211 501(C)(3) 20,000 ADOPT-A-NATIVE-FLDER IGENERAL SUPPORT

UNRESTRICTED USE

25,000

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

501(C)(3)

16-1453716

PO BOX 3401
PARK CITY, UT 84060
ADVOCATES INCORPORATED

636 OLD LIVERPOOL ROAD SYRACUSE, NY 13088

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance ALLENDALE COLUMBIA 16-0983166 501(C)(3) 20,000 UNRESTRICTED USE

SCHOOL 519 ALLENS CREEK ROAD ROCHESTER, NY 14618					
ALZHEIMER'S ASSOCIATION - NATIONAL OFFICE 225 N MICHIGAN AVENUE FL	13-3039601	501(C)(3)	2,000		RESEARCH

CHICAGO, IL 606017633

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 13-3039601 501(C)(3) 10,828 UNRESTRICTED USE ALZHEIMER'S ASSOCIATION -

NETWORK

660 TAMIAMI TRAIL N 21 NAPLES, FL 34102

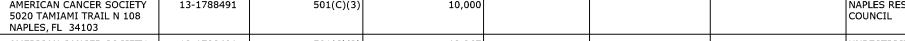
ALZHEIMER'S SUPPORT	59-2198939	501(C)(3)	500		BEST USE
NATIONAL OFFICE 225 N MICHIGAN AVENUE FL 17 CHICAGO, IL 606017633					

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 59-2198939 501(C)(3) 4,500 ALZHEIMER'S SUPPORT IUNRESTRICTED USE

NETWORK 660 TAMIAMI TRAIL N 21 NAPLES, FL 34102					
AMERICAN CANCER SOCIETY	13-1788491	501(C)(3)	2,000		ANNUAL DONATION

5020 TAMIAMI TRAIL N 108 NAPLES, FL 34103

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 13-1788491 501(C)(3) 10.000 INAPLES RESEARCH



5020 TAMIAMI TRAIL N 108 NAPLES, FL 34103

AMERICAN CANCER SOCIETY 13-1788491 501(C)(3) 12,367 UNRESTRICTED USE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 13-1623888 501(C)(3) 10.742 AMERICAN DIABETES UNRESTRICTED USE ASSOCIATION 1511 N WEST SHORE BLVD

1511 N WEST SHORE BLVD
980
TAMPA, FL 33607

AMERICAN HEART 13-5613797 501(C)(3) 10,828
ASSOCIATION NATIONAL
BEQUEST CENTER

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

PO BOX 22035

ST PETERSBURG, FL 33742

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 13-5613797 501(C)(3) 10.742 UNRESTRICTED USE AMERICAN HEART ASSOCIATION NATIONAL

8333 GREENWOOD BLVD DENVER, CO 80221

BEQUEST CENTER PO BOX 22035 ST PETERSBURG, FL 33742						
AMERICAN INDIAN COLLEGE FUND	52-1573446	501(C)(3)	10,000		I .	FOR TRIBAL SCHOLARSHIPS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 53-0196605 501(C)(3) 500 BEST USE AMERICAN RED CROSS - FL SOUTHERN GULF CHAPTER

2610 NORTHBROOKE PLAZA DRIVE NAPLES, FL 34119 501(C)(3) 2,000 AMERICAN RED CROSS - FL 53-0196605 COLLIER COUNTY SOUTHERN GULF CHAPTER VICTIMS OF 2610 NORTHBROOKE PLAZA HURRICANE IRMA

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

DRIVE

NAPLES, FL 34119

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 53-0196605 501(C)(3) 1.000 AMERICAN RED CROSS - FL DISASTER RELIEF SOUTHERN GULF CHAPTER 2610 NORTHBROOKE PLAZA DRIVE NAPLES, FL 34119 1,000

HURRICANE HARVEY

RELIEF

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

501(C)(3)

AMERICAN RED CROSS - FL

SOUTHERN GULF CHAPTER

NAPLES, FL 34119

DRIVE

2610 NORTHBROOKE PLAZA

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 53-0196605 501(C)(3) 28.000 AMERICAN RED CROSS - FL HURRICANE IRMA SOUTHERN GULF CHAPTER RELIEF

ECONOMICALLY NEEDY

CHILDREN

2610 NORTHBROOKE PLAZA DRIVE NAPLES, FL 34119

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

DRIVE

NAPLES, FL 34119

5,000 AMERICAN RED CROSS - FL 53-0196605 501(C)(3) LIFESAVING WATER SOUTHERN GULF CHAPTER SAFETY AND SWIMMING 2610 NORTHBROOKE PLAZA SKILLS FOR

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance AMERICAN RED CROSS - EL 53-0196605 501(C)(3) 2 250 LINRESTRICTED LISE

ALLENIE CROSS IE	33 0130003	301(0)(3)	2,230		ON THE OTHER OFF
SOUTHERN GULF CHAPTER			·		
2610 NORTHBROOKE PLAZA					
DRIVE					
NAPLES, FL 34119					
AMERICAN RED CROSS DONOR	53-0196605	501(C)(3)	20,000		TEXAS ELOOD RELIEE

201(C)(2) 20,000 CENTER OF SYRACUSE 344 GENESSEE STREET

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

SYRACUSE, NY 13202

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

AMERICAN RED CROSS 53-0196605 501(C)(3) 1,000 CALIFORNIA WILDFIRES PO BOX 37839

618

EMERGENCY RELIEF

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

501(C)(3)

BOONE, IA 500370839

AMERICAN RED CROSS

PO BOX 37839 BOONE, IA 500370839

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 53-0196605 501(C)(3) 250 AMERICAN RED CROSS IGENERAL PURPOSES PO BOX 37839

GENERAL USE

1,750

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

501(C)(3)

BOONE, IA 500370839

AMERICAN RED CROSS

PO BOX 37839 BOONE, IA 500370839

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

RELIEF FOLLOWING

IRMA AND MARIA

HURRICANES HARVEY.

AMERICAN RED CROSS	53-0196605	501(C)(3)	5,000		HURRICANE HARVEY
PO BOX 37839					
BOONE, IA 500370839					

5,000

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

501(C)(3)

AMERICAN RED CROSS

BOONE, IA 500370839

PO BOX 37839

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 501(C)(3) 1.000 AMERICAN RED CROSS 53-0196605 TO HELP BRING RELIEF PO BOX 37839 TO EAST TEXAS IN THE WAKE OF TROPICAL

BOONE, IA 500370839 59-2438325 501(C)(3) 10.828 ARTHRITIS RESEARCH

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

CLEARWATER, FL 34615

ISTORM HARVEY UNRESTRICTED USE INSTITUTE OF AMERICA 300 S DUNCAN AVENUE 188

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 501(C)(3) 2.500 ARTIS-NAPLES INC 59-2322926 ANNUAL DONATION 5833 PELICAN BAY BLVD 59-2322926 501(C)(3) 25.000 PERFORMANCE OF

NAPLES, FL 341082740 ARTIS-NAPLES INC. 5833 PELICAN BAY BLVD

NAPLES, FL 341082740

BENJAMIN GROSVENOR.

PIANIST AND THE NAPLES PHILHARMONIC

ORCHESTRA

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable arant cash non-cash assistance or assistance or government other) assistance 59-2322926 501(C)(3) 5.000 ARTIS-NAPLES INC AT-RISK CHILDREN'S 5833 PELICAN BAY BLVD PARTICIPATION IN NAPLES, FL 341082740 SUMMER CAMPS. YOUTH ORCHESTRA, OR CHORALE

PARTICIAPTE IN YOUTH

ORCHESTRA, CHORALE, OR SUMMER CAMP PROGRAMS

5,000 ARTIS-NAPLES INC 59-2322926 501(C)(3) AT-RISK STUDENTS TO

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

5833 PELICAN BAY BLVD

NAPLES, FL 341082740

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance EE OF A

DURING THE 2018-19 SYMPHONY SEASON

ADTIC NADIEC INC	E0 3333036	E01(C)(3)	20,000		EOD LINDED
ARTIS-NAPLES INC 5833 PELICAN BAY BLVD NAPLES, FL 341082740	59-2322926	501(C)(3)	2,500		THOUSAND

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

NAPLES, FL 341082740

IFOR UNDERWRITING OF ARTIS-NAPLES INC 59-2322926 501(C)(3) 20,000 5833 PELICAN BAY BLVD IGLENN LOONTJENS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance IRCLE

ORCHESTRA OPERATIONS

ARTIS-NAPLES INC 59-2322926 501(C)(3)	2.000		
5833 PELICAN BAY BLVD NAPLES, FL 341082740	3,000		LEADERSHIP CIR

ARTIS-NAPLES INC 59-2322926 501(C)(3) 2,500

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

5833 PELICAN BAY BLVD NAPLES, FL 341082740

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 59-2322926 501(C)(3) 37.089 IUNRESTRICTED USE ARTIS-NAPLES INC 5833 PELICAN BAY BLVD

NAPLES, FL 341082740 AUBURN COMMUNITY 15-0532054 501(C)(3) 10,000 ANNUAL GALA HOSPITAL

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

17 LANSING STREET AUBURN, NY 13021

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance AUDUBON OF 13-1624102 501(C)(3) 7.000 UNRESTRICTED USE FLORIDACORKSCREW SWAMP SANCTUARY 375 SANCTUARY ROAD WEST

SCHOLARSHIPS

5,000

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

501(C)(3)

NAPLES, FL 341209803

AVE MARIA UNIVERSITY

5050 AVE MARIA BLVD AVE MARIA, FL 34142 03-0482006

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance RICTED USE

HOSPICE SERVICES

500

AVE MARIA UNIVERSITY	03-0482006	501(C)(3)	2,916		UNRESTRIC
5050 AVE MARIA BLVD					
AVE MARIA FL 34142					

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

501(C)(3)

AVOW HOSPICE INC.

1095 WHIPPOORWILL LANE NAPLES, FL 34105

59-2201250

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

AT THIS DIFFICULT

TIME

AVOW HOSPICE INC	59-2201250	501(C)(3)	2,500		PATIENT CARE
1095 WHIPPOORWILL LANE					
NAPLES, FL 34105					

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

1095 WHIPPOORWILL LANE NAPLES, FL 34105

AVOW HOSPICE INC. 59-2201250 501(C)(3) 1,000 TO SUPPORT FAMLIES

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 501(C)(3) 30.371 AVOW HOSPICE INC 59-2201250 UNRESTRICTED USE

WIPES AND CREAMS

1095 WHIPPOORWILL LANE NAPLES, FL 34105 BABY BASICS OF COLLIER 20-1498596 3,000 HURRICANE IRMA

501(C)(3) COUNTY INC. RELIEF FOR DIAPERS.

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

PMB 132- PO BOX 413005

NAPLES, FL 34101

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 20-1498596 501(C)(3) 6.200 BABY BASICS OF COLLIER UNRESTRICTED USE

FUND

COUNTY INC
PMB 132- PO BOX 413005
NAPLES, FL 34101

BARRIER ISLAND PARKS 65-0327405 501(C)(3) 25,000

THE LIGHTKEEPER'S

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

SOCIETY

PO BOX 637

BOCA GRANDE, FL 33921

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 65-0327405 501(C)(3) 25.000 THE LIGHTKEEPER'S BARRIER ISLAND PARKS SOCIETY FUND - GASPARILLA ITSLAND LIGHT

PO BOX 637 BOCA GRANDE, FL 33921 BASCOM PALMER EYE 59-0624458 501(C)(3) 25.000 IGLAUCOMA PILLAR INSTITUTE

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

3880 TAMIAMI TRAIL N NAPLES, FL 34103

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 59-0624458 501(C)(3) 5.000 BASCOM PALMER EYE UNRESTRICTED USE INSTITUTE

3880 TAMIAMI TRAIL N
NAPLES, FL 34103

BERKSHIRE HUMANE SOCIETY 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.

214 BARKER ROAD PITTSFIELD, MA 01201

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 59-1361826 501(C)(3) 5.611 BIG BROTHERS BIG SISTERS UNRESTRICTED USE OF THE SUN COAST INC

809 WALKERBILT ROAD 3
NAPLES, FL 34110

BLOOMINGTON 35-1720795 501(C)(3) 5,000

UNRESTRICTED USE
HEALTHFOUNDATION INC

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

320 WEST 8TH STREET 116 BLOOMINGTON, IN 47404

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance BOARD OF REGENTS OF 52-1284368 501(C)(3) 5.000 THE GARDEN

GUNSTON HALL INCORPORATED 10709 GUNSTON ROAD MASON NECK, VA 22079			5,		
BONITA BAY VETERANS	47 2562000	E01/C)/2)	E 000		ETNIANCIAL

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

26660 COUNTRY CLUB DRIVE BONITA SPRINGS, FL 34134

FINANCIAL SUPPORT OF BONITA BAY VETERANS 4/-3563908 501(C)(3)| 5,0001 COUNCIL INC LOCAL VETERANS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance LOVE

BONITA SPRINGS ASSISTANCE	59-2337909	501(C)(3)	16,000		BACKPACKS OF LOVE
OFFICE			·		AND EMERGENCY
PO BOX 16					FINANCIAL ASSISTANCE
BONITA SPRINGS FL 34133					ı

BOOKS FOR COLLIER KIDS INC 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.

4755 TAMIAMI TRAIL N 139 NAPLES, FL 34103

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 82-1078351 501(C)(3) 2.000 BOOKS FOR COLLIER KIDS INCL UNRESTRICTED USE 4755 TAMIAMI TRAIL N 139

NAPLES, FL 34103

BOY SCOUTS OF AMERICA - 22-1576300 501(C)(3) 10,000

LONGHOUSE COUNCIL 2803 BREWERTON ROAD

DINNER

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

SYRACUSE, NY 13211

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

FT MYERS, FL 33907 SOUTHWEST FLORIDA COUNCIL

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

1801 BOY SCOUT DRIVE FT MYERS, FL 33907

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

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

COLLIER COUNTY 7500 DAVIS BLVD NAPLES, FL 34104

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance BOYS & GIRLS CLUB OF 65-0279110 501(C)(3) 7.500 JUNIOR WOMEN OF

SMART GIRLS PROGRAM

BOYS & GIRLS CLUB OF 65-0279110 501(C)(3) 7,500 JUNIOR WOMEN OF COLLIER COUNTY 7500 DAVIS BLVD PROGRAM PROGRAM

3.000

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

501(C)(3)

BOYS & GIRLS CLUB OF

COLLIER COUNTY 7500 DAVIS BLVD NAPLES, FL 34104 65-0279110

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance BOYS & GIRLS CLUB OF 65-0279110 501(C)(3) 5.850 UNRESTRICTED USE COLLIER COUNTY

YEAR-LONG PROGRAM

INVOLVING UP TO 15

TEENS THAT ATTEND

THE BOYS AND GIRLS

PROGRAM

7.500

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

501(C)(3)

7500 DAVIS BLVD NAPLES, FL 34104 BOYS & GIRLS CLUB OF COLLIER COUNTY

7500 DAVIS BLVD

NAPLES, FL 34104

65-0279110

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance BOVE & CIDIC CILIB OF 04-2111215 E01/C1/31 5 400l KINGSLEY PINES

BLEACHERS FOR AFTER

SCHOOL RECREATION

FACILITY

GREATER HAVERHILL INC 55 EMERSON STREET HAVERHILL, MA 01830	04-2111213	301(0)(3)	3,400		CAMPERSHIP
BOYS & GIRLS CLUB OF	15-0532240	501(C)(3)	7,500		NEW SET OF

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

SYRACUSE

2100 F FAYETTE STREET

SYRACUSE, NY 13202

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant ıf applıcable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance BRIGHTFOCUS FOUNDATION 23-7337229 501(C)(3) 1,000 TO SUPPORT NATIONAL EARCH

DRIVE CLARKSBURG, MD 30982					GLAUCOMA RESEARCH
BRIGHTFOCUS FOUNDATION 22512 GATEWAY CENTER	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.

DRIVE

CLARKSBURG, MD 30982

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 20-4518210 501(C)(3) 100 BROOKE'S LEGACY ANIMAL UNRESTRICTED USE RESCUE INC

PO BOX 990255 NAPLES, FL 34116 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.

CAMP DUDI BY YMCA INC.

126 CAMP DUDLEY ROAD WESTPORT, NY 12993

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 95-6006173 501(C)(3) 2.000 MINISTRY EXPENSES CAMPUS CRUSADE FOR

CHRIST INC P O BOX 628222 ORLANDO, FL 32832

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

P O BOX 628222 ORLANDO, FL 32832

CAMPUS CRUSADE FOR 95-6006173 501(C)(3) 300 SUMMER MISSION TRIP

CHRIST INC

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance PORT A

OF CRU MISSIONARIES

CAMPUS CRUSADE FOR CHRIST INC P O BOX 628222 ORLANDO, FL 32832	95-6006173	501(C)(3)	250		TO SUPPO STUDENT TRIP

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

CHRIST INC

P O BOX 628222 ORLANDO, FL 32832

ITS MISSIONS CAMPUS CRUSADE FOR 95-6006173 501(C)(3) 7.600 TO SUPPORT THE WORK

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 22-3879709 501(C)(3) 50 BREAST CANCER CANCER ALLIANCE OF NAPLES INC AWARENESS 3384 WOODS EDGE CIRCLE 22-3879709 501(C)(3) 50 BREAST CANCER

102 BONITA SPRINGS, FL 34134 CANCER ALLIANCE OF NAPLES INC RESEARCH 3384 WOODS EDGE CIRCLE

102

BONITA SPRINGS, FL 34134

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance CANCER ALLIANCE OF NAPLES 22-3879709 501(C)(3) 2,000 NETWORK FOR GOOD INC

3384 WOODS EDGE CIRCLE 102 BONITA SPRINGS, FL 34134					
CANCER ALLIANCE OF NAPLES INC 3384 WOODS EDGE CIRCLE	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.

102

BONITA SPRINGS, FL 34134

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 41-2026012 501(C)(3) 10.000 TO HELP CANCER CAROL M BALDWIN BREAST CANCER RESEARCH FUND OF RESEARCH

CENTRAL NY PO BOX 187 WARNERS, NY 13164					
CATALYST SCHOOLS	20-4069346	501(C)(3)	100,000		MUSIC A

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

CHICAGO, IL 60629

C AND FINE ARTS THEATER STAGE 6/2/ SOUTH CALIFORNIA AVENUE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 61-0447247 501(C)(3) 5.000 CATHEDRAL OF THE CONTRIBUTION TO ASSUMPTION CHURCH

433 S FIFTH STREET
LOUISVILLE, KY 40202

CATHEDRAL OF THE 61-0447247 501(C)(3) 5,000

SEMI-ANNUAL CONTRIBUTION CONTRIBUTION

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

433 S 5TH STREET LOUISVILLE, KY 40202

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance 53-0196617 501(C)(3) 1.000 CATHOLIC CHARITIES OF UNRESTRICTED USE

COLLIER COUNTY 2210 SANTA BARBARA BI VD NAPLES, FL 34116 CATHOLIC CHARITIES OF 53-0196617 1.000 BEST USE

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

NAPLES, FL 34116

501(C)(3) COLLIER COUNTY 2210 SANTA BARBARA BI VD

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 53-0196617 501(C)(3) 3.000 EMERALD BALL CATHOLIC CHARITIES OF COLLIER COUNTY 2210 SANTA BARBARA BLVD NAPLES, FL 34116

FAMILY OUTREACH

PROGRAM

10.500

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

501(C)(3)

CATHOLIC CHARITIES OF

2210 SANTA BARBARA BLVD

COLLIER COUNTY

NAPLES, FL 34116

53-0196617

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 53-0196617 501(C)(3) 1.500 FOOD BANK CATHOLIC CHARITIES OF COLLIER COUNTY

2210 SANTA BARBARA BLVD NAPLES, FL 34116 CATHOLIC CHARITIES OF 53-0196617 501(C)(3) 100.000 COLLIER COUNTY

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

NAPLES, FL 34116

IGIFT CARDS FOR HURRICANE IRMA 2210 SANTA BARBARA BI VD VICTIMS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 53-0196617 501(C)(3) 2.000 CATHOLIC CHARITIES OF IGUADALUPE CHURCH IN

IN COLLIER COUNTY

COLLIER COUNTY
2210 SANTA BARBARA BLVD
NAPLES, FL 34116

CATHOLIC CHARITIES OF 53-0196617 501(C)(3) 1,000 HOMELESS CHILDREN

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

COLLIER COUNTY

NAPLES, FL 34116

2210 SANTA BARBARA BI VD

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant ıf applıcable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance CATHOLIC CHARITIES OF 53-0196617 501(C)(3) 1 000 LIUDY SULLIVAN FAMILY

NAPLES, FL 34116	53-0196617	501(C)(3)	3 762		SERVICES RENDERED
2210 SANTA BARBARA BLVD					
COLLIER COUNTY					RESOURCE CENTER
CATHOLIC CHARTILES OF	33 0130017	301(0)(3)	1,000		JODI SOLLIVAN I AMI

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

NAPLES, FL 34116

|SERVICES RENDERED CATHOLIC CHARITIES OF 22-019001 コロエ(ア)(コ)| 3,/02 COLLIER COUNTY BY CATHOLIC 2210 SANTA BARBARA BLVD CHARITIES

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 53-0196617 501(C)(3) 300 SOUP KITCHEN IN CATHOLIC CHARITIES OF IMMOKALEE

COLLIER COUNTY 2210 SANTA BARBARA BLVD NAPLES, FL 34116 CATHOLIC CHARITIES OF 53-0196617 501(C)(3) 3.000

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

TO SUPPORT THE COLLIER COUNTY EMERALD BALL 2210 SANTA BARBARA BI VD NAPLES, FL 34116

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 53-0196617 501(C)(3) 750 CATHOLIC CHARITIES OF UNRESTRICTED USE COLLIER COUNTY 2210 SANTA BARBARA BI VD NAPLES, FL 34116 UNRESTRICTED USE

2210 SANTA BARBARA BLVD
NAPLES, FL 34116

CATHOLIC COMMUNITY 41-1744184 501(C)(3) 25,000

UNREST
FOUNDATION OF MINNESOTA 2610 UNIVERSITY AVENUE
WEST COURT
WEST SUITE 500

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

SAINT PAUL, MN 55114

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance

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

CELEBRATION COMMUNITY BEACH CHURCH 5020 TAMIAMI TRAIL N 202 NAPLES, FL 34103	65-0900789	501(C)(3)	2,446		UNRESTRICTED USE
CENTRAL NEW YORK	15-0626910	501(C)(3)	500,000		REDHOUSE ARTS

CENTER FOR

THEATRICAL FACILITIES

CENTRAL NEW YORK COMMUNITY FOUNDATION INC. 431 EAST FAYETTE STREET

SYRACUSE, NY 13202

100

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance CHAMELEON THEATRE CIRCLE 41-1899943 501(C)(3) 6.000 GENERAL FUND 7287 153RD STREET W 240069 APPLE VALLEY, MN 55124

CAPITAL CAMPAIGN

10.000

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

501(C)(3)

CHARLEVOIX HISTORICAL

103 STATE STREET CHARLEVOIX, MI 49720

SOCIETY

38-2636672

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 56-1366233 501(C)(3) 100.000 ICRITICAL HOME REPAIR CHARLOTTE HABITAT FOR HUMANITY

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

1036 6TH AVENUE N NAPLES, FL 34102

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 65-0049492 501(C)(3) 1.000 CHILDREN'S ADVOCACY UNRESTRICTED USE CENTER OF COLLIER COUNTY

CENTER OF COLLIER COUNTY
1036 6TH AVENUE N
NAPLES, FL 34102

CHILDREN'S HOSPITAL 39-1500075 501(C)(3) 5,000

AREA OF GREATEST FOUNDATION INC

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

MS 3050 PO BOX 1997 MILWAUKEE, WI 53201

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

KENWOOD BACKPACK

PROGRAM

CHIVE CHARITIES 98 SAN JACINTO BLVD 160	45-5415041	501(C)(3)	50,000		I .	TO HELP THOSE IN NEED
AUSTIN, TX 78701						

7,000

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

501(C)(3)

CHRIST EPISCOPAL CHURCH

220 40TH STREET NE CEDAR RAPIDS, IA 52402

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant ıf applıcable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance CITIZEN'S FOR 31-1607866 501(C)(3) 10.000 \$5,000 FOR GENERAL

COMMUNITY CENTER

BASKETBALL COURT

PENNSYLVANIA'S FUTURE DBA PENNFUTURE 610 NORTH THIRD STREET HARRISBURG, PA 17101	, , , ,	·		SUPPORT AND \$5,000 FOR CIVIC ENGAGEMENT
CITY OF EVERGLADES CITY	501(C)(3)	5,000		EVERGLADES

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

PO BOX 110

EVERGLADES CITY, FL 34139

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance CIVIL WAR PRESERVATION 54-1426643 501(C)(3) 11.000 \$5,000 FOR GENERAL SUPPORT AND \$6,000 TRUST

1156 15TH STREET NW 900 WASHINGTON, DC 20005					TO PROTECT THE GOOSE CREEK BATTLEFIELD
CLEVELAND BALLET	38-3945001	501(C)(3)	5,000		UNRESTRICTED US

BEDFORD HEIGHTS, OH

44128

SE CREEK TLEFIELD RESTRICTED USE 23030 MILES ROAD

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance COLLIER CHILD CARE 26-2646032 501(C)(3) 3 0001 APPLE BLOSSOM DS 2018

0011750 01710 0405	06 06 16000	504/63/03				0000 01
2335 TAMIAMI TRAIL N 504 NAPLES, FL 34103						
RESOURCES INC						AWARDS
COLLIEN CHILD CARL	20 20 10032	301(0)(3)	3,000		I	/ · · · · · · · · · · · · · ·

2335 TAMIAMI TRAIL N 504 NAPLES, FL 34103

CCCR BUSINESS 100 COLLIER CHILD CARE 26-2646032 501(C)(3) 2,000 RESOURCES INC LEADERSHIP COUNCIL

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 26-2646032 501(C)(3) 10.000 CHILDCARE SERVICES COLLIER CHILD CARE RESOURCES INC

HURRICANE IRMA GIFT

CARDS

7.500

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

501(C)(3)

2335 TAMIAMI TRAIL N 504 NAPLES, FL 34103 COLLIER CHILD CARE

2335 TAMIAMI TRAIL N 504 NAPLES, FL 34103

RESOURCES INC

26-2646032

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant ıf applıcable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance COLLIER CHILD CARE 26-2646032 501(C)(3) 2,000 HURRICANE IRMA

2335 TAMIAMI TRAIL N 504 NAPLES, FL 34103					KELIEF
COLLIER CHILD CARE RESOURCES INC	26-2646032	501(C)(3)	2,000		NETWORK FOR GOOD

2335 TAMIAMI TRAIL N 504 NAPLES, FL 34103

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant ıf applıcable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance COLLIER CHILD CARE 26-2646032 501(C)(3) 500 ISUMMER INTERN

RESOURCES INC 2335 TAMIAMI TRAIL N 504 NAPLES, FL 34103	20 20 10032	301(0)(3)	300		JOHN EN INVENT
COLLIER CHILD CARE	26-2646032	501(C)(3)	10,000		TUITION ASSISTANCE

RESOURCES INC

2335 TAMIAMI TRAIL N 504 NAPLES, FL 34103

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance COLLIER CHILD CARE 26-2646032 501(C)(3) 10 000 THITION ASSISTANCE

RESOURCES INC 2335 TAMIAMI TRAIL N 504 NAPLES, FL 34103	20 2040032	301(0)(3)	10,000		FOR LOW-INCOME, WORKING FAMILIES
COLLIER CHILD CARE RESOURCES INC	26-2646032	501(C)(3)	100		UNRESTRICTED USE

2335 TAMIAMI TRAIL N 504 NAPLES, FL 34103

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 59-2529757 501(C)(3) 35.298 IGENERAL OPERATING COLLIER COUNTY 100 CLUB PO BOX 2008 FUND NAPLES, FL 34106

COLLIER COUNTY HUNGER 04-3610154 501(C)(3) 10,000 GAP FUND AND HOMELESS COALITION

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

PO BOX 9202 NAPLES, FL 34101

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 04-3610154 501(C)(3) 3.000 IGENERAL SUPPORT COLLIER COUNTY HUNGER AND HOMELESS COALITION

PO BOX 9202 NAPLES, FL 34101 COLLIER COUNTY PUBLIC 59-2663954 501(C)(3) 10.000

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

NAPLES, FL 34109

HOMELESS SCHOOLS COORDINATOR 5775 OSCEOLA TRATI

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 59-2663954 501(C)(3) 2.375 HURRICANE IRMA COLLIER COUNTY PUBLIC SCHOOLS RELIEF

5775 OSCEOLA TRATI NAPLES, FL 34109 COLLIER COUNTY PUBLIC 59-2663954 501(C)(3) 75

NAPLES, FL 34109

HURRICANE RELIEF SCHOOLS 5775 OSCEOLA TRATI

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 59-2663954 501(C)(3) 1.906 COLLIER COUNTY PUBLIC IMMOKALEE MIDDLE SCHOOL GIRLS VOLLEYBALL & TRACK

SCHOOLS

SCHOOLS
5775 OSCEOLA TRAIL
NAPLES, FL 34109

COLLIER COUNTY PUBLIC

SCHOOL GIRLS
VOLLEYBALL & TRACE
UNIFORMS

IMMOKALEE PUBLIC

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

SCHOOLS

5775 OSCEOLA TRAIL NAPLES, FL 34109

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 59-2663954 501(C)(3) 17.000 LELY ELEMENTARY COLLIER COUNTY PUBLIC SCHOOLS SCHOOL TUTORING 5775 OSCEOLA TRATI PROGRAM

NAPLES, FL 34109 COLLIER COUNTY PUBLIC

NAPLES, FL 34109

59-2663954 501(C)(3) 10.000 PREPARATIONS FOR SCHOOLS FUTURE HURRICANES 5775 OSCEOLA TRATI

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 59-2663954 501(C)(3) 15.624 READING PROGRAM COLLIER COUNTY PUBLIC

FAMILES AFFECTED BY

HURRICANE IRMA

SCHOOLS 5775 OSCEOLA TRATI NAPLES, FL 34109

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

5775 OSCEOLA TRATI

NAPLES, FL 34109

COLLIER COUNTY PUBLIC 59-2663954 501(C)(3) 35.000 TO HELP HOMELESS SCHOOLS STUDENTS & THEIR

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 59-2663954 501(C)(3) 5.000 VGO ROBOT FOR SICK COLLIER COUNTY PUBLIC SCHOOLS CHILDREN 5775 OSCEOLA TRATI

NAPLES, FL 34109

COLLIER COUNTY PUBLIC
SCHOOLS-LAWS OF LIFE
CONTEST
5775 OSCEOLA TRAIL DEP

TO SUPPORT THE LAWS
OF LIFE PROGRAM

OF LIFE PROGRAM

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

9223

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 65-0307084 501(C)(3) 2.000 COLLIER HARVEST ICONSULTANT TO HELP LAUNCH INSPIRE YOUR

DISASTER RELIEF

FOUNDATION P O BOX 11143 NAPLES, FL 34101

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

P O BOX 11143

NAPLES, FL 34101

HEART WITH ART FUNDRAISER 65-0307084 501(C)(3) 5.000 PURCHASE FOOD & COLLIER HARVEST FOUNDATION BASIC ITEMS FOR

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 65-0307084 501(C)(3) 11.503 PURCHASE OF FOOD COLLIER HARVEST FOUNDATION FOR FOOD PANTRY P O BOX 11143 NAPLES, FL 34101

UNRESTRICTED USE

600

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

501(C)(3)

65-0307084

COLLIER HARVEST

FOUNDATION P O BOX 11143 NAPLES, FL 34101

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance CE 0007004 E04/63/33 04 005

501(C)(3)

COLLIER SENIOR RESOURCES

4755 TAMIAMI TRAIL N 140

NAPLES, FL 34103

27-0946278

COLLIER HARVEST	65-030/084	501(C)(3)	91,925		UNKESTRICTED USE AS
FOUNDATION					PART OF THE
P O BOX 11143					MATCHING CAMPAIGN
NAPLES, FL 34101					

DIRECT ASSISTANCE

FOR NEEDY SENIORS

14.000

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

GOLDEN GATE SENIOR

CENTER

COLLIER SENIOR RESOURCES	27-0946278	501(C)(3)	15,000		GIFT CARDS FOR
4755 TAMIAMI TRAIL N 140					HURRICANE IRMA
NAPLES, FL 34103					VICTIMS

700

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

501(C)(3)

COLLIER SENIOR RESOURCES

4755 TAMIAMI TRAIL N 140

NAPLES, FL 34103

27-0946278

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 27-0946278 501(C)(3) 11.503 IPURCHASE OF FOOD COLLIER SENIOR RESOURCES

4755 TAMIAMI TRAIL N 140 FOR FOOD PANTRY 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.

COLLIER SENIOR RESOURCES

4755 TAMIAMI TRAIL N 140 NAPLES, FL 34103

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance 59-1920297 501(C)(3) 10.000 COMMUNITY SCHOOL OF COMMUNITY SCHOOL SCHOLARSHIP PROGRAM

NAPLES 13275 LIVINGSTON ROAD NAPLES, FL 34109 COMMUNITY SCHOOL OF 59-1920297 501(C)(3) 4.227

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

NAPLES, FL 34109

SCHOLARSHIPS NAPLES 13275 LIVINGSTON ROAD

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance USE

\$10.000-OIL DRILLING

ADVOCACY CAMPAIGN

AND \$10,000-ESTUARY

REPORT CARD

COMMUNITY SCHOOL OF NAPLES 13275 LIVINGSTON ROAD NAPLES, FL 34109	59-1920297	501(C)(3)	1,000		UNRESTRICTED US

20.000

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

501(C)(3)

59-1157084

CONSERVANCY OF SOUTHWEST FLORIDA INC

NAPLES, FL 34102

1495 SMITH PRESERVE WAY

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 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 CONSERVANCY OF

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

NAPLES, FL 34102

IANNUAL SOUTHWEST FLORIDA INC CONTRIBUTION 1495 SMITH PRESERVE WAY

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 59-1157084 501(C)(3) 2.000 CONSERVANCY OF EDUCATION SOUTHWEST FLORIDA INC DEPARTMENT 1495 SMITH PRESERVE WAY

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

1495 SMITH PRESERVE WAY NAPLES, FL 34102

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 59-1157084 501(C)(3) 200 GENERAL PURPOSES CONSERVANCY OF

SOUTHWEST FLORIDA INC
1495 SMITH PRESERVE WAY
NAPLES, FL 34102

CONSERVANCY OF 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.

SOUTHWEST FLORIDA INC 1495 SMITH PRESERVE WAY NAPLES, FL 34102

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 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 CONSERVANCY OF

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

NAPLES, FL 34102

INATURE CENTER 2 0 SOUTHWEST FLORIDA INC PLANNING 1495 SMITH PRESERVE WAY

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 59-1157084 501(C)(3) 10,000 IUNRESTRICTED - IRMA CONSERVANCY OF

SOUTHWEST FLORIDA INC 1495 SMITH PRESERVE WAY NAPLES, FL 34102					APPEAL
CONSERVANCY OF SOUTHWEST FLORIDA INC	59-1157084	501(C)(3)	75,387		UNRESTRICTED USE

1495 SMITH PRESERVE WAY NAPLES, FL 34102

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 59-1157084 501(C)(3) 500 WILDLIFE HOSPITAL CONSERVANCY OF SOUTHWEST FLORIDA INC 1495 SMITH PRESERVE WAY

CORTLAND'S URBAN

SCHOLARSHIPS

TEACHER EDUCATION

33.000

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

501(C)(3)

NAPLES, FL 34102 CORTLAND COLLEGE

FOUNDATION INC

CORTLAND, NY 13045

P O BOX 2000

16-0979814

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant ıf applıcable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance COUNCIL FOR NATIVE 91-0313383 501(C)(3) 10,000 HAWAIIAN WAY FUND

IDISTRESS IN SOUTH

FLORIDA

HAWAIIAN ADVANCEMENT 2149 LAUWILIWILI 200 KAPOLEI, HI 96707					
COVENANT HOUSE FLORIDA	59-2323607	501(C)(3)	7,000		TO SUPPORT WORK WITH TEENS IN

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

733 BREAKERS AVENUE

FORT LAUDERDALE, FL 33304

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 41-1570394 501(C)(3) 21.000 CRETIN-DERHAM HALL HIGH IMATCHING GRANT SCHOOL

GENERAL FUND

5.000

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

501(C)(3)

550 S ALBERT STREET ST PAUL, MN 55116 CRISIS ASSISTANCE MINISTRY

500-A SPRATT STREET CHARLOTTE, NC 28206

56-1416719

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 59-2206025 501(C)(3) 5.000 2018 DLC GALA DAVID LAWRENCE MENTAL

PROGRAM

HEALTH CENTER INC 6075 BATHEY LANE NAPLES, FL 34116

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

NAPLES, FL 34116

DAVID LAWRENCE MENTAL 59-2206025 501(C)(3) 20.000 CHILDREN'S CRISIS HEALTH CENTER INC STABILIZATION 6075 BATHEY LANE HOLISTIC WELLNESS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 59-2206025 501(C)(3) 20.000 DAVID LAWRENCE MENTAL IPRE AND POSTPARTUM HEALTH CENTER INC ADDICTION SERVICES 6075 BATHEY LANE NAPLES, FL 34116

UNRESTRICTED USE

19.200

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

501(C)(3)

DAVID LAWRENCE MENTAL

HEALTH CENTER INC 6075 BATHEY LANE NAPLES, FL 34116 59-2206025

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 45-3686680 501(C)(3) 22,000 GENERAL FUND

DAVID'S REFUGE 8195 CAZENOVIA RD MANLIUS, NY 13104

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

8195 CAZENOVIA RD MANLIUS, NY 13104

DAVID'S REFUGE 45-3686680 501(C)(3) 2,250 UNRESTRICTED USE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 65-0788551 501(C)(3) 17.500 DR PIPER CENTER FOR SOCIAL FOR FOSTER SERVICES INC IGRANDPARENTS AND

BURSARY FUND

2607 DR FLLA PIPER WAY SENTOR COMPANION FT MYERS, FL 33916 PROGRAM

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

52-1775682 501(C)(3) 25.000 HATEIELD TRUST'S ROBIN T WHITE 1956

DUNFLM USA 5803 LINDEN SQUARE COURT

N BETHESDA, MD 208525507

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 65-0230582 501(C)(3) 207.500 EDUCATION FOUNDATION -FUTURE READY COLLIER CHAMPIONS FOR LEARNING

3606 ENTERPRISE AVENUE
150
NAPLES, FL 34104

EDUCATION FOUNDATION - CHAMPIONS FOR LEARNING
3606 ENTERPRISE AVENUE

FUTURE READY COLLIER - PARENT OUTREACH INITIATIVE

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

150

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 65-0230582 501(C)(3) 15.000 EDUCATION FOUNDATION -IGIFTED STUDENT CHAMPIONS FOR LEARNING PROGRAM DEVELOPMENT 3606 ENTERPRISE AVENUE LOBBY ENTRANCE

150 NAPLES, FL 34104 501(C)(3) 10,000 **EDUCATION FOUNDATION -**65-0230582 CHAMPIONS FOR LEARNING 3606 ENTERPRISE AVENUE 150

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 65-0230582 501(C)(3) 1.000 SCHOLARSHIPS EDUCATION FOUNDATION -CHAMPIONS FOR LEARNING 3606 ENTERPRISE AVENUE 150

SOUS ENTERPRISE AVENUE
150
NAPLES, FL 34104

EDUCATION FOUNDATION CHAMPIONS FOR LEARNING
3606 ENTERPRISE AVENUE

TAKE STOCK IN
EDUCATION
SCHOLARSHIP

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

150

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 65-0230582 501(C)(3) 6.000 THREE FSW/TAKE EDUCATION FOUNDATION -CHAMPIONS FOR LEARNING STOCK SCHOLARSHIPS

3606 ENTERPRISE AVENUE 150 NAPLES, FL 34104 23,370 **EDUCATION FOUNDATION -**65-0230582 501(C)(3)

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

150

NAPLES, FL 34104

CHAMPIONS FOR LEARNING

CO PUBLIC SCHOOL

SYSTEM

TO SUPPORT & ENHANCE MUSIC EDUCATION IN COLLIER 3606 ENTERPRISE AVENUE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 65-0230582 501(C)(3) 4.000 EDUCATION FOUNDATION -TRANSPORTATION. CHAMPIONS FOR LEARNING IGLASS SLIPPER AND ANNUAL FUND SUPPORT 3606 ENTERPRISE AVENUE

150
NAPLES, FL 34104

EDUCATION FOUNDATION CHAMPIONS FOR LEARNING
3606 ENTERPRISE AVENUE

150
UNRESTRICTED USE

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

150

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 94-3125475 501(C)(3) 5.000 GENERAL FUND ETERNAL PERSPECTIVE

MINISTRIES 39085 PIONEER BLVD 206 SANDY, OR 97055

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

GOLF, IL 60029

EVANS SCHOLARS 36-2518129 501(C)(3) 5.000 UNRESTRICTED USE FOUNDATION ONE BRIAR ROAD

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance EVEDGLADES COMMUNITY E01/C1/31 11 502 DIDCHASE OF FOOD

EVERGEADES COMMONTH	301(C)(3)	11,505		FUNCTIASE OF TOOL
CHURCH - FOOD PANTRY				FOR FOOD PANTRY
1010 COPELAND AVENUE S				
EVERGLADES CITY, FL 34139				
•				

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

CAMBRIDGE, MA 02141

FARM ATD 36-3383233 501(C)(3) 30,000 FAMILY FARM DISASTER

501 CAMBRIDGE STREET FUND FOR HURRICANES

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 22-2983688 501(C)(3) 50.000 LAND ACOUISITION

FINGER LAKES LAND TRUST 202 E COURT STREET ITHACA, NY 14850

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

202 F COURT STREET ITHACA, NY 14850

FINGER LAKES LAND TRUST 22-2983688 501(C)(3) 5,000 UNRESTRICTED USE

(b) EIN (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance FIRST BAPTIST CHURCH OF 59-1972918 501(C)(3) 1 100 HURRICANE RELIEF FOR

(e) Amount of non-

(f) Method of valuation

HURRICANE IRMA

DISASTER RELIEF

MARCO ISLAND, FL 34145	FO 1073010	F01/C/(2)	2 275		OUR DATE V RREAD
1450 WINTERBERRY DR					
MARCO ISLAND					OUR DAILY BREAD
TING DATE OF CHOICE OF	33 13/2310	301(0)(3)	1,100		THO THE TALLET

IOUR DAILY BREAD FIRST BAPTIST CHURCH OF 59-1972918 501(C)(3) 2,375 MARCO ISLAND FOOD PANTRY -

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

1450 WINTERBERRY DR

MARCO ISLAND, FL 34145

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 59-1972918 501(C)(3) 11.503 PURCHASE OF FOOD FIRST BAPTIST CHURCH OF FOR FOOD PANTRY MARCO ISLAND

1450 WINTERBERRY DR MARCO ISLAND, FL 34145					TON TOOS TAINTN
FIRST BAPTIST CHURCH OF NAPLES INC 3000 ORANGE BLOSSOM	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.

DRIVE NAPLES, FL 34109

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 52-1779606 501(C)(3) 13.565 FIRST BOOK BOOKS FOR COLLIER 1319 F STREET NW 1000 STUDENTS

WATERS AND FOR THE CONSTRUCTION OF A SPECIALIZED BOAT

WASHINGTON, DC 20004 FISCHING 4 CHANGE 82-2551375 501(C)(3) 100,000 REMOVAL OF ASIAN CARP FROM INFESTED

310 PLYMOUTH PLYMOUTH, WI 53073

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

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

501(C)(3)

FLORIDA CITIZENS' ALLIANCE

MARCO ISLAND, FL 34146

PO BOX 697

46-3854467

FLORIDA CERT ASSOCIATION	01-0764856	501(C)(3)	5,000		1	SPONSOR FOR CERT
1885 VETERANS PARK DRIVE						STRONG 2018
NAPLES FL 34109						NATIONAL CONFERENCE

EDUCATION IN

10,000

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance FLORIDA CONFERENCE OF THE 59-0904361 501(C)(3) 29,379 HURRICANE IRMA UNITED METHODIST CHURCH RELIEF INC 450 MARTIN LUTHER KING JR AVENUE

AVENUE
LAKELAND, FL 33815

FLORIDA CONFERENCE OF THE
UNITED METHODIST CHURCH
INC
450 MARTIN LUTHER KING JR
AVENUE

UNITED KING JR
AVENUE

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

LAKELAND, FL 33815

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 59-2019148 501(C)(3) 5.000 FLORIDA DENTAL IFLA-MOM SILVER ASSOCIATION FOUNDATION SPONSORSHIP 1111 F TENNESSEE STREET TALLAHASSEE, FL 32308

ENGINEERING

SCHOLARSHIPS

20.000

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

501(C)(3)

FLORIDA GULF COAST

10501 FGCU BLVD S FT MYERS, FL 339656565

UNIVERSITY FOUNDATION INC.

65-0403969

(a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance

(e) Amount of non-

(f) Method of valuation

SERVICE COMMUNITY

RELIEF FUND

FLORIDA GULF COAST 65-0403969 501(C)(3) 2001 IMARIEB COLLEGE OF UNIVERSITY FOUNDATION INC. HEALTH & HUMAN

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

10501 FGCU BLVD S

FT MYERS, FL 339656565

(b) EIN

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 65-0403969 501(C)(3) 22.363 FLORIDA GULF COAST NATIONAL SUMMER UNIVERSITY FOUNDATION INC TRANSPORTATION INSTITUTE

SCHOLARSHIP FUND

10501 FGCU BLVD S FT MYERS, FL 339656565

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

10501 FGCU BLVD S

FT MYERS, FL 339656565

FLORIDA GULF COAST 65-0403969 501(C)(3) 5.000 RUTH & G BURT UNIVERSITY FOUNDATION INC. HOLMES RESTRICTED

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 20-1328734 501(C)(3) 5.000 FLORIDA PHILANTHROPIC IFWFA MENTAL HEALTH NETWORK INC REPORT 5421 BEAUMONT CENTER DRIVE 655 TAMPA, FL 33634

SUMMER CONFERENCE

2018

1,000

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

501(C)(3)

FLORIDA PHILANTHROPIC

5421 BEAUMONT CENTER

NETWORK INC.

DRIVE 655 TAMPA, FL 33634 20-1328734

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance 20-1328734 501(C)(3) 5,000 FLORIDA PHILANTHROPIC YEAR 3 COMMITTMENT NETWORK INC TO THE STATUS OF

TAMPA, FL 33634 FOCUS ON THE FAMILY	95-3188150	501(C)(3)	5,000		"THE GIFT OF FAMILY"
5421 BEAUMONT CENTER DRIVE 655					WOMEN IN FLORIDA REPORT
NETWORK INC					I TO THE STATUS OF

8605 EXPLORER DRIVE DOUBLE MY GIFT COLORADO SPRINGS, CO CAMPAIGN

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

80920

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance FREE WHEELCHAIR MISSION 31-1781635 E01(C)(3) 50 000 TESTING LAB

15259 ALTON PARKWAY 300 IRVINE, CA 92618	31 1/01033	301(0)(3)	30,000		TESTING EXE
FRIENDS OF ASCENSION CATHOLIC SCHOOL	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.

1723 BRYANT AVENUE N MINNEAPOLIS, MN 55411

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance FRIENDS OF EAST AFRICA 46-1673385 501(C)(3) 10.000 UNRESTRICTED USE FOLIND ATTOM

2130 SUMMIT AVENUE ST PAUL, MN 55105					
FRIENDS OF FOSTER CHILDREN FOREVER 2675 HORSESHOE DRIVE S 402	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.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 59-3598933 501(C)(3) 500 MENTORING FRIENDS OF FOSTER CHILDREN FOREVER 2675 HORSESHOE DRIVE S

402 NAPLES, FL 34104

FRIENDS OF FOSTER 59-3598933 501(C)(3) 10,000

CHILDREN FOREVER 2675 HORSESHOE DRIVE S

EDUCATION PROGRAM

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

402

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance FRIENDS OF FOSTER 59-3598933 501(C)(3) 3,700 UNRESTRICTED USE CHILDREN FOREVER

2675 HORSESHOE DRIVE S 402 NAPLES, FL 34104					
FRIENDS OF FOSTER CHILDREN FOREVER 2675 HORSESHOE DRIVE S 402	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.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance FRIENDS OF ROOKERY BAY 65-0094703 501(C)(3) 10 000 FOR THE 4TH AND 7TH ENVIRONMENT

TRIENDS OF ROOKERT BAT	03-003-703	301(0)(3)	10,000	I	I OK THE 4
300 TOWER ROAD					GRADE EN
NAPLES, FL 34113					PROGRAMS
·					COUNTY PU
					l lectronie

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

NAPLES, FL 34113

MS IN COLLIER SCHOOLS

PUBLIC FRIENDS OF ROOKERY BAY 65-0094703 501(C)(3) 500 NATURAL RESOURCE MANAGEMENT 300 TOWER ROAD

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 65-0094703 501(C)(3) 4.000 IUNRESTRICTED USE FRIENDS OF ROOKERY BAY 300 TOWER ROAD

NAPLES, FL 34113

FUN TIME EARLY CHILDHOOD 59-1039978 501(C)(3) 13,200

ANNUAL APPEAL 102 12TH STREET N

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 59-1039978 501(C)(3) 1.000 ANNUAL FUND FUN TIME EARLY CHILDHOOD ACADEMY INC 102 12TH STREET N NAPLES, FL 34102

SCHOLARSHIPS

500

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

501(C)(3)

FUN TIME EARLY CHILDHOOD

ACADEMY INC 102 12TH STREET N NAPLES, FL 34102 59-1039978

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 59-1039978 501(C)(3) 14.000 FUN TIME EARLY CHILDHOOD SCHOLARSHIPS FOR DISADVANTAGED AFRICAN AMERICAN

ACADEMY INC 102 12TH STREET N NAPLES, FL 34102

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

NAPLES, FL 34102

STUDENTS FUN TIME EARLY CHILDHOOD 59-1039978 501(C)(3) 2.500 TO BENEFIT 2018 FUN ACADEMY INC TIME EVENT

102 12TH STREET N

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 59-1039978 501(C)(3) 15.400 TUITION ASSISTANCE FUN TIME EARLY CHILDHOOD

ACADEMY INC
102 12TH STREET N
NAPLES, FL 34102

FUN TIME EARLY CHILDHOOD 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.

ACADEMY INC 102 12TH STREET N NAPLES, FL 34102

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance GARGIULO EDUCATION 46-5416212 501(C)(3) 4.197 **IEOUIPMENT FOR STEAM**

AFTERSCHOOL

FAMILIES

ENRICHMENT FOR

ISTUDENTS OF MIGRANT

CENTER 1414 RAIL HEAD BLVD NAPLES, FL 34110	10 3 110212	301(0)(3)	1,237		AND ROBOTICS
GARGIULO EDUCATION	46-5416212	501(C)(3)	10,000		STEAM

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

CENTER 1414 RAIL HEAD BLVD

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 41-2005063 501(C)(3) 5.000 GIANNA HOMES IGENERAL SUPPORT 14451 HIGHWAY 7 113

14451 HIGHWAY 7 113
MINNETONKA, MN 55345

GIST CANCER RESEARCH 13-4182988 501(C)(3) 175,000

FUND

CANCER RESEARCH

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

3905 NE 167TH STREET AVENTURA, FL 33160

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance GOLISANO CHILDREN'S 01-0687133 501(C)(3) 5.000 UNRESTRICTED USE MUSEUM OF NAPLES

15080 LIVINGSTON ROAD
NAPLES, FL 34109

GRACE PLACE FOR CHILDREN 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.

PO BOX 990531 NAPLES, FL 34116

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 65-1229558 501(C)(3) 125.000 GRACE PLACE FOR CHILDREN CONSTRUCTION OF AND FAMILIES INC NEW BUILDING

IGIFT CARDS FOR

VICTIMS

HURRICANE IRMA

PO BOX 990531
NAPLES, FL 34116

GRACE PLACE FOR CHILDREN 65-1229558 501(C)(3) 30,000
AND FAMILIES INC

PO BOX 990531

NAPLES, FL 34116

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 65-1229558 501(C)(3) 5.000 HURRICANE IRMA GRACE PLACE FOR CHILDREN AND FAMILIES INC RELIEF

PURCHASE OF FOOD

FOR FOOD PANTRY

11.503

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

501(C)(3)

PO BOX 990531 NAPLES, FL 34116 GRACE PLACE FOR CHILDREN AND FAMILIES INC

PO BOX 990531 NAPLES, FL 34116 65-1229558

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

PO BOX 990531
NAPLES, FL 34116

GRACE PLACE FOR CHILDREN 65-1229558 501(C)(3) 7,403

AND FAMILIES INC
PO BOX 990531

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 38-6080947 501(C)(3) 10.828 GREAT LAKES CHRISTIAN UNRESTRICTED USE

DISASTER RELIEF FUND

COLLEGE 6211 W WILLOW HIGHWAY LANSING, MI 48917

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

COMMUNITY FOUNDATION

5120 WOODWAY DRIVE 6000 HOUSTON, TX 77056

23-7160400 501(C)(3) 61.350 GREATER HOUSTON HURRICANE HARVEY

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 59-2498619 501(C)(3) 10.000 AFTERSCHOOL GREATER MARCO FAMILY YMCA INC PROGRAM PO BOX 2529 MARCO ISLAND, FL 341462529 GENERAL USE

501(C)(3) 20,000 GREATER MARCO FAMILY 59-2498619 YMCA INC

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

PO BOX 2529 MARCO ISLAND, FL 341462529

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 59-2498619 501(C)(3) 2.500 GREATER MARCO FAMILY HURRICANE IRMA YMCA INC EMPLOYEE RELIEF PO BOX 2529 MARCO ISLAND, FL 341462529

MARCO ISLAND, FL 341462529 GREATER MARCO FAMILY 59-2498619 501(C)(3) 1,029 HURRICANE IRMA PO BOX 2529 MARCO ISLAND, FL PO BOX 2529 MARCO ISLAND, FL

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

341462529

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 59-2498619 501(C)(3) 10.000 SERVICES IN GREATER MARCO FAMILY YMCA INC IGOODLAND AREA PO BOX 2529 MARCO ISLAND, FL

MARCO ISLAND, FL
341462529

GREATER MARCO FAMILY
YMCA INC
PO BOX 2529
MARCO ISLAND, FL

SWIMMING LESSONS
FOR ECONOMICALLY
NEEDY CHILDREN

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

341462529

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 59-2617151 501(C)(3) 488 BENEFIT THE

LOF POVERTY

GUADALUPE CENTER INC. 509 HOPE CIRCLE I AFTERSCHOOL IMMOKALEE, FL 34142 PROGRAM

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

509 HOPE CIRCLE

IMMOKALEE, FL 34142

GUADALUPE CENTER INC. 59-2617151 501(C)(3) 500 BREAKING THE CYCLE

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

EDUCATION

750

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

501(C)(3)

GUADALUPE CENTER INC.

509 HOPE CIRCLE IMMOKALEE, FL 34142 59-2617151

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 59-2617151 501(C)(3) 10.000 GIFT CARDS FOR HURRICANE IRMA

GUADALUPE CENTER INC. 509 HOPE CIRCLE IMMOKALEE, FL 34142

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

509 HOPE CIRCLE IMMOKALEE, FL 34142

VICTIMS GUADALUPE CENTER INC. 59-2617151 501(C)(3) 500 SUMMER INTERN

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 59-2617151 501(C)(3) 500 THE G-A-P PROGRAM

GUADALUPE CENTER INC. 509 HOPE CIRCLE

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

509 HOPE CIRCLE IMMOKALEE, FL 34142

IMMOKALEE, FL 34142 GUADALUPE CENTER INC. 59-2617151 501(C)(3) 12,056 UNRESTRICTED USE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 59-2473176 501(C)(3) 7.000 GUADALUPE SOCIAL SERVICES FEEDING THE POOR PO BOX 5034

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

3251 NE 180TH AVENUE WILLISTON, FL 32696

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 501(C)(3) 10.000 UNRESTRICTED USE GUIDING STAR BAPTIST

UNRESTRICTED USE

CHURCH 2724 W MUHAMMAD ALI BLVD LOUISVILLE, KY 40212				
The state of the s		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	

5.000

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

501(C)(3)

GULF COMMUNITY CHURCH 4522 EXECUTIVE DRIVE

NAPLES, FL 34119

47-5097188

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 47-0989874 501(C)(3) 5,000 GULFSHORE OPERA INC UNDERWRITING FOR LA

MUSUEM

WEST NAPLES, FL 341203001					TRAVIATA
GULFSHORE PLAYHOUSE 1010 FIFTH AVENUE SOUTH	90-0178566	501(C)(3)	11,000		THEATER PROTHE CLASSR

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

PROGRAM IN SROOM IN 205 PARTNERSHIP WITH NAPLES, FL 341026942 THE HOLOCAUST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance 90-0178566 501(C)(3) 500 GULFSHORE PLAYHOUSE UNRESTRICTED USE 1010 FIFTH AVENUE SOUTH

1010 FIFTH AVENUE SOUTH
205
NAPLES, FL 341026942

HABITAT FOR HUMANITY 91-1914868 501(C)(3) 10,000

HURRICANE HARVEY
INTERNATIONAL INC

RELIEF FUND

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

121 HABITAT STREET AMERICUS, GA 317093498

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 59-1834379 501(C)(3) 1.500 AFFORDABLE HOUSING HABITAT FOR HUMANITY OF COLLIER COUNTY 11145 TAMIAMI TRAIL F NAPLES, FL 34113

BUILDING OF A HOME

10.000

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

501(C)(3)

59-1834379

HABITAT FOR HUMANITY OF

COLLIER COUNTY 11145 TAMIAMI TRAIL E NAPLES, FL 34113

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 59-1834379 501(C)(3) 55.000 HABITAT FOR HUMANITY OF CONSTRUCTION OF A NEW HOUSE

GENERAL

CONSTRUCTION

COLLIER COUNTY 11145 TAMIAMI TRAIL F NAPLES, FL 34113 59-1834379 501(C)(3) 25.000 HABITAT FOR HUMANITY OF DISASTER RELIEF OR

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

COLLIER COUNTY

NAPLES, FL 34113

11145 TAMIAMI TRAIL F

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 59-1834379 501(C)(3) 200.000 HABITAT FOR HUMANITY OF **IEVERGLADES CITY** COLLIER COUNTY ISTILT HOMES 11145 TAMIAMI TRAIL F NAPLES, FL 34113 59-1834379 501(C)(3) 3.500 GENERAL FUND HABITAT FOR HUMANITY OF

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

COLLIER COUNTY 11145 TAMIAMI TRAIL E NAPLES, FL 34113

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 59-1834379 501(C)(3) 5.000 GIVE TO THE MAX HABITAT FOR HUMANITY OF COLLIER COUNTY DONATION 11145 TAMIAMI TRAIL F NAPLES, FL 34113

HOME CONSTUCTION

AND IRMA RELIEF

11.000

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

501(C)(3)

59-1834379

HABITAT FOR HUMANITY OF

11145 TAMIAMI TRAIL E NAPLES, FL 34113

COLLIER COUNTY

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant ıf applıcable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance HABITAT FOR HUMANITY OF 59-1834379 501(C)(3) 5 000 HOPE HOUSE 19

VICTIMS

COLLIER COUNTY 11145 TAMIAMI TRAIL E NAPLES, FL 34113	33 103 1373	301(0)(3)	3,000		11012
HARITAT FOR HUMANITY OF	59-1834379	501(C)(3)	150 000		HOUST

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

11145 TAMIAMI TRAIL E

NAPLES, FL 34113

HOUSING REPAIRS FOR HABITAL FOR HOMAINTLY OF 23-10343/2 コロエ(ア)(コ)| 150,000 COLLIER COUNTY HURRICANE IRMA

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 59-1834379 501(C)(3) 7.500 HABITAT FOR HUMANITY OF HURRICANE IRMA GIFT COLLIER COUNTY CARDS

11145 TAMIAMI TRAIL F NAPLES, FL 34113 59-1834379 501(C)(3) 382.923 HABITAT FOR HUMANITY OF

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

NAPLES, FL 34113

HURRICANE IRMA COLLIER COUNTY RELIEF 11145 TAMIAMI TRAIL F

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 59-1834379 501(C)(3) 500.000 LAND PURCHASE HABITAT FOR HUMANITY OF

COLLIER COUNTY 11145 TAMIAMI TRAIL F NAPLES, FL 34113 59-1834379 501(C)(3) 25.235 HABITAT FOR HUMANITY OF UNRESTRICTED USE COLLIER COUNTY

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

11145 TAMIAMI TRAIL F NAPLES, FL 34113

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

EMERGENCY FOOD FOR

HURRICANE IRMA

VICTIMS

HARRY CHAPIN FOOD BANK	59-2332120	501(C)(3)	250		1	ANNUAL
3760 FOWLER STREET						CONTRIBUTION
FT MYERS, FL 33901						1

75,000

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

501(C)(3)

HARRY CHAPIN FOOD BANK

3760 FOWLER STREET

FT MYERS, FL 33901

59-2332120

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

MEALS FOR THE NEEDY

HARRY CHAPIN FOOD BANK	59-2332120	501(C)(3)	200		GENERAL PURPOSES
3760 FOWLER STREET					
FT MYERS, FL 33901					

8,000

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

501(C)(3)

HARRY CHAPIN FOOD BANK

3760 FOWLER STREET FT MYERS, FL 33901

59-2332120

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 501(C)(3) 1.000 HARRY CHAPIN FOOD BANK 59-2332120 PEOPLE IN NEED IN 3760 FOWLER STREET COLLIER COUNTY FT MYERS, FL 33901 HARRY CHAPIN FOOD BANK 59-2332120 501(C)(3) 11.503 PURCHASE OF FOOD 3760 FOWLER STREET AND FOOD FT MYERS, FL 33901 DISTRIBUTION TO

PANTRIES IN COLLIER

COUNTY

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 59-2332120 501(C)(3) 1.500 TO HELP DEFRAY THE HARRY CHAPIN FOOD BANK

6,400

INEW LOCATION COSTS

UNRESTRICTED USE

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

501(C)(3)

3760 FOWLER STREET

3760 FOWLER STREET FT MYERS, FL 33901

59-2332120

FT MYERS, FL 33901
HARRY CHAPIN FOOD BANK

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 26-0229508 501(C)(3) 1.500 HEALTHCARE NETWORK OF IGOLDEN GATE CAPITAL SOUTHWEST FLORIDA CAMPAIGN

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

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

3555 KRAFT ROAD 100 NAPLES, FL 34105

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 26-0229508 501(C)(3) 6.600 HEALTHCARE NETWORK OF RONALD MCDONALD SOUTHWEST FLORIDA CARE MOBILE FOUNDATION

HOMEBOUND SENIORS

FOUNDATION
3555 KRAFT ROAD 100
NAPLES, FL 34105

HEALTHCARE NETWORK OF 26-0229508 501(C)(3) 23,500

SUPPORT OF IMPORTABLE DENTAL PROGRAM FOR PROGRAM FOR

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

3555 KRAFT ROAD 100

NAPLES, FL 34105

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 26-0229508 501(C)(3) 241 UNRESTRICTED USE HEALTHCARE NETWORK OF SOUTHWEST FLORIDA

3555 KRAFT ROAD 100 NAPLES, FL 34105					_
HEALTHCARE NETWORK OF	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.

SOUTHWEST FLORIDA 1454 MADISON AVENUE IMMOKALEE, FL 34142

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 48-1108359 501(C)(3) 10.000 HEART TO HEART TEXAS FLOOD RELIEF

CHILDREN

INTERNATIONAL 13250 W 98TH STREET LENEXA, KS 66215

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

P O BOX 110161

NAPLES, FL 34108

HELP A DIABETIC CHILD INC. 46-1652118 501(C)(3) 462 ITNSULTN SUPPLIES FOR

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

					1	<u> </u>
HELP A DIABETIC CHILD INC	46-1652118	501(C)(3)	4,100			SUPPLI
P O BOX 110161						SERVIC
NAPLES EL 34108						

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

P O BOX 110161 NAPLES, FL 34108

LIES AND ICES INITIATIVE

HELP A DIABETIC CHILD INC. 46-1652118 501(C)(3) 1,000 TO ASSIST CHILDREN WITH TYPE 1 DIABETES

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 46-1652118 501(C)(3) 200 HELP A DIABETIC CHILD INC UNRESTRICTED USE P O BOX 110161

P O BOX 110161
NAPLES, FL 34108

HISTORICAL SOCIETY OF WESTERN PENNSYLVANIA

MEADOWCROFT MUSEUM

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

1212 SMALLMAN STREET PITTSBURGH, PA 15222

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

REPORT

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

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

2655 NORTHBROOKE DRIVE NAPLES, FL 34119

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance HOLLINS UNIVERSITY 54-0506314 501(C)(3) 9,000 UNRESTRICTED USE

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

4760 TAMIAMI TRAIL N 7 NAPLES, FL 34103

BOX 9629 7916 WILLIAMSON ROAD ROANOKE, VA 24020						
HOLOCAUST MUSEUM OF SOUTHWEST FLORIDA INC	59-3740883	501(C)(3)	5,000		I .	FOR THE MATCHING CHALLENGE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance HOLOCAUST MUSEUM OF 59-3740883 501(C)(3) 250 UNRESTRICTED USE

SOUTHWEST FLORIDA INC 4760 TAMIAMI TRAIL N 7 NAPLES, FL 34103 HOOD COLLEGE OF 52-0591608 501(C)(3) 10.000

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

FREDERICK, MD 21701

SCHOLARSHIPS IN FREDERICK MARYLAND MATH AND SCIENCE 401 ROSEMONT AVENUE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance

SKILL BUILDING

CLASSES FOR JOB

MARKET SUCCESS

HOPE FOR FAMILIES MINISTRY	47-1077982	501(C)(3)	2,500		CONSULTANT TO HELP
CORP					WITH DEVELOPMENT OF
4349 21ST AVENUE SW					STRATEGIC PLAN AND
NAPLES, FL 34116					BOARD GOVERNANCE

15.000

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

501(C)(3)

4349 21ST AVENUE SW

NAPLES, FL 34116

CORP

HOPE FOR FAMILIES MINISTRY

47-1077982

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance HORIZONS - A FAMILY 42-1135083 501(C)(3) 20.975 PURCHASE OF A MEALS

SERVICE ALLIANCE 819 5TH STREET SE CEDAR RAPIDS, IA 524060667			·		ON WHEELS VAN
HUMANE SOCIETY OF COLLIER COUNTY	59-1033966	501(C)(3)	25,138		UNRESTRICTED USE

370 AIRPORT PULLING ROAD NORTH

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

NAPLES, FL 34104

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 63-0463802 501(C)(3) 5.000 HUNTSVILLE SYMPHONY IOPERATING FUND FOR

CHRISTIAN MINISTRY

ORCHESTRA ASSOCIATION 2018-19 P O BOX 2400 HUNTSVILLE, AL 35804

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

PO BOX 7900

ATLANTA, GA 30357

IN TOUCH MINISTRIES 58-1495310 501(C)(3) 10.000 IMESSENGER LAB FOR

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 501(C)(3) 1.000 IUNRESTRICTED USE IN TOUCH MINISTRIES 58-1495310 PO BOX 7900

ATLANTA, GA 30357

INDIANA UNIVERSITY 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.

PO BOX 6460

INDIANAPOLIS, IN 46206

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 35-6018940 501(C)(3) 500 INDIANA UNIVERSITY IRWIN BORISH FOUNDATION SCHOLARSHIP FUND

PO BOX 6460 INDIANAPOLIS, IN 46206 35-6018940 501(C)(3) 2.000 WELL HOUSE SOCIETY INDIANA UNIVERSITY

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

FOUNDATION PO BOX 6460

INDIANAPOLIS, IN 46206

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance INSTITUTE FOR HUMANE 94-1623852 501(C)(3) 38,523 THE SCHOLARSHIP

STUDIES 3434 WASHINGTON BLVD MS 1C5 ARLINGTON, VA 22201					FUND ADMINISTERED BY IHS
INTREPID FALLEN HEROES FUND	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.

FUND 1 INTREPID SQUARE

NEW YORK, NY 10036

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance 20-1664531 501(C)(3) 5.000 IGENERAL SUPPORT IRAQ & AFGHANISTAN VETERANS OF AMERICA ECHNIDATION INC T 19TH

250

UNRESTRICTED USE

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

501(C)(3)

119 WEST 40TH	
FL	
NEW YORK, NY	10018

508 N 9TH STREET IMMOKALEE, FL 34142 59-2663954

ITECH

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 501(C)(3) 5.000 JOE FOSS INSTITUTE INC 86-1026421 UNRESTRICTED USE 8925 E PIMA CENTER PKWY 100 SCOTTSDALE, AZ 852584409

IPURCHASE OF JOHNS

HOPKINS ESTATE FOR

SAVING AND TURNING

100.000

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

501(C)(3)

82-1242910

JOHNS HOPKINS HOUSE

GAMBRILLS, MD 21054

PO BOX 514

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 501(C)(3) 10.828 JOHNSON UNIVERSITY 62-6001104 UNRESTRICTED USE FLORIDA

1011 BILL BECK BLVD KISSIMMEE, FL 34744 501(C)(3) 1.000 ANNUAL FUND

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

JUDICIAL WATCH INC. 425 THIRD STREET SW 800

WASHINGTON, DC 20024

52-1885088

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

JUDICIAL WATCH INC	52-1885088	501(C)(3)	500		GENERAL PURPOSES
425 THIRD STREET SW 800					
WASHINGTON DC 20024					

500

TO SUPPORT THE GOOD

I WORK OF JUDICIAL

WATCH

WASHINGTON, DC 20024

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

501(C)(3)

JUDICIAL WATCH INC

425 THIRD STREET SW 800

WASHINGTON, DC 20024

52-1885088

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance TUDICIAL WATCH INC E3 100E000 E01(C)(2) E 000 LUNDECTRICTED LICE

AND FUNDRAISING

INITIATIVES

425 THIRD STREET SW 800 WASHINGTON, DC 20024	52-1885088	501(C)(3)	5,000		UNKESTRICTED USE
JUNIOR ACHIEVEMENT OF SW	65-0503084	501(C)(3)	2 000		IMPLEMENTING

201(6)(2) 2,000 LIMPLEMENTING FLORIDA ISTRATEGIC MARKETING

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

9530 MARKETPLACE ROAD 302

FT MYERS, FL 33912

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 39-1172460 501(C)(3) 7.810 LAKE BEULAH SAILING UNRESTRICTED USE SCHOOL INC PO BOX 729 EAST TROY, WI 53120

INTERN STIPENDS

5.000

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

501(C)(3)

LEADERSHIP COLLIER

FOUNDATION INC 2390 TAMIAMI TRAIL N 210 NAPLES, FL 341034484 20-0446620

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 20-0446620 501(C)(3) 25.000 LEADERSHIP COLLIER OPPORTUNITY NAPLES FOUNDATION INC WORKFORCE HOUSING & WORKFORCE 2390 TAMIAMI TRAIL N 210

NAPLES, FL 341034484 EDUCATION SUSTAINABLE FUNDING STUDY

20-0446620 501(C)(3) 35,000 POLY-TECHNICAL LEADERSHIP COLLIER FOUNDATION INC SCHOOL FEASIBILITY 2390 TAMIAMI TRAIL N 210 STUDY

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

NAPLES, FL 341034484

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant ıf applıcable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 20-0446620 501(C)(3) 500 SUMMER INTERN LEADERSHIP COLLIER FOUNDATION INC.

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

2390 TAMIAMI TRAIL N 210 NAPLES, FL 341034484

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 20-0446620 501(C)(3) 10.000 YOUTH LEADERSHIP LEADERSHIP COLLIER FOUNDATION INC COLLIER TO 2390 TAMIAMI TRAIL N 210 ENCOURAGE STUDENTS

NAPLES, FL 341034484 TO BRING THEIR TALENTS BACK COLLIER LEGAL AID SERVICE OF 59-1547191 501(C)(3) 140,823

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

NAPLES, FL 34112

COUNTY HURRICANE IRMA COLLIER COUNTY DISASTER RELIEF 4436 TAMIAMI TRAIL EAST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 59-1547191 501(C)(3) 20.000 LEGAL AID WOMEN & LEGAL AID SERVICE OF GIRLS IN NEED PROJECT

COLLIER COUNTY 4436 TAMIAMI TRAIL FAST NAPLES, FL 34112 LEGAL AID SERVICE OF 59-1547191 501(C)(3) 2.000 UNRESTRICTED USE COLLIER COUNTY

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

4436 TAMIAMI TRAIL EAST NAPLES, FL 34112

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 13-5644916 501(C)(3) 50.000 RESEARCH TO END LEUKEMIA & LYMPHOMA THIS DISEASE SOCIETY WESTERN & CENTRAL

NEW YORK CHAPTER 4043 MAPLE ROAD 105 AMHERST, NY 14226					
LIGHTHOUSE OF COLLIER INC	27-0401702	501(C)(3)	150		UNRESTRICTED USE

211

NAPLES, FL 34104

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 65-0181251 501(C)(3) 100 LITERACY VOLUNTEERS OF UNRESTRICTED USE

LOAVES & FISHES 648 GRIFFITH ROAD B

CHARLOTTE, NC 28217

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 59-6000557 501(C)(3) 377 EDUCATION AND LORENZO WALKER TECHNICAL COLLEGE TRAINING OF NURSES 3702 ESTEY AVENUE NAPLES, FL 341044498

GENERAL USE

250

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

501(C)(3)

LORENZO WALKER TECHNICAL

3702 ESTEY AVENUE NAPLES, FL 341044498

COLLEGE

59-6000557

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 59-6000557 501(C)(3) 413 REALCARE GERIATRIC LORENZO WALKER TECHNICAL COLLEGE SIMULATOR 59-6000557 501(C)(3) 750 SCHOLARSHIPS

3702 ESTEY AVENUE NAPLES, FL 341044498 LORENZO WALKER TECHNICAL COLLEGE

3702 ESTEY AVENUE NAPLES, FL 341044498

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance LORENZO WALKER TECHNICAL 59-6000557 501(C)(3) 10 742 TRAINING LICENSED NURSES

3702 ESTEY AVENUE NAPLES, FL 341044498						
COLLEGE			, ,		<u> </u>	PRACTICAL N
LONEIVED WITHEREIN TECHNICAL	33 0000337	301(0)(3)	1 10,, 12		1	TION STITLING PT

LOUISVILLE, KY 40202

LOUISVILLE ORCHESTRA 61-6000384 10.000 12018 ANNUAL 501(C)(3) 620 WEST MAIN STREET 600 CAMPAIGN

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance MANASOTA SOLVE DBA SOLVE 59-1683408 501(C)(3) 15.000 TO HELP WOMEN &

MATERNITY HOMES 1335 MANATEE AVENUE WEST BRADENTON, FL 342056712		(-)(-)			I	CHILDREN, FAMILIES & COMMUNITIES
MARCO ISLAND ACADEMY	27-4411503	501(C)(3)	34,000			GENERAL USE

2255 SAN MARCO ROAD MARCO ISLAND, FL 34145

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 04-2103594 501(C)(3) 6.000 CLASS OF 1960 MASSACHUSETTS INSTITUTE OF TECHNOLOGY ENDOWMENT FOR 600 MEMORIAL DRIVE W98-INNOVATION IN EDUCATION 99-0216306 HALE HULU MAMO

200 CAMBRIDGE, MA 021394822 501(C)(3) 10,750 MAUI ADULT DAY CARE CENTER FOR SENIOR CITIZENS & DISABLED INC

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

11 MAHAOLO STREET B KAHALUI, HI 96732

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance 41-1506440 501(C)(3) 15.828 UNRESTRICTED USE MAYO FOUNDATION FOR MEDICAL EDUCATION &

GIFT

OFFICE OF DEVELOPMENT - 200 FIRST STREET SW ROCHESTER, MN 55905					
MCLAREN NORTHERN	38-2445611	501(C)(3)	10,000		CAPITAL CAMPAIGN

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

MICHIGAN FOUNDATION 360 CONNABLE AVENUE PETOSKEY, MI 49770

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 27-0268307 501(C)(3) 2.500 MEALS OF HOPE INC ASSIST IN EFFORTS TO

DISASTER RELIEF

2221 CORPORATION BLVD PROVIDE MEALS TO NAPLES, FL 34109

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

2221 CORPORATION BLVD NAPLES, FL 34109

THOSE EFFECTED BY HURRICANE HARVEY IN MEALS OF HOPE INC. 27-0268307 501(C)(3) 22,375 HURRICANE IRMA

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 27-0268307 501(C)(3) 12.503 IPURCHASE OF FOOD MEALS OF HOPE INC 2221 CORPORATION BLVD FOR FOOD PANTRY

MAPLES, FL 34109

MEDICAL COLLEGE OF 39-0806261 501(C)(3) 5,000

WISCONSIN INC 9200 W WISCONSIN AVENUE

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

MILWAUKEE, WI 53226

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance MEMORIAL SLOAN-KETTERING 91-2154267 501(C)(3) 11.328 UNRESTRICTED USE

CHICAGO

CANCER CENTER 1275 YORK AVENUE NEW YORK, NY 10065

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

1140 WEST JACKSON BLVD

CHICAGO, IL 60607

MERCY HOME FOR BOYS AND 36-2171726 501(C)(3) 12.000 TO SUPORT THE BOYS GIRLS AND GIRLS IN NEED IN

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 59-1720704 501(C)(3) 48.183 MIAMI CHILDREN'S HOSPITAL IUNRESTRICTED USE

REPOPULATING OF THE

IMONARCH BUTTERFLY

FOUNDATION 3000 SW 62ND AVENUE MIAMI, FL 33155	, , , ,	·		

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

4970 LAKESIDE ROAD

MARION, IA 52302

MONARCH RESEARCH PROJECT 47-5292786 501(C)(3) 12.500 TO HELP IN THE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant ıf applıcable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance MOODINGS DADE 26-2621205 E01/C1/31 2 500 HURRICANE RELIEF

EMPLOYEE HURRICANE

FUND

FOUNDATION INC 120 MOORINGS PARK DRIVE NAPLES, FL 341052188	20-3031293	301(0)(3)	2,300		FUND
MOORINGS PARK	26-3631295	501(C)(3)	500		MOORINGS PARK

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

FOUNDATION INC

120 MOORINGS PARK DRIVE

NAPLES, FL 341052188

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance MOORINGS PARK 26-3631295 501(C)(3) 3,500 REPAIRS &

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

120 MOORINGS PARK DRIVE NAPLES, FL 341052188

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 26-3631295 501(C)(3) 37.500 SENIOR PEAK MOORINGS PARK FOUNDATION INC CHALLENGE

120 MOORINGS PARK DRIVE NAPLES, FL 341052188 MOORINGS PARK 26-3631295 501(C)(3) 21.500

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

NAPLES, FL 341052188

UNRESTRICTED USE FOUNDATION INC 120 MOORINGS PARK DRIVE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 59-1309473 501(C)(3) 1.000 MOORINGS PRESBYTERIAN DAMAGE REPAIRS FROM

CHURCH HURRICANE IRMA 791 HARBOUR DRIVE NAPLES, FL 34103 MOORINGS PRESBYTERIAN 59-1309473 501(C)(3) 2.000 HYACINTH CONCERT

CHURCH MUSIC PROGRAM 791 HARBOUR DRIVE

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

NAPLES, FL 34103

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 59-1309473 501(C)(3) 394 TO SUPPORT THE MOORINGS PRESBYTERIAN CHURCH EDUCATION FUND

791 HARBOUR DRIVE NAPLES, FL 34103 MUNSON HEALTHCARE 38-2642724 501(C)(3) 100.000

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

TRAVERSE CITY, MI 49684

FUTURE EXPANSION REGIONAL FOUNDATION PROJECT 1150 MEDICAL CAMPUS DRIVE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance CADEMY

HUGS (HEALTH UNDER

GUIDED SYSTEMS)

BRANCH #5117 PO BOX 990727	13-1084135	501(C)(3)	5,000		PROGRAMS AT GOLDEN GATE HIGH SCHOOL
NAPLES, FL 34116					GATE HIGH SCHOOL

18,770

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

501(C)(3)

NAME OF COLLIER COUNTY

6216 TRAIL BLVD

NAPLES, FL 34108

65-0047747

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 65-0047747 501(C)(3) 15.000 NAMI OF COLLIER COUNTY IPROJECT H O P E -6216 TRAIL BLVD NEIGHBORS HELPING NAPLES, FL 34108 NEIGHBORS FOR WOMEN AND GIRLS

NAPLES, FL 34108

NEIGHBORS FOR WOMEN AND GIRLS

NAPLES BACKYARD HISTORY 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.

131 BROAD AVENUE S NAPLES, FL 34102

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 65-0511429 501(C)(3) 5.000 NAPLES BOTANICAL GARDEN BRIAN HOLLEY FUNDED CHAIR

INC 4820 BAYSHORE DRIVE D NAPLES, FL 34112

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

4820 BAYSHORE DRIVE D NAPLES, FL 34112

NAPLES BOTANICAL GARDEN 65-0511429 501(C)(3) 1.000 CHILDREN PROGRAMS INC

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 65-0511429 501(C)(3) 400 ICHILDREN'S SUMMER NAPLES BOTANICAL GARDEN INC PROGRAMS

INC
4820 BAYSHORE DRIVE D
NAPLES, FL 34112

NAPLES BOTANICAL GARDEN 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.

4820 BAYSHORE DRIVE D NAPLES, FL 34112

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

GREEN ROOF

5.000

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

501(C)(3)

NAPLES BOTANICAL GARDEN

4820 BAYSHORE DRIVE D NAPLES, FL 34112

INC

65-0511429

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 65-0511429 501(C)(3) 1.000 NAPLES BOTANICAL GARDEN REPLANT AND REGROW INC CONTRIBUTION

4820 BAYSHORE DRIVE D NAPLES, FL 34112 NAPLES BOTANICAL GARDEN 65-0511429 501(C)(3) 500 SUMMER INTERN

INC 4820 BAYSHORE DRIVE D

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

NAPLES, FL 34112

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 65-0511429 501(C)(3) 1.000 NAPLES BOTANICAL GARDEN UNRESTRICTED USE INC

4820 BAYSHORE DRIVE D NAPLES, FL 34112 NAPLES CHRISTIAN CHURCH 59-6519467 501(C)(3) 10.828

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

NAPLES, FL 34109

UNRESTRICTED USE 8000 GOODLETTE ROAD NORTH

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 59-2139347 501(C)(3) 5.000 MODEL UN PROGRAM NAPLES COUNCIL ON WORLD AFFAIRS 2316 PINE RIDGE ROAD 361 NAPLES, FL 34109

SCHOLARSHIP FOR

NEEDY STUDENTS

400

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

501(C)(3)

NAPLES LIONS CLUB

FOUNDATION

PO BOX 110474 NAPLES, FL 34108 65-0564366

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 65-0564366 501(C)(3) 7.000 NAPLES LIONS CLUB TO PURCHASE A SPOT VISION SCREENER

PO BOX 110474 NAPLES, FL 34108				
FOUNDATION PO POY 110174				VISION SC

NAPLES MUSIC CLUB

2.400 IMUSIC SCORES 59-6213932 501(C)(3) PO BOX 112383 NAPLES, FL 34108

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 59-6213932 501(C)(3) 15.000 NAPLES MUSIC CLUB MUSICSCORES PRE-K PO BOX 112383 LITERACY/VIOLIN PROGRAM

PO BOX 112383
NAPLES, FL 34108

NAPLES PERFORMING ARTS 30-0871234 501(C)(3) 10,000

CENTER

UNRESTRICTED USE

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

1048 CASTELLO DRIVE NAPLES, FL 34103

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 59-6154976 501(C)(3) 324 NAPLES PLAYERS INC. GENERAL OPERATING 701 5TH AVENUE S PURPOSES

TO SUPPORT

500

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

501(C)(3)

NAPLES, FL 341026662 NAPLES PLAYERS INC

701 5TH AVENUE S NAPLES, FL 341026662 59-6154976

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 59-6154976 501(C)(3) 536 NAPLES PLAYERS INC. **JUNDERWRITING A PLAY**

UNRESTRICTED USE

5,000

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

501(C)(3)

59-6154976

701 5TH AVENUE S NAPLES, FL 341026662 NAPLES PLAYERS INC

701 5TH AVENUE S NAPLES, FL 341026662

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 45-3980909 501(C)(3) 15.000 NAPLES SENIOR CENTER AT CASE MANAGEMENT JFCS FOR THE FRAIL FLDERLY IMPACTED BY

5025 CASTELLO DRIVE 101 NAPLES, FL 34103 NAPLES SENIOR CENTER AT 45-3980909 501(C)(3) 500

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

NAPLES, FL 34103

HURRICANE IRMA DEMENTIA RESPITE JFCS SUPPORT PROGRAM 5025 CASTELLO DRIVE 101

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 45-3980909 501(C)(3) 10.500 FOOD PANTRY NAPLES SENIOR CENTER AT JFCS NAVIGATOR GENERAL FUND

5025 CASTELLO DRIVE 101 NAPLES, FL 34103 NAPLES SENIOR CENTER AT 45-3980909 501(C)(3) 500 JFCS

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

5025 CASTELLO DRIVE 101 NAPLES, FL 34103

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 45-3980909 501(C)(3) 15.000 GIFT CARDS FOR NAPLES SENIOR CENTER AT JFCS HURRICANE IRMA VICTIMS

5025 CASTELLO DRIVE 101 NAPLES, FL 34103 NAPLES SENIOR CENTER AT 45-3980909 501(C)(3) 20.000

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

NAPLES, FL 34103

HELPING AT-RISK JFCS SENIOR WOMEN 5025 CASTELLO DRIVE 101 CAREGIVERS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 45-3980909 501(C)(3) 1.000 HURRICANE IRMA NAPLES SENIOR CENTER AT RELIEF

JFCS 5025 CASTELLO DRIVE 101 NAPLES, FL 34103 NAPLES SENIOR CENTER AT 45-3980909 501(C)(3) 11.503 IPURCHASE OF FOOD FOR FOOD PANTRY

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

JFCS 5025 CASTELLO DRIVE 101

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 45-3980909 501(C)(3) 1.000 TO SUPPORT THE NAPLES SENIOR CENTER AT JFCS NAPLES SENIOR CENTER

5025 CASTELLO DRIVE 101 NAPLES, FL 34103 NAPLES SENIOR CENTER AT 45-3980909 501(C)(3) 200

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

NAPLES, FL 34103

UNRESTRICTED USE JFCS 5025 CASTELLO DRIVE 101

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance NADI ES THEDADELITIC DIDING 65-0702000 E01/C1/31 1 0001 DDOCDAMS FOR

CENTER 206 RIDGE DRIVE NAPLES, FL 341083418	03-0793000	301(0)(3)	1,000		I	VETERANS
NAPLES THERAPEUTIC RIDING CENTER	65-0793008	501(C)(3)	500			SUMMER INTERN

206 RIDGE DRIVE NAPLES, FL 341083418

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 65-0793008 501(C)(3) 15.500 NAPLES THERAPEUTIC RIDING THERAPEUTIC RIDING CENTER PROGRAM 206 RIDGE DRIVE NAPLES, FL 341083418

UNRESTRICTED USE

375

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

501(C)(3)

NAPLES THERAPEUTIC RIDING

CENTER 206 RIDGE DRIVE NAPLES, FL 341083418 65-0793008

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 65-0793008 501(C)(3) 400 NAPLES THERAPEUTIC RIDING IVETERANS PROGRAM

UNRESTRICTED USE

10.000

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

501(C)(3)

CENTER 206 RIDGE DRIVE NAPLES, FL 341083418 NAPLES UNITED CHURCH OF

5200 CRAYTON ROAD NAPLES, FL 34103

CHRIST

59-1555020

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 59-2314655 501(C)(3) 7.168 BENEFIT OF THE NCH HEALTHCARE FOUNDATION INAPLES COMMUNITY 350 7TH STREET N PO BOX HOSPITAL 234 NAPLES, FL 34106

EDUCATIONAL

PURPOSES

620

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

501(C)(3)

59-2314655

NCH HEALTHCARE

NAPLES, FL 34106

350 7TH STREET N PO BOX

FOUNDATION

234

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 59-2314655 501(C)(3) 450.000 NCH HEALTHCARE EMERGENCY ROOM FOUNDATION RENOVATION 350 7TH STREET N PO BOX

350 / TH STREET N PO BOX
234
NAPLES, FL 34106

NCH HEALTHCARE
FOUNDATION
350 7TH STREET N PO BOX

GENERAL PURPOSES
350 7TH STREET N PO BOX

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

234

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 59-2314655 501(C)(3) 10.000 NCH HEALTHCARE MEDICAL DIPLOMATS FOUNDATION COUNCIL 350 7TH STREET N PO BOX

234
NAPLES, FL 34106

NCH HEALTHCARE
FOUNDATION
350 7TH STREET N PO BOX

NAPLES, FL 34106

PUBLIC HEALTH
IMPROVEMENT

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

234

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance NCH HEALTHCARE 59-2314655 501(C)(3) 2,000 SAFE & HEALTHY

234

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

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 59-2314655 501(C)(3) 14.165 UNRESTRICTED USE NCH HEALTHCARE FOUNDATION

350 7TH STREET N PO BOX 234 NAPLES, FL 34106					
NEIGHBORHOOD HEALTH CLINIC	59-3546884	501(C)(3)	1,000		GENERAL FUND

121 GOODLETTE ROAD N NAPLES, FL 34102

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 59-3546884 501(C)(3) 50.000 HELP, HOPE AND NEIGHBORHOOD HEALTH CLINIC HEALING CAPITAL 121 GOODI FTTF ROAD N CAMPATGN NAPLES, FL 34102 59-3546884 501(C)(3) 75.494 NEIGHBORHOOD HEALTH UNRESTRICTED USE

CLINIC

121 GOODLETTE ROAD N NAPLES, FL 34102

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 04-1591060 501(C)(3) 10.000 HOLMES FUND NEW ENGLAND COLLEGE OF OPTOMETRY

THEATREZONE

424 BEACON STREET BOSTON, MA 02115 NEW HORIZONS OF 11-3678086 501(C)(3) 2.500 CONSULTANT TO HELP

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

NAPLES, FL 341083410

SOUTHWEST FLORIDA INC WITH AUDIENCE PO BOX 111833 DEVELOPMENT AT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance NEW HORIZONS OF 11-3678086 501(C)(3) 1.000 PROGRAM SERVICES OR MOST NEEDED

SOUTHWEST FLORIDA INC PO BOX 111833 NAPLES, FL 341083410			,		WHERE MOST NEEDEI
NEW HORIZONS OF SOUTHWEST FLORIDA INC	11-3678086	501(C)(3)	2,500		PURCHASE OF FIVE LAPTOPS

PO BOX 111833 NAPLES, FL 341083410

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 11-3678086 501(C)(3) 25.000 NEW HORIZONS OF SUPER TEENS CLUB -COLLIER COUNTY -

FOOD PANTRY

SOUTHWEST FLORIDA INC
PO BOX 111833
NAPLES, FL 341083410

NOAH'S ARK FAMILY SERVICES 81-2885321 501(C)(3) 1,500

COLLIER COUNTY - 2017/18

1,500

FREEZER FOR THE

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

11853 COLLIER BLVD

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 81-2885321 501(C)(3) 12.000 NOAH'S ARK FAMILY SERVICES FREEZERS AND IOPERATING COSTS

11853 COLLIER BLVD NAPLES, FL 34116

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

NAPLES, FL 34107

NORTHSIDE NAPLES KIWANIS 65-0697861 501(C)(3) 10,000 CHRISTMAS IN JULY FOUNDATION INC BACKPACK PROGRAM PO BOX 770060

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

IRENOVATION PROJECT

					l
NORTHWESTERN UNIVERSITY	36-2167817	501(C)(3)	5,000		TO SUPPORT UNDER-
1201 DAVIS STREET					GRADUATE
EVANSTON. IL 602014410					SCHOLARSHIPS

NORTHWOOD SCHOOL 14-1401103 501(C)(3) 100,000 FUND DORM

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

92 NORTHWOOD ROAD LAKE PLACID, NY 12946

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 501(C)(3) 10.750 OHANA MAKAMAE INC 99-0342126 IGENERAL SUPPORT PO BOX 914

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

IMMOKALEE, FL 34142

if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance ONE BY ONE LEADERSHIP 59-1711633 501(C)(3) 3,000 TASTE OF IMMOKALEE FOUNDATION INC

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

5393

IMMOKALEE, FL 34142

(b) EIN

1390 NORTH 15TH STREET A PO BOX 5393 IMMOKALEE, FL 34142					
ONE BY ONE LEADERSHIP FOUNDATION INC 1390 NORTH 15TH STREET A PO BOX	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. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 20-0166368 501(C)(3) 20.000 REBUILD TEXAS FUND ONESTAR FOUNDATION 9011 MOUNTAIN RIDGE DRIVE 100 AUSTIN, TX 78759 OPERA NAPLES INC 42-1671038 501(C)(3) 5.000 EDUCATIONAL FUND 2408 LINWOOD AVENUE FOR CHILDREN'S NAPLES, FL 34112 SCHOLARSHIPS AND FOR CHILDREN TO

ATTEND PERFORMANCES

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance ORDER OF MALTA PILGRIMAGE 47-2881395 501(C)(3) 2 0001 ΔΝΝΙΙΔΙ UTION

SUPPORT

FOUNDATION 1011 FIRST AVENUE 1350L NEW YORK, NY 10022	47-2001393	301(0)(3)	2,000		CONTRIBUTION
ORDER OF MALTA PILGRIMAGE	47-2881395	501(C)(3)	5,000		LOURDES PILGRIMAGE

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

FOUNDATION

1011 FIRST AVENUE 1350L NEW YORK, NY 10022

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 23-7424401 501(C)(3) 150.000 ORONO HOCKEY BOOSTERS RENOVATION OF THE 1025 OLD CRYSTAL BAY ROAD HOCKEY ARENA NORTH

LONGLAKE, MN 55356

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

IMMOKALEE, FL 341423703

PACE CENTER FOR GIRLS 59-2414492 501(C)(3) 4.750 UNRESTRICTED USE 160 N 1ST STREET

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 47-5263276 501(C)(3) 2.500 PANIRA HEALTHCARE CONSULTANT TO HELP DEVELOP A GRANT AND

SERVICES INC 5045 TAMIAMI TRAIL E NAPLES, FL 34113

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

5045 TAMIAMI TRAIL E NAPLES, FL 34113

MARKETING PLAN PANIRA HEALTHCARE 47-5263276 501(C)(3) 15.000 EXPANDING MONTHLY SERVICES INC FREE CLINIC PROGRAM

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance PATHWAYS EARLY EDUCATION 59-1209842 501(C)(3) 500 CHILDCARE CENTER

3775 AIRPORT PULLING RD N B NAPLES, FL 341052530					
PATHWAYS EARLY EDUCATION CENTER 3775 AIRPORT PULLING RD N	59-1209842	501(C)(3)	1,000		FOUR CHILDREN'S PARTIES

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 59-1209842 501(C)(3) 5.250 PATHWAYS EARLY EDUCATION IGENERAL SUPPORT CENTER 3775 AIRPORT PULLING RD N

B NAPLES, FL 341052530

PATHWAYS EARLY EDUCATION 59-1209842 501(C)(3) 12,897
CENTER 3775 AIRPORT PULLING RD N

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance PAWS ASSISTANCE DOGS INC. 27-3385763 501(C)(3) 500 FOR PARKLAND.

1,000

FLORIDA EXPENSES

PROGRAMS FOR

VETERANS

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

501(C)(3)

3173 HORSESHOE DRIVE S

3173 HORSESHOE DRIVE S

PAWS ASSISTANCE DOGS INC

27-3385763

NAPLES, FL 34104

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

UNINSURED COLLIER

RESIDENTS

3173 HORSESHOE DRIVE S NAPLES, FL 34104	2/-3385/63	501(C)(3)	5,000		UNKESTRICTED USE
DUVCTCIAN LED ACCECC	20 0477556	E01(C)(3)	15.000		INCREACING ACCEC

PHYSICIAN LED ACCESS 20-04//556 501(C)(3) 15,0001

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

501 GOODLETTE ROAD N B300

NAPLES, FL 34102

TINCREASING ACCESS NETWORK (PLAN) TO HEALTHCARE FOR

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance PIEDMONT ENVIRONMENTAL 54-0935569 501(C)(3) 10.000 ISHENANDOAH VALLEY

FUND

COUNCIL PO BOX 460 WARRENTON, VA 20188		, , , ,			NETWORK
PINELLAS COMMUNITY	23-7113194	501(C)(3)	104 927		TO FUND THE ROBIN

201(C)(2) FOUNDATION AND YOUNGJA WHITE

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

5200 EAST BAY DRIVE 202

CLEARWATER, FL 33764

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 59-1274328 501(C)(3) 1.000 PLANNED PARENTHOOD OF ANNUAL APPEAL SOUTHWEST AND CENTRAL FLORTDA

736 CENTRAL AVENUE SARASOTA, FL 34236 6,028 PLANNED PARENTHOOD OF 59-1274328 501(C)(3) FAMILY PLANNING SOUTHWEST AND CENTRAL SERVICES FLORIDA

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

736 CENTRAL AVENUE SARASOTA, FL 34236

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance PLANNED PARENTHOOD OF 59-1274328 501(C)(3) 800 FOUR 1-HOUR SOUTHWEST AND CENTRAL PRESENTATIONS AT FLORIDA FOOTSTEPS FOR THE 736 CENTRAL AVENUE FUTURE ON SEX

SARASOTA, FL 34236					EDUCATION/WOMEN'S HEALTH BY DR FROSTINO
PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA	59-1274328	501(C)(3)	1,000		HEALTHCARE

736 CENTRAL AVENUE SARASOTA, FL 34236

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 59-1274328 501(C)(3) 6.094 PLANNED PARENTHOOD OF TO HELP REDUCE THE SOUTHWEST AND CENTRAL INCIDENCE OF TEEN FLORIDA PREGNANCY IN COLLIER

736 CENTRAL AVENUE SARASOTA, FL 34236

736 CENTRAL AVENUE SARASOTA, FL 34236					COUNTY
PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA	59-1274328	501(C)(3)	20,875		UNRESTRICTED USE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 59-1274328 501(C)(3) 8.350 PLANNED PARENTHOOD OF UNRESTRICTED USE SOUTHWEST AND CENTRAL FOR COLLIER COUNTY

FLORIDA 736 CENTRAL AVENUE SARASOTA, FL 34236					
PORTLAND TENNIS & EDUCATION	93-1256066	501(C)(3)	7,900		GENERAL PURPOSES

7519 N BURLINGTON AVENUE PORTLAND, OR 97203

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance PORTLAND TENNIS & 93-1256066 501(C)(3) 2.500 UNRESTRICTED USE

EDUCATION 7519 N BURLINGTON AVENUE PORTLAND, OR 97203 PREGNANCY RESOURCE 59-3427729 501(C)(3) 5.000 GENERAL FUND CENTER

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

26951 COUNTRY CLUB DRIVE BONITA SPRINGS, FL 34134

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 20-3889831 501(C)(3) 5.000 HURRICANE IRMA PROVIDENCE HOUSE INC. PO BOX 128 RELIEF

UNRESTRICTED USE

1,250

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

501(C)(3)

20-3889831

NAPLES, FL 34106
PROVIDENCE HOUSE INC

PO BOX 128 NAPLES, FL 34106

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance RCMA 59-1221966 501(C)(3) 500 HURRICANE IRMA

402 W MAIN STREET IMMOKALEE, FL 341423933

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

IMMOKALEE, FL 341423933

DISASTER RECOVERY IN IMMOKALEE **RCMA** 59-1221966 501(C)(3) 75,000 HURRICANE IRMA 402 W MAIN STREET DISASTER RELIEF

if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance **RCMA** 59-1221966 501(C)(3) 10,000 TO HELP

(e) Amount of non-

(f) Method of valuation

(a) Description of

(h) Purpose of grant

402 W MAIN STREET IMMOKALEE, FL 341423933				WORKERS IN IMMOKALEE RECOVER AFTER HURRICANE IRMA
			I .	

1,250 RCMA 59-1221966 501(C)(3) UNRESTRICTED USE 402 W MAIN STREET

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

IMMOKALEE, FL 341423933

(b) EIN

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance **REACH OUT EVERGLADES &** 59-3471628 501(C)(3) 14.537 FOR BUILDING COPS ASSOCIATION INC SUPPLIES AND

THE

PO BOX 894 CHOKOLOSKEE, FL 34138						APPLICANCES IN 1 EVERGLADES CITY AREA
REACH OUT EVERGLADES &	59-3471628	501(C)(3)	28,375		l .	HURRICANE IRMA

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

CHOKOLOSKEE, FL 34138

IDISASTER RELIEF COPS ASSOCIATION INC. PO BOX 894

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 59-3471628 501(C)(3) 55.000 REACH OUT EVERGLADES & HURRICANE IRMA COPS ASSOCIATION INC RELIEF, APPLIANCES. TRAILERS, AND

VETERANS

COPS ASSOCIATION INC
PO BOX 894
CHOKOLOSKEE, FL 34138
REBUILDING TOGETHER INC
52-1585880
FOR
RELIEF, APPLIANCES
TRAILERS, AND
BUILDING SUPPLIES
HOUSING FOR

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

999 N CAPITOL ST NE 701

WASHINGTON, DC 20002

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance REMNANT TRUST INC 35-2072847 501(C)(3) 50.000 RPR 2008 CLAT

BOX 41041 IENDOWMENT LUBBOCK, TX 79409

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

LUBBOCK, TX 79409

REMNANT TRUST INC 35-2072847 501(C)(3) 100,000 RPR 2015 CLAT BOX 41041

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance 15-0532146 501(C)(3) 33.500 CAPITAL CAMPAIGN RESCUE MISSION OF SYRACUSE NY 155 GIFFORD STREET

FOOD SERVICE AREA

150.000

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

501(C)(3)

RESCUE MISSION OF

SYRACUSE NY 155 GIFFORD STREET SYRACUSE, NY 13202 15-0532146

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance

DESIDENTIAL OPTIONS OF	47 1222120	F01(C)(3)	15.000		CDEATING CURRORTING
155 GIFFORD STREET SYRACUSE, NY 13202					
RESCUE MISSION OF SYRACUSE NY	15-0532146	501(C)(3)	200,000		NEW FOOD SERVICE CENTER

DISABILITIES

ICREATING SUPPORTING RESIDENTIAL OPTIONS OF 47-1232139 501(C)(3) 15,000 FLORIDA INC (ROOF) LIVING OPPORTUNITIES 3050 HORSESHOE DRIVE N FOR INDIVIDUALS WITH

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

285

NAPLES, FL 34104

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance RESIDENTIAL OPTIONS OF 47-1232139 501(C)(3) 2,000 TO HIRE A CONSULTANT TO HELP

3050 HORSESHOE DRIVE N 285 NAPLES, FL 34104					DEVELOP A SUSTAINA
RESTORATION CHURCH INC	65-0797003	501(C)(3)	3,000		GENERAL

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

NAPLES, FL 34109

NABILITY PLAN L FUND 2320 VANDERBILT BEACH ROAD

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance 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 RESTORATION CHURCH INC

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

NAPLES, FL 34109

YOUTH GROUP 2320 VANDERBILT BEACH ROAD

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 65-1238417 501(C)(3) 250.000 HURRICANE IRMA RURAL NEIGHBORHOODS INCORPORATED DISASTER RELIEF PO BOX 343529 FLORIDA CITY, FL 33034

MIGRANT WORKERS

15.000

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

501(C)(3)

RURAL NEIGHBORHOODS

INCORPORATED PO BOX 343529 FLORIDA CITY, FL 33034 65-1238417

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 65-1238417 501(C)(3) 10.000 MIGRANT WORKERS RURAL NEIGHBORHOODS INCORPORATED HOUSING

OPERATIONS

PO BOX 343529
FLORIDA CITY, FL 33034

RURAL NEIGHBORHOODS 65-1238417 501(C)(3) 10,000
INCORPORATED

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

PO BOX 343529 FLORIDA CITY, FL 33034

(c) IRC section (d) Amount of cash (f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance

(e) Amount of non-

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	23-7318742	501(C)(3)	57,500		CONTRIBUTION TO THE

FOUNDATION JOYCE GOODMAN WINANTS HALL 7 COLLEGE I ENDOWED PROJECT AVENUE SUPER SCHOLARSHIP

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

(a) Name and address of

NEW BRUNSWICK, NJ 08901

(b) EIN

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 23-7318742 501(C)(3) 57.500 RUTGERS UNIVERSITY ISTEM SCHOLARSHIP **ECHNIDATION** ENDOWMENT

WINANTS HALL 7 COLLEGE AVENUE NEW BRUNSWICK, NJ 08901					ENDOWMENT
SALESIAN SISTERS OF SAINT	22-6043753	501(C)(3)	50,000		TUITION ASSISTANCE

JOHN BOSCO 659 BELMONT AVE

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

NORTH HALENDON, NJ 07508

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 58-0660607 501(C)(3) 5.000 SALVATION ARMY HOUSTON HOUSTON FLOOD 1500 AUSTIN STREET RELIEF

ELEMENTARY AND

I SHADOWI AWN IELEMENTARY

HOUSTON, TX 77002 SALVATION ARMY OF COLLIER 58-0660607 501(C)(3) 25.000 AFTERSCHOOL IPROGRAM FOR AVALON

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

COUNTY PO BOX 8209 NAPLES, FL 34101

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 58-0660607 501(C)(3) 1.000 ANNUAL FUND SALVATION ARMY OF COLLIER COUNTY PO BOX 8209

BEST USE

500

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

501(C)(3)

NAPLES, FL 34101

SALVATION ARMY OF COLLIER
COUNTY

PO BOX 8209 NAPLES, FL 34101 58-0660607

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 58-0660607 501(C)(3) 1.000 CHILDREN'S BIKE SALVATION ARMY OF COLLIER COUNTY PROGRAM

COORDINATION OF

EMERGENCY FUNDING

10.000

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

501(C)(3)

PO BOX 8209 NAPLES, FL 34101 SALVATION ARMY OF COLLIER

COUNTY

PO BOX 8209 NAPLES, FL 34101 58-0660607

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

COUNTY PO BOX 8209 NAPLES, FL 34101

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

NAPLES, FL 34101

SALVATION ARMY OF COLLIER 58-0660607 501(C)(3) 3.100 GENERAL PURPOSES COUNTY PO BOX 8209

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 58-0660607 501(C)(3) 125.500 GIFT CARDS FOR SALVATION ARMY OF COLLIER COUNTY HURRICANE IRMA VICTIMS

PO BOX 8209 NAPLES, FL 34101 SALVATION ARMY OF COLLIER 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.

COUNTY PO BOX 8209

NAPLES, FL 34101

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 58-0660607 501(C)(3) 1.000 STORM AID IN TEXAS SALVATION ARMY OF COLLIER COUNTY

TO SUPPORT THOSE IN

NEED

4.000

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

501(C)(3)

PO BOX 8209 NAPLES, FL 34101 SALVATION ARMY OF COLLIER COUNTY

PO BOX 8209 NAPLES, FL 34101 58-0660607

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance SALVATION ARMY OF COLLIER 58-0660607 501(C)(3) 32,958 IUNRESTRICTED USE

WOMEN AVOID

HOMELESSNESS

PO BOX 8209 NAPLES, FL 34101					
SALVATION ARMY OF COLLIER COUNTY	58-0660607	501(C)(3)	20,000		WOMEN IN NEED HELPING AT-RISK

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

PO BOX 8209

NAPLES, FL 34101

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 58-1437002 501(C)(3) 5.000 SAMARITAN'S PURSE DISASTER SUPPORT PO BOX 3000

ISERVICES IN TEXAS

DUE TO HURRICANE

HARVEY

BOONE, NC 28607 SAMARITAN'S PURSE 58-1437002 501(C)(3) 500 HURRICANE RELIEF

PO BOX 3000 BOONE, NC 28607

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance FLOOD RELIEF

WHERE MOST NEEDED

200

SAMARITAN'S PURSE PO BOX 3000	58-1437002	501(C)(3)	10,000		TEXAS F
BOONE, NC 28607					

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

501(C)(3)

SAMARITAN'S PURSE

PO BOX 3000 BOONE, NC 28607 58-1437002

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

NAPLES, FL 34112 59-1522614 501(C)(3) 200 GENERAL USE SENIOR FRIENDSHIP CENTER-COLLIER COUNTY

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

2355 STANFORD COURT 701 NAPLES, FL 34112

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 59-1522614 501(C)(3) 5.000 GIFT CARDS FOR SENIOR FRIENDSHIP CENTER-COLLIER COUNTY HURRICANE IRMA 2355 STANFORD COURT 701 VICTIMS

NAPLES, FL 34112 59-1522614 501(C)(3) 20.000 SENIOR FRIENDSHIP CENTER-HELP FOR AT-RISK

COLLIER COUNTY COLLIER SENIOR I WOMEN

2355 STANFORD COURT 701

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

NAPLES, FL 34112

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance SENIOR FRIENDSHIP CENTER-59-1522614 501(C)(3) 2,000 IRMA DISASTER RELIEF ----

2355 STANFORD COURT 701 NAPLES, FL 34112					
SENIOR FRIENDSHIP CENTER-	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.

COLLIER COUNTY

2355 STANFORD COURT 701 NAPLES, FL 34112

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance SHADOW WOOD CHARITABLE 38-3881140 501(C)(3) 10.000 UNRESTRICTED USE FOUNDATION

ASSISTANCE

24600 TAMIAMI TRAIL 212 PMB 162 BONITA SPRINGS, FL 34134					
SHELTER FOR ABUSED WOMEN & CHILDREN	59-2752895	501(C)(3)	2,000		APPLICANT # 1260 CAR PURCHASE

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

PO BOX 10102 NAPLES, FL 34101

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance

FIRST, LAST MONTHS'

RENT, SEWER AND

WATER

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 SEC DEPOSIT
NAFEES, TE STIGI					DEFOSIT

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

& CHILDREN

PO BOX 10102

NAPLES, FL 34101

ECURITY SHELTER FOR ABUSED WOMEN 59-2752895 501(C)(3) 1.735 APPLICANT #1255

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 59-2752895 501(C)(3) 1.500 APPLICANT #1258 SHELTER FOR ABUSED WOMEN! **IDOWN PAYMENT FOR A** & CHILDREN

A CHILDREN
PO BOX 10102
NAPLES, FL 34101

SHELTER FOR ABUSED WOMEN 59-2752895 501(C)(3) 1,500

APPLICANT #1259
& CHILDREN
DOWN PATMENT FOR CAR

APPLICANT #1259
RENT

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

PO BOX 10102 NAPLES, FL 34101

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 59-2752895 501(C)(3) 1.500 APPLICANT #1257 SHELTER FOR ABUSED WOMEN! & CHILDREN FIRST AND LAST

MONTHS RENT

PO BOX 10102 MONTHS RENT

NAPLES, FL 34101

SHELTER FOR ABUSED WOMEN 59-2752895 501(C)(3) 2,000

APPLICANT #1263

& CHILDREN FIRST AND LAST

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

PO BOX 10102

NAPLES, FL 34101

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 59-2752895 501(C)(3) 1.800 SHELTER FOR ABUSED WOMEN! APPLICATION #1256 & CHILDREN FIRST, LAST MONTHS'

COST OF A USED CAR

CHILDREN
PO BOX 10102
NAPLES, FL 34101

SHELTER FOR ABUSED WOMEN 59-2752895

FIRST, LAST MONTHS
RENT AND SECURITY
DEPOSIT

APPLICATION #1270

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

& CHILDREN

PO BOX 10102 NAPLES, FL 34101

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 59-2752895 501(C)(3) 2.100 APPLICATION #1274 SHELTER FOR ABUSED WOMEN!

SECURITY DEPOSIT

& CHILDREN FOR HOUSING PO BOX 10102 NAPLES, FL 34101 SHELTER FOR ABUSED WOMEN 59-2752895 501(C)(3) 1.611

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

NAPLES, FL 34101

APPLICATION #1254 & CHILDREN FIRST AND LAST PO BOX 10102 MONTHS' RENT.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance #1261

REPAIRS

FIRST, LAST MONTHS'

RENT AND UTILITY

DEPOSIT

SHELTER FOR ABUSED WOMEN	59-2752895	501(C)(3)	1,261		APPLICATION #1
& CHILDREN					RENT AND CAR I
PO BOX 10102					
NAPLES, FL 34101					

SHELTER FOR ABUSED WOMEN 59-2752895 501(C)(3) 2.000 APPLICATION #1264

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

& CHILDREN

PO BOX 10102

NAPLES, FL 34101

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance .265 IS

MONTH'S RENT

CUELTED FOR ABUSED WOMEN	F0 27F200F	504(0)(0)	2 222			4 D D J T C 4 T T C 11 4 C C
PO BOX 10102 NAPLES, FL 34101						EDUCATION
& CHILDREN	39-2/32893	501(C)(3)	907		I .	FOR CONTINUING
SHELTER FOR ABUSED WOMEN	59-2752895	501(C)(3)	967			APPLICATION #126

SHELTER FOR ABUSED WOMEN! 59-2752895 501(C)(3) 2,000

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

PO BOX 10102

NAPLES, FL 34101

IAPPLICATION #1268 & CHILDREN FOR FIRST AND LAST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 59-2752895 501(C)(3) 2.000 APPLICATION #1269 SHELTER FOR ABUSED WOMEN! & CHILDREN RENT DEPOSIT

PO BOX 10102 NAPLES, FL 34101 SHELTER FOR ABUSED WOMEN 59-2752895 501(C)(3) 2.000

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

NAPLES, FL 34101

APPLICATION #1277 & CHILDREN TO START NURSING PO BOX 10102 EDUCATION

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 59-2752895 501(C)(3) 1.825 APPLICATION #1279 SHELTER FOR ABUSED WOMEN! & CHILDREN RENT AND SECURITY DEPOSITS

DEPOSITS

PO BOX 10102 NAPLES, FL 34101 SHELTER FOR ABUSED WOMEN 59-2752895 501(C)(3) 1.554 APPLICATION #1280 RENT AND SECURITY

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

& CHILDREN

PO BOX 10102

NAPLES, FL 34101

if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance SHELTER FOR ABUSED WOMEN 59-2752895 501(C)(3) 1.499 APPLICATION #1281 & CHILDREN FOR RENT AND

(e) Amount of non-

(f) Method of valuation

(a) Description of

(h) Purpose of grant

2018 MENDING BROKEN

HEARTS WITH HOPE

PO BOX 10102 NAPLES, FL 34101					DEPOSIT
SHELTER FOR ABUSED WOMEN & CHILDREN	59-2752895	501(C)(3)	5,000		BENEFACTOR SPONSORSHIP FOR

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

PO BOX 10102

NAPLES, FL 34101

(b) EIN

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

GIFT TO SHELTER

LUNCHEON

10.000

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

501(C)(3)

PO BOX 10102 NAPLES, FL 34101 SHELTER FOR ABUSED WOMEN 59-2752895 & CHILDREN

PO BOX 10102 NAPLES, FL 34101

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 59-2752895 501(C)(3) 1.000 SHELTER FOR ABUSED WOMEN! HUMAN TRAFFICKING PROGRAM

& CHILDREN
PO BOX 10102
NAPLES, FL 34101

SHELTER FOR ABUSED WOMEN 59-2752895 501(C)(3) 2,794

& CHILDREN

IN SUPPORT OF THE SHELTER

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

PO BOX 10102 NAPLES, FL 34101

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance POST IRMA SHELTER

FOR WOMEN AND GIRLS

59-2752895 501(C)(3) 5.000 SHELTER FOR ABUSED WOMEN! & CHILDREN VICTIMS PO BOX 10102 NAPLES, FL 34101

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

PO BOX 10102

NAPLES, FL 34101

SHELTER FOR ABUSED WOMEN 59-2752895 501(C)(3) 25.000 TO HELP BUILD THE & CHILDREN IMMOKALEE SHELTER

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 59-2752895 501(C)(3) 58.477 SHELTER FOR ABUSED WOMEN! UNRESTRICTED USE

CARE FOR CHILDREN IN

GREAT NEED

& CHILDREN PO BOX 10102 NAPLES, FL 34101

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

2900 ROCKY POINT DRIVE

TAMPA, FL 33607

36-2193608 501(C)(3) 5.000 SHRINERS HOSPITALS FOR TO PROVIDE HIGHLY

CHILDREN SPECIALIZED MEDICAL

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 36-2193608 501(C)(3) 1,000 UNRESTRICTED USE SHRINERS HOSPITALS FOR

CHILDREN 2900 ROCKY POINT DRIVE TAMPA, FL 33607					
SHY WOLF SANCTUARY EDUCATION AND EXPERIENCE	59-3691867	501(C)(3)	250		ANNUAL CONTRIBUTION

CENTER INC 1161 27TH STREET SW

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

NAPLES, FL 34117

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 59-3691867 501(C)(3) 5.000 SHY WOLF SANCTUARY UNRESTRICTED USE EDUCATION AND EXPERIENCE CENTER INC. 1161 27TH STREET SW NAPLES, FL 34117 VETERINARY

ANIMALS

5,000 SHY WOLF SANCTUARY 59-3691867 501(C)(3) EDUCATION AND EXPERIENCE ASSISTANCE AND PROTECTION OF CENTER INC

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

1161 27TH STREET SW

NAPLES, FL 34117

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance SIGHTLINE INSTITUTE 52-1833599 501(C)(3) 10,000 GENERAL FUND

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

SKANEATELES, NY 13152

1402 THIRD AVENUE 500 SEATTLE, WA 98101					
SKANEATELES RECREATIONAL CHARITABLE TRUST C/O MIKE BESAW 11 FENNELL STREET 1	16-1556744	501(C)(3)	36,158		SKANEATELES COMMUNITY CENTER ICE FACILITY MAINTENANCE &

REPAIR

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 13-4341209 501(C)(3) 10.000 SOUTH FLORIDA NATIONAL IEVERGLADES SWAMP

PARKS TRUST
1390 S DIXIE HIGHWAY 2203
CORAL GABLES, FL 33146

SOUTH FLORIDA NATIONAL
PARKS TRUST

HURRICANE IRMA
RELIEF

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

1390 S DIXIE HIGHWAY 2203 CORAL GABLES, FL 33146

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 59-6580974 501(C)(3) 50.000 SOUTHWEST FLORIDA HURRICANE IRMA COMMUNITY FOUNDATION RELIEF 2031 JACKSON STREET SUITE

100 FT MYERS, FL 33901 SOUTHWEST FLORIDA 59-6580974 501(C)(3) 1,000 COMMUNITY FOUNDATION

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

100

FT MYERS, FL 33901

HURRICANE IRMA RELIEF IN THE BONITA 2031 JACKSON STREET SUITE SPRINGS AREA

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 59-6580974 501(C)(3) 1.000 SOUTHWEST FLORIDA WINK HERO FOR HOPE COMMUNITY FOLINDATION

SPECIAL OPERATIONS	52-1183585	501(C)(3)	10,000		UNRESTRICTED USE
2031 JACKSON STREET SUITE 100 FT MYERS, FL 33901					

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

WARRIOR FOUNDATION PO BOX 89367

TAMPA, FL 33689

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 41-1905541 501(C)(3) 5.000 ST AMBROSE OF WOODBURY UNRESTRICTED USE CATHOLIC CHIECH

CT ANDREWS CHIRCH	65 0047100	E01/C)(2)	6 000		DEW CHEHTONE
WOODBURY, MN 55129					
4125 WOODBURY DRIVE					
CATTOLIC CHORCH					

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

BOCA GRANDE, FL 33921

ST ANDREWS CHURCH 65-094/190 501(C)(3)| 6,000 PEW COSHIONS PO BOX 272

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 59-0823952 501(C)(3) 19.896 IUNRESTRICTED USE ST ANN CATHOLIC CHURCH 475 9TH AVENUE S

475 9TH AVENUE S
NAPLES, FL 34102

ST ANN SCHOOL FOUNDATION 59-2201867 501(C)(3) 20,000

SCHOLARSHIPS
INC

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

475 9TH AVENUE S NAPLES, FL 34102

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 501(C)(3) 5.000 ST BERNADETTE CATHOLIC SEMI-ANNUAL CHURCH CONTRIBUTION

6500 ST BERNADETTE AVENUE PROSPECT, KY 40059

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

SKANEATELES, NY 13152

ST JAMES EPISCOPAL CHURCH 15-0611600 501(C)(3) 20.000 IANNUAL GIFT FOR 96 E GENESEE ST GENERAL FUND

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 59-2017451 501(C)(3) 18.396 ST JOHN NEUMANN HIGH UNRESTRICTED USE SCHOOL 3000 53RD STREET SW

SCHOOL 3000 53RD STREET SW NAPLES, FL 34116

ST JOHN THE EVANGELIST 65-0082023 501(C)(3) 1,500 AS NEEDED CATHOLIC CHURCH

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

625 111TH AVENUE N NAPLES, FL 34108

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant ıf applıcable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) 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	65-0082023	501(C)(3)	500		UNRESTRICTED USE

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

CATHOLIC CHURCH 625 111TH AVENUE N NAPLES, FL 34108

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 62-0646012 501(C)(3) 49.883 IUNRESTRICTED USE ST JUDE CHILDREN'S RESEARCH HOSPITAL 501 ST JUDE PLACE

IGENERAL PURPOSES

10.000

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

501(C)(3)

501 ST JUDE PLACE MEMPHIS, TN 38105 ST MARY'S CATHOLIC CHURCH

1003 BRIDGE STREET CHARLEVOIX, MI 49720

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

2018 GOLFATHON

ST MARY'S SCHOOL 1005 BRIDGE STREET CHARLEVOIX, MI 49720	38-1411193	501(C)(3)	5,000		TUITION AID

500

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

501(C)(3)

ST MATTHEW'S HOUSE

2001 AIRPORT ROAD S NAPLES, FL 341124814

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance ST MATTHEW'S HOUSE 65-1110501 501(C)(3) 1.250 IANNUAL GIFTS 2001 AIRPORT ROAD S

EASTER DINNER

500

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

501(C)(3)

NAPLES, FL 341124814 ST MATTHEW'S HOUSE

2001 AIRPORT ROAD S NAPLES, FL 341124814

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

PURCHASE OF FOOD

FOR FOOD PANTRY

ST MATTHEW'S HOUSE 2001 AIRPORT ROAD S	65-1110501	501(C)(3)	1,000		NEEDS RESULTING FROM HURRICANE IRMA
NAPLES, FL 341124814					

11,503

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

501(C)(3)

ST MATTHEW'S HOUSE

2001 ATRPORT ROAD S

NAPLES, FL 341124814

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 65-1110501 501(C)(3) 1.000 SUMMER NEEDS

UNRESTRICTED USE

ST MATTHEW'S HOUSE 65-1110501 501(C)(3) 1,000 SUMMER NEE 2001 AIRPORT ROAD S NAPLES, FL 341124814

15,650

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

501(C)(3)

ST MATTHEW'S HOUSE

2001 AIRPORT ROAD S NAPLES, FL 341124814

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance ST VINCENT DE PAUL SOCIETY 59-1711287 501(C)(3) 21.250 MEALS ON WHEELS INC

UNRESTRICTED USE

2.446

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

501(C)(3)

4451 MERCANTILE AVENUE NAPLES, FL 34104 ST VINCENT DE PAUL SOCIETY 59-1711287

INC

4451 MERCANTILE AVENUE NAPLES, FL 34104

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance STARABILITY FOUNDATION 59-2516162 501(C)(3) 2.000 INETWORK FOR GOOD INC

TRAILBLAZER ACADEMY

800

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

501(C)(3)

868 99TH AVENUE N NAPLES, FL 34108 STARABILITY FOUNDATION

868 99TH AVENUE N NAPLES, FL 34108

INC

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance STARABILITY FOUNDATION 59-2516162 501(C)(3) 1.250 UNRESTRICTED USE

BEST USE

500

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

501(C)(3)

INC 868 99TH AVENUE N NAPLES, FL 34108 SUNLIGHT OF COLLIER 59-2417151

COUNTY INC PO BOX 9194 NAPLES, FL 34101

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance SUNLIGHT OF COLLIER 59-2417151 501(C)(3) 2.500 STAFF OPERATING SUPPORT

COUNTY INC PO BOX 9194 NAPLES, FL 34101 SUNLIGHT OF COLLIER 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.

COUNTY INC PO BOX 9194 NAPLES, FL 34101

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 501(C)(3) 100 SUNLIGHT OF COLLIER 59-2417151 WHERE MOST NEEDED

1200.000 ATRIUM AT

INVENTOR ACCELERATOR

LINK HALL AND 70,000

COUNTY INC PO BOX 9194 NAPLES, FL 34101

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

15-0532081 501(C)(3) 270.000 SYRACUSE UNIVERSITY 820 COMSTOCK AVENUE 214

SYRACUSE, NY 132445040

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 27-1481855 501(C)(3) 10.000 TEXAS ORGANIZING PROJECT IHARVEY COMMUNITY EDUCATION FUND RELIEF FUND PO BOX 120296

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

PO BOX 120296 SAN ANTONIO, TX 78212

THE AYN RAND INSTITUTE 22-2570926 501(C)(3) 20,000 UNRESTRICTED USE 2121 ALTON PARKWAY 250 IRVINE, CA 92606

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 31-0997017 501(C)(3) 50.000 TO FUND JOSEPH A THE COMMUNITY FOUNDATION OF LOUISVILLE PARADIS III FUND

325 WEST MAIN STREET 1110
LOUISVILLE, KY 40202

THE EVERGLADES 59-3228899 501(C)(3) 16,000

UNRESTRICTED USE FOUNDATION INC

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

18001 OLD CUTLER ROAD 625 PALMETTO BAY, FL 33157

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

OFFICE

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	23-7311415	501(C)(3)	5,000		NEW HENRY HAEGG

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

716 OKLAND ROAD NE 103 CEDAR RAPIDS, IA 52402

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance THE IMMOKALEE FOUNDATION 65-0315664 501(C)(3) 11 220 KINGSLEY DINES

FOUNDATION STUDENTS

2375 TAMIAMI TRAIL N 308 NAPLES, FL 34103	03 0313001	301(0)(3)	11,220		CAMPERSHIP
THE IMMOKALEE FOUNDATION	65-0315664	501(C)(3)	5,000		HELP TO THE FAMILIES

301(0)(3) 3,000 OF THE IMMOKALEE 2375 TAMIAMI TRAIL N 308

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

NAPLES, FL 34103

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance RICTED USE

UNRESTRICTED USE

THE IMMOKALEE FOUNDATION	65-0315664	501(C)(3)	39,500		UNRESTRI
2375 TAMIAMI TRAIL N 308					
NAPLES, FL 34103					

5,000

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

501(C)(3)

THE INSTITUTE FOR JUSTICE

901 NORTH GLEBE ROAD 900 ARLINGTON, VA 22203

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 20-5350994 5.000 GENERAL FUND

501(C)(3) THE JOSHUA FUND PO BOX 2589 MONUMENT, CO 801322589

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

PO BOX 110868 NAPLES, FL 34108

THE LEAGUE CLUB INC 59-2798792 501(C)(3) 5,000 CIRCLE OF FRIENDS -EMERALD LEVEL

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance THE LEAGUE CLUB INC. 59-2798792 501(C)(3) 1 000 CIRCLE OF FRIENDS

IN FLORIDA

PO BOX 110868 NAPLES, FL 34108			_,,,,,		FUND
THE NATURE CONSERVANCY	53-0242652	501(C)(3)	7,000		TO SUPPORT THE

FLORIDA CHAPTER INATUKE 2500 MAITLAND CENTER CONSERVANCY'S WORK

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

PARKWAY 311

MAITLAND, FL 327517293

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

VOM GLOBAL MINISTRY

THE PRENTICE SCHOOL 18341 LASSEN DRIVE	33-0120257	501(C)(3)	5,000		UNRESTRICTED USE

10,000

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

501(C)(3)

SANTA ANA, CA 92705
THE VOICE OF THE MARTYRS

1815 SE BISON ROAD BARTLESVILLE, OK 74006

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 84-0599572 501(C)(3) 30.000 TO SUPPORT THIRD WAY CENTER PO BOX 61385 DISADVANTAGED.

5.000

TRAUMATIZED
MENTALLY ILL TEENS

GENERAL SUPPORT

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

501(C)(3)

DENVER, CO 80206

THRIVE 36-3501185

400 EAST BABCOCK STREET BOZEMAN, MT 59715

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance TRINITY BY THE COVE 59-0774204 501(C)(3) 13.877 ANNUAL APPEAL EPISCOPAL CHURCH 553 GALLEON DRIVE NAPLES, FL 34102

IEDUCATIONAL

PURPOSES

620

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

501(C)(3)

TRINITY BY THE COVE

EPISCOPAL CHURCH

553 GALLEON DRIVE NAPLES, FL 34102

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance TRINITY BY THE COVE 59-0774204 501(C)(3) 2.000 FACILITIES EPISCOPAL CHURCH IMPROVEMENT 553 GALLEON DRIVE

NAPLES, FL 34102 TRINITY BY THE COVE 59-0774204 501(C)(3) 5.000

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

NAPLES, FL 34102

FOR THE ARCHANGEL EPISCOPAL CHURCH FUND - SILVER 553 GALLEON DRIVE **IPARTNER**

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

FPISCOPAL CHURCH

553 GALLEON DRIVE
NAPLES, FL 34102

TRINITY BY THE COVE
FPISCOPAL CHURCH

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.

553 GALLEON DRIVE NAPLES, FL 34102

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance TRINITY BY THE COVE 59-0774204 501(C)(3) 7.500 OPERATING EXPENSES EPISCOPAL CHURCH 553 GALLEON DRIVE NAPLES, FL 34102

600

SUPPORT OF THE

MUSIC PROGRAM

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

501(C)(3)

TRINITY BY THE COVE

EPISCOPAL CHURCH

553 GALLEON DRIVE NAPLES, FL 34102 59-0774204

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance TRINITY BY THE COVE 59-0774204 501(C)(3) 19.607 UNRESTRICTED USE EPISCOPAL CHURCH 553 GALLEON DRIVE

FOUNDATION

EPISCOPAL CHORCH

553 GALLEON DRIVE

NAPLES, FL 34102

TRINITY HIGH SCHOOL

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.

4011 SHELBYVILLE ROAD LOUISVILLE, KY 40207

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 23-1352685 501(C)(3) 10.000 FOR THE INSTITUTE TRUSTEES OF THE FOR DIABETES. UNIVERSITY OF

OFFERING

PENNSYLVANIA 2929 WALNUT STREET 300 FMC PHILADELPHIA, PA 19104					OBESITY AND METABOLISM
TURNING POINT CHURCH	47-2125655	501(C)(3)	10,000		GREATEST GIFT

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

27411 TORTOISE TRAIL

BONITA SPRINGS, FL 34135

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 47-2125655 501(C)(3) 6.000 TURNING POINT CHURCH MINISTRY EXPENSES 27411 TORTOISE TRAIL JANUARY-JUNE BONITA SPRINGS, FL 34135

27411 TORTOISE TRAIL
BONITA SPRINGS, FL 34135

UNITED CHURCH OF MARCO 59-1861678 501(C)(3) 5,000

ISLAND

SOURCE TRAIL

JANUARY-JUNE

CAPITAL FUND

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

320 N BARFIELD DRIVE MARCO ISLAND, FL 34145

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 59-1861678 501(C)(3) 15.000 HABITAT FOR UNITED CHURCH OF MARCO ISLAND HUMANITY FUND

320 N BARFIELD DRIVE
MARCO ISLAND, FL 34145

UNITED CHURCH OF MARCO
ISLAND

SELAND

HURRICANE IRMA
RELIEF

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

320 N BARFIELD DRIVE MARCO ISLAND, FL 34145

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance UNITED CHURCH OF MARCO 59-1861678 501(C)(3) 3.000 OPERATING BUDGET

ISLAND	33 1001070	331(3)(3)	5,000		0. 2
320 N BARFIELD DRIVE MARCO ISLAND, FL 34145					
UNITED WAY OF COLLIER	59-1026096	501(C)(3)	25,000		VOLUNTEER COLLIER

COORDINATION

TO SUPPORT THE FEMA COUNTY 9015 STRADA STELL COURT ISITES AND VOLUNTEER

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

204

NAPLES, FL 34109

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance UNITED WAY OF COLLIER 59-1026096 501(C)(3) 2,500 ANNUAL FUND COUNTY

9015 STRADA STELL COURT 204 NAPLES, FL 34109					
UNITED WAY OF COLLIER COUNTY 9015 STRADA STELL COURT	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.

204

NAPLES, FL 34109

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 59-1026096 501(C)(3) 2.000 UNITED WAY OF COLLIER COMMUNITY NEEDS COUNTY ANNUAL DRIVE 9015 STRADA STELL COURT

204 NAPLES, FL 34109 501(C)(3) 3,000 UNITED WAY OF COLLIER 59-1026096 COUNTY 9015 STRADA STELL COURT

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

GENERAL FUND 204 NAPLES, FL 34109

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance UNITED WAY OF COLLIER 59-1026096 501(C)(3) 14.600 UNRESTRICTED COUNTY

9015 STRADA STELL COURT 204 NAPLES, FL 34109 UNITED WAY OF LEE COUNTY 59-1005169

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

501(C)(3) 10,000 MEDITERRA INC COMMUNITY DRIVE FOR

7273 CONCOURSE DRIVE

2017-2018 50% FOR FT MYERS, FL 33908 LEE COUNTY AND 50%

FOR COLLIER COUNTY

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance E4 0000ECC E04/61/31 40 000 MULTI-YEAR GRANT -BINDING)

VETERINARY MEDICINE

FUND

SCHOOL FOUNDATION 580 MASSIE ROAD CHARLOTTESVILLE, VA 22907	54-0838566	501(C)(3)	10,000		(NON-BINDIN
UNIVERSITY OF WISCONSIN	39-0743975	501(C)(3)	10,000		SCHOOL OF

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

1848 UNIVERSITY AVENUE

MADISON, WI 53726

FOUNDATION

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 84-1464946 501(C)(3) 5.000 VAIL CHRISTIAN HIGH UNDERWRITING SCHOOL SUPPORT FOR PRODUCTION SHOW

31621 HIGHWAY 6 EDWARDS, CO 81632

FT MYERS, FL 33902

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

VALERIE'S HOUSE 47-3701240 501(C)(3) 15.000 COLLIER COUNTY SPANISH SPEAKING PO BOX 1955

GRIEF GROUP

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 20-3171964 501(C)(3) 5.000 VILLAGE SCHOOL OF NAPLES ISUMMER BAND CAMP INC

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

6000 GOODLETTE ROAD N NAPLES, FL 34109

FT MYERS, FL 33965

WGCU PUBLIC MEDIA 65-0403969 501(C)(3) 350 ANNUAL CONTRIBUTIONS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 65-0403969 501(C)(3) 250 GENERAL USE

WGCU PUBLIC MEDIA 10501 FGCU BLVD S FT MYERS, FL 33965

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

FT MYERS, FL 33965

WGCU PUBLIC MEDIA 65-0403969 501(C)(3) 3,000 PUBLIC RADIO 10501 FGCU BLVD S

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 65-0403969 501(C)(3) 2.950 WGCU PUBLIC MEDIA UNRESTRICTED USE

10501 FGCU BLVD S FT MYERS, FL 33965

WHITAKER CENTER FOR 25-1724566 501(C)(3) 5,000

UNRESTRICTED USE SCIENCE AND THE ARTS

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

225 MARKET STREET HARRISBURG, PA 171012205

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance ICTED USE

YALE ALUMNI FUND, CLASS OF 1965

YALE UNIVERSITY	06-0646973	501(C)(3)	25,000		UNRESTRIC
PO BOX 803					
NEW HAVEN CT 065030803					

5,000

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

501(C)(3)

YALE UNIVERSITY

NEW HAVEN, CT 065030803

PO BOX 803

06-0646973

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 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 YMCA OF THE PALMSGREATER

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

NAPLES, FL 34109

HURRICANE IRMA NAPLES YMCA EMPLOYEE RELIEF 5450 YMCA ROAD

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 23-7039993 501(C)(3) 4.000 SWIM CLASSES YMCA OF THE PALMSGREATER NAPLES YMCA OFFERED FOR IECONOMICALLY NEEDY

5450 YMCA ROAD NAPLES, FL 34109

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

5450 YMCA ROAD NAPLES, FL 34109

CHILDREN 23-7039993 501(C)(3) 500 YOUTH AFTER-SCHOOL YMCA OF THE PALMSGREATER NAPLES YMCA PROGRAMS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance E04/61/31 4 000

IMMOKALEE MIDDLE

THEATER PROGRAM

ISCHOOL AFTER SCHOOL

YMCA OF THE PALMSGREATER	23-7039993	501(C)(3)	1,000		YOUTH SPORTS
NAPLES YMCA					
5450 YMCA ROAD					
NAPLES, FL 34109					

15.000

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

501(C)(3)

YOUNG AUDIENCES OF SWEL

705 PINESIDE LANE

NAPLES, FL 34108

47-4669409

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance YOUNG LIFE 84-0385934 501(C)(3) 1.150 FGCU YOUNG LIFE P O BOX 112481

GENERAL FUND

1,000

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

501(C)(3)

84-0385934

NAPLES, FL 34108 YOUNG LIFE

P O BOX 112481 NAPLES, FL 34108

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance THE YOUNG

LIFE SOUTHWEST FL

AREA

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	84-0385934	501(C)(3)	10,000		SUPPORT THE YOUNG

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

P O BOX 112481 NAPLES, FL 34108

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 23-7065187 501(C)(3) 1.000 ANNUAL APPEAL YOUTH HAVEN

5867 WHITAKER ROAD NAPLES, FL 34112

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

NAPLES, FL 34112

YOUTH HAVEN 23-7065187 501(C)(3) 500 BEST USE 5867 WHITAKER ROAD

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance YOUTH HAVEN 23-7065187 501(C)(3) 250 DIRECT SERVICES 5867 WHITAKER ROAD

RAPID RE-HOUSING PROGRAM

NAPLES, FL 34112					
YOUTH HAVEN 5867 WHITAKER ROAD NAPLES, FL 34112	23-7065187	501(C)(3)	15,000		SUPPORT THE HOMELESS TEEN TRANSITIONAL LIVING PROGRAM AND THE

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 23-7065187 501(C)(3) 8.861 YOUTH HAVEN UNRESTRICTED USE

5867 WHITAKER ROAD
NAPLES, FL 34112

LOUISVILLE COLLEGIATE
SCHOOL
2427 GLENMARY AVENUE

SECOND CENTURY
COMPREHENSIVE
CAMPAIGN

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

LOUISVILLE, KY 40204

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 934	9301	0015	699
Sch	edule J	Co	mpensati	ion Information	OM	IB No	1545-0	0047
(Fori	n 990)	For certain Officer		rustees, Key Employees, and High	hest	•		
		► Complete if the orga	nization answ	ited Employees ered "Yes" on Form 990, Part IV,	line 23.	20	17	/
Depar	tment of the Treasury	▶ Information abo		to Form 990. (Form 990) and its instructions i			to Pul	
•	al Revenue Service	7 Zillorillacion abo		gov/form990.		Insp	ectio	n
	ne of the organization				Employer identificat	ion nu	ımber	
	JNTY INC				59-2396243			
Pa	rt I Questi	ons Regarding Compensati	on					
1.	Charletha anne	minto hay(as) if the arganization	nrouded any of	the fellowing to be for a nevern lister	d an Farm		Yes	No
1a				the following to or for a person listed y relevant information regarding thes				
		or charter travel		Housing allowance or residence for p				
	_	companions	님	Payments for business use of persor				
		nification and gross-up payments	H	Health or social club dues or initiation Personal services (e.g., maid, chauf				
	☐ Discretion	ary spending account	Ш	Personal services (e g , maid, chaur	reur, cner)			
b		kes in line 1a are checked, did the ill of the expenses described abov		ollow a written policy regarding paym plete Part III to explain	ent or reimbursement	1 b		
2				or allowing expenses incurred by all	1-2	2		
	directors, truste	es, officers, including the CEO/EX	ecutive Director	r, regarding the items checked in line	lar			
3				d to establish the compensation of th	ie			
		EO/Executive Director Check all to d organization to establish compe		CEO/Executive Director, but explain i	n Part III			
	✓ Compens			Western annalasses and acceptance				
	_ '	ation committee ent compensation consultant	✓	Written employment contract Compensation survey or study				
		of other organizations	☑	Approval by the board or compensation	tion committee			
4		-	90, Part VII, Se	ction A, line 1a, with respect to the fi				
	related organiza		,	, , , ,				
а	Receive a sever	ance payment or change-of-contr	ol payment?			4a		No
b	Participate in, o	r receive payment from, a supplei	mental nonqual	ified retirement plan?		4b		No
С		r receive payment from, an equity				4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and	provide the app	licable amounts for each item in Part	111			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) (organizations	must complete lines 5-9.				
5	For persons liste		A, line 1a, did t	the organization pay or accrue any				
а	The organization	۱۶				5a		No
b	Any related orga					5b		No
	If "Yes," on line	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Section ontingent on the net earnings of	A, line 1a, did t	the organization pay or accrue any				
а	The organization	۹۶				6a		No
b	Any related orga					6b		No
	•	6a or 6b, describe in Part III						
7		ed on Form 990, Part VII, Section escribed in lines 5 and 6 ⁷ If "Yes,		the organization provide any nonfixed rt III	i	7	Yes	
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," de	escribe	8		No
9	If "Yes" on line 53 4958-6(c)?	B, did the organization also follow	the rebuttable	presumption procedure described in	Regulations section	9		140
For I	Danerwork Bedi	iction Act Notice, see the Insti	uctions for Fo	orm 990 Cat No. 5	0053T Schedule J	(Form	990)	2017

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.								
instructions, on row (ii	i) Do n	mpensation must be repor not list any individuals that B)(i)-(iii) for each listed ind	at are not listed on Form 9	990, Part VII	-	•	•	at individual
(A) Name and Title	!	(B) Breakdown (i) Base compensation	n of W-2 and/or 1099-MISo (ii) Bonus & incentive compensation	C compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1 MS EILEEN CONNOLLY-	(i)	180,000	8,150	0	9,000	20,566	217,716	0
KEESLER PRESIDENT & CEO	(ii)		0	0	0	0	0	0
			'		<u></u>	<u>'</u>		<u> </u>
			'		1	1		,
	\top		<u> </u>		†			
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Schedule J (Form 990) 2017 Page 3 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 THE CEO AND CFO RECEIVED DISCRETIONARY BONUSES DURING THE CALENDAR YEAR OF \$8,150 AND \$3,650, RESPECTIVELY PART I. LINE 7

Schedule J (Form 990) 2017

efil	e GRAPHIC pr	int - DO NOT PR	OCESS	As Filed Data -		DLN:	9349301	0015	699
	EDULE M			loncash Contri	hutions		OMB No 1	545-0	047
(For	m 990)		ľ	ioncasn conti	Dutions		20	17	7
		▶Complete if the	organizati	ons answered "Yes" on F	orm 990, Part IV, lines 2	9 or 30.	20	1/	
		► Attach to Form							
•	tment of the Treasury al Revenue Service	▶Information abo	ut Schedu	le M (Form 990) and its i	nstructions is at <u>www.ir</u> s	s.gov/form990	Open to Inspe		
	e of the organizat					Employer identi	fication n	umbei	r
	TY INC	VOI COLLIER				59-2396243			
Pa	rt I Types	of Property							
			(a) Check ıf applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method noncash cor	(d) of determi ntribution a		:S
1	Art—Works of art	t			_				
2	Art—Historical tr	easures .							
3	Art—Fractional in								
4	Books and public								
5	Clothing and hou								
6	goods Cars and other v	ehicles							
7	Boats and planes								
8	Intellectual prope					1			
9	Securities—Public	•	Х	41	6,084,688	3			
10	Securities—Close	ely held stock .							
11	Securities—Partr or trust interest								
12	Securities—Misce	ellaneous							
13	Qualified conserve contribution—Histructures	istoric							
14	Qualified conserve contribution—Of	vation							
15	Real estate—Res	idential .							
16	Real estate—Cor								
17	Real estate—Oth								
18	Collectibles								
19	Food inventory					1			
20	Drugs and medic	ai supplies .				+			
21	Taxidermy . Historical artifact	 te							
	Scientific specim								
	Archeological art					1			
	Other ► (1			
26	Other ▶ ()							
27	Other ► ()							
28	Other ▶ ()							
29				tion during the tax year for 3, Part IV, Donee Acknowled		29			0
								Yes	No
30a	must hold for at	least three years fr	om the date	of the initial contribution,	reported in Part I, lines 1 th and which is not required to	be used for exem	pt 30a		No
b	If "Yes," describ	e the arrangement i	n Part II				500		1
31	Does the organi	zation have a gift ac	ceptance p	olicy that requires the revie	w of any nonstandard contri	butions?	31	Yes	
32a				or related organizations to s	olicit, process, or sell nonce	sh	32a	Yes	
b	If "Yes," describ	e ın Part II							
33	_	•	amount in	column (c) for a type of pro	pperty for which column (a)	ıs checked,			
Eor D	describe in Part	II on Act Notice, see the	Instruction	s for Form 990	Cat No 512271	Cab a d	ule M (Form	000	(2017)

Schedule M (Form 990) (2017)	Page 2
Part III Supplemental Info	
	tion required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part
	umber of contributions, the number of items received, or a combination of both. Also complete
this part for any add	litional information.
Return Reference	Explanation
PART I, LINE 32B	THIRD PARTY IS USED TO SELL SECURITIES UPON RECEIPT OF CONTRIBUTED SECURITIES
	Schedule M (Form 990) (2017)

efile GRAPHIC prin	t - DO NOT PROCESS As Filed Data -		DLN:	93493010015699
SCHEDULE O (Form 990 or 990- EZ) Department of the Treasury	Supplemental Information to Complete to provide information for respo Form 990 or 990-EZ or to provide an ▶ Attach to Form 990 or ▶ Information about Schedule O (Form 990 or www.irs.gov/form	onses to specific questio y additional information or 990-EZ. r 990-EZ) and its instruc	ns on	2017 Open to Public Inspection
Name of the organization	E COLLIER	I	mployer ident	ification number
COUNTY INC		5	59-2396243	
990 Schedule O, Su	pplemental Information			
Return Reference	E	Explanation		
PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS	DONOR SERVICES THE FOUNDATION CURRENTLY CHARITAB LE INDIVIDUALS, CORPORATIONS AND ORGANIZATH E COMMUNITY'S NEEDS AND ISSUES THESE FUN ELD OF INTEREST FUNDS, SCHOLARSHIP FUNDS, THE FUND'S ASSETS ARE MANAGED PROFESSIONALLY WILL EARN RETURNS WITH AS LITTLE RISK AS PO FUTURE PART OF DONOR SERVICES INCLUDES FIN COLLIER COUNTY WE MAINTAIN A DIRECTORY OF VIDE SERVICES TO THE CITIZENS OF COLLIER CO ING THE ORGANIZATIONS THEY WANT TO SUPPO COMMUN ITY NEEDS REPORTING TO OUR FUND HOLDERS A QUALIFIED CHARITIES AS RECOGNIZED BY THE IN ON COMMUNITY PRIORITIES AND SPONSOR DONO FOR THE FUNDS AND DOCUMENT ALL GRANTS SERVIFUN D STATEMENTS OF ALL ACTIVITES OF THE FUND. TMENT RETURN IF THE DONOR DESIRES, THE FO THROUG H OUR DONORCENTRAL PROGRAM THE FOUNDATO ALL OF OUR DONORS	TIONS THESE FUNDS PIDS INCLUDE, AMONG OT DESIGNATED FUNDS AN AMONER IN VICTORY AND IN A MANNER IN VICTORY AND IN A MANNER IN VICTORY THIS DIRECTORY RT THE FOUNDATION AND RESEARCH TO ASSISTERNAL REVENUE SERVICES ALSO INCLUDE PROCUMENTS OF BRIEFINGS WE COOLD INCLUDING GRANTMAK OUNDATION PROVIDES OF	ROVIDE GRANT THERS, DONOR ID NONPROFIT WHICH THE FOL TAIN GRANTMA N ABOUT NONE ROFITS IN OUE ASSISTS DONO SO PROVIDES URE THAT ALL VICE WE PROV RDINATE ALL A EVIDING DETAIL ING, CONTRIBU N-LINE FUND M	ADVISED FUNDS, FI AGENCY FUNDS INDATION BELIEVES KING INTO THE PROFITS LOCATED R SYSTEM THAT PRODRS IN IDENTIFY CUSTOMIZED BENEFICIARIES ARE VIDE INFORMATION CKNOWLEDGMENTS LED QUARTERLY JTIONS AND INVESTANAGEMENT

Return Reference	Explanation
FORM 990, PART III, LINE 4B. PROGRAM	COMMUNITY GRANTMAKING FUNDING "COMMUNITY IMPACT" IS A MAJOR GOAL OF THE COMMUNITY FOUNDAT
SERVICE ACCOMPLISHMENTS	ION 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 EXISITING PROGRAMS THAT ADDRESS CRITICAL NEEDS AND COLLECT VITAL SIGNS O
	R INDICATORS OF COMMUNITY NEEDS A SECOND, BUT EQUALLY IMPORTANT GOAL OF THE COMMUNITY
	NTMAKING PROGRAM IS TO MOBILIZE COMMUNITY RESOURCES BY ENGAGING OUR DONORS IN THE GRANTS A
	ND/OR SCHOLARSHIP PROCESS GRANTS ARE FOCUSED ON HEALTHCARE, EDUCATION, HUMAN SERVICES, AR
	TS, THE ENVIRONMENT, WOMEN AND GIRLS, CAPACITY BUILDING AND ECONOMIC DEVELOPMENT GRANT
	MMITTEES AND STAFF ARE COMMITTED TO WORKING WITH THE NONPROFIT COMMUNITY TO ENSURE BEST PR
	ACTICES, AN EFFICIENT SERVICE DELIVERY MECHANISM AND SUSTAINABILITY THROUGH ENDOWMENT BUIL DING ALSO UNDER THE COMMUNITY GRANTMAKING PROGRAM ARE THE DYNAMIC SCHOLARSHIP OPPORTUNITI
	ES PROVIDED TO SUPPORT EDUCATION FOR STUDENTS OF ALL AGES

Return Reference	Explanation
FORM 990, PART III, LINE 4C, PROGRAM	WOMEN'S FOUNDATION OF COLLIER COUNTY FUND THE WOMEN'S FOUNDATION OF COLLIER COUNTY (WFCC)
SERVICE ACCOMPLISHMENTS	FUND WAS CREATED AS A FIELD OF INTEREST ENDOWMENT FUND, WHICH HAS GROWN TO OVER \$1 2 MILL ION 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 CH
	ANGING NEEDS OF WOMEN AND GIRLS IN COLLIER COUNTY THROUGH GRANTMAKING STARTED IN 1996, THE WOMEN'S FOUNDATION GRANTS ARE PRIMARILY FOUCUSED ON DISADVANTAGED GIRLS, WOMEN AS
	CAREGI VERS AND AT-RISK SENIOR WOMEN CURRENT PROGRAMS ARE THE WOMEN OF INITIATIVE AWARDS, JUNIO R WOMEN OF INTIATIVE MENTORING PROGRAM, AND WFCC GRANTMAKING PROGRAM

990 Schedule O, Supplemental Information Return Explanation

Reference

FORM 990,	PER THE COMMUNITY FOUNDATION'S BY-LAWS, IN THE INTERVAL BETWEEN BOARD MEETINGS, THE EXECUT
PART VI,	IVE COMMITTEE HAS AND MAY EXERCISE ALL THE POWERS OF THE BOARD EXCEPT THAT IT CANNOT ADOPT
SECTION A,	, AMEND OR REPEAL THE BY-LAWS OR FILL VACANCIES ON THE BOARD OR ANY COMMITTEE ALL ACTIONS
LINE 1	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

Return Explanation

FORM 990, PART VI, ING FIRM BEFORE IT IS PRESENTED TO THE BOARD THE FOUNDATION'S AUDITOR THEN REVIEWS THE FO SECTION B, RM 990 AND RELATED DOCUMENTS WITH THE BOARD BEFORE THE FORM 990 IS FILED WITH THE IRS

Return Reference	Explanation
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 RE QUIRED TO DISCLOSE POTENTIAL AND ACTUAL CONFLICTS OF INTEREST AS WELL AS SIGN OFF THAT THE Y UNDERSTAND AND WILL ADHERE TO THESE POLICIES THE FOUNDATION'S GOVERNANCE COMMITTEE HAND LES ALL ETHICS, CONFIDENTIALITY, WHISTLEBLOWERS AND CONFLICT OF INTEREST COMPLAINTS AND SH ARES THESE INVESTIGATIONS WITH THE FULL BOARD BOARD MEMBERS WITH ANY CONFLICT MUST RECUSE THEMSELVES FROM VOTING ON GRANTS TO ANY RELATED PARTY INDENTIFIED TO BE A CONFLICT ANY B OARD MEMBER WITH A CONFLICT WITH ANY INVESTMENT FIRM THAT THE FOUNDATION RETAINS CANNOT VO TE ON ANY MATTERS RELATED TO THAT FIRM OR BE A MEMBER OF THE INVESTMENT COMMITTEE

Return Reference	Explanation
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 RECOMM ENDATIONS 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 ACHIE VEMENT 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 FORM AL 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

Return Explanation
Reference

FORM 990, THE FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZAITON'S WEBSITE AND THE GOVERNING DOC UMENTS AND CONFLICT OF INTEREST POLICY ARE AVILABLE BY REQUEST DURING BUSINESS HOURS SECTION C, LINE 19

Return Explanation

Reference	
· '	CHANGE IN VALUE OF BENEFICIAL INTEREST 3,471 CHANGE IN VALUE OF SPLIT INTEREST & ANNUITY OBLIGAITON 342,615 OTHER

LINE 9

990 Schedule O, Supplemental Information

SCHEDULE R
(Form 990)

As Filed Data Related

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

► Information about Schedule R (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

OMB No 1545-0047

DLN: 93493010015699

Open to Public Inspection

Name of the organization				Employer iden	tification number		
COMMUNITY FOUNDATION OF COLLIER COUNTY INC				59-2396243			
Part I Identification of Disregarded Entities Complete	f the organization answere	d "Yes" on Form	990, Part IV, line :	33.			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (stat or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity		
(1) 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 COUNTY INC	COLLIEF	₹
(2) JFN 4444 LLC 1110 PINE RIDGE ROAD 200 NAPLES, FL 34108 59-2396243	REAL ESTATE COMPANY WITH RENTAL REVENUE NE INCOME TO DAF IN FOUNDATION	T FL	150,871	1,756,063	COMMUNITY FOUNDATION OF COUNTY INC	COLLIEF	۲
							_
							_
Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.	ons Complete if the organiz	zation answered '	Yes" on Form 990	, Part IV, line 34	l because it had one or i	more	_
(a) Name, address, and EIN of related organization		(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section (13) co	ntrolle ity?
(1)KAPNICK FUND INC 1110 PINE RIDGE ROAD 200	TO SUPPORT CHARITABLE ORGANIZATION	FL	501(C)(3)	509(A)(3) TYPE 1	COMMUNITY FOUNDATION OF COLLIER COUNTY	Yes	No
NAPLES, FL 34108 82-1038131							
For Paperwork Reduction Act Notice, see the Instructions for Form	990.	Cat No 5013!			Schedule R (Form	990) 20	117

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predomina income(rela unrelate excluded fi tax unde sections 5 514)	ated, total inco d, rom er	(g) Share of me end-of-yea assets	Disprop alloca	tions?	(1) Code V-UBI amount in bo 20 of Schedule K- (Form 1065	Gene man par 1	(j) eral or naging ther?	(k) Percentag ownershi	
								Yes	No		Yes	No	
											-		
Part IV Identification of Related Organization	ations Tayable as a C			t. Camaralata	uf the ere	anization a	cwored "Ve	c" on E	orm 9	90. Part IV	'. lıne	34	
because it had one or more related o	rganizations treated as	a corporation	on or trus		ne tax yeai	۲.							(1)
		a corporation		st during th			(f) Share of tot		(g) e of end year assets	-of- Perc	(h) entage ership	: Si	(I) ection 512 (3) control entity?
because it had one or more related of (a) Name, address, and EIN of related organization	rganizations treated as (b)	a corporation do (state	(c) (c) Legal omicile or foreign	Direct COMN	ne tax year (d) ct controlling	(e) Type of entit (C corp, S cor	(f) Share of tot		(g) e of end year	-of- Perc	(h) entage	: Si	ection 512 L3) control
because it had one or more related of (a) Name, address, and EIN of related organization 1) WILLIAM J KIECKHEFER CHARITABLE REMAINDER TRUST	(b) Primary activity TO SUPPORT CHARITABLE	a corporatio	on or trus (c) Legal bricile or foreign buntry)	Direct COMM FOUN COLL: INC	(d) ct controlling entity MUNITY IDATION OF	(e) Type of entit (C corp, S cor	(f) Share of tot		(g) e of end year	-of- Perc	(h) entage	: Si (1	ection 512 13) control entity? Yes N
because it had one or more related of (a) Name, address, and EIN of related organization 1)WILLIAM J KIECKHEFER CHARITABLE REMAINDER TRUST 2)ELEANOR B SWEET CHARITABLE REMAINDER TRUST	TO SUPPORT CHARITABLE TO SUPPORT CHARITABLE TO SUPPORT CHARITABLE	a corporation	on or trus (c) Legal conicile or foreign country) FL	COMM FOUN COLL: INC	de tax year (d) ct controlling entity MUNITY IDATION OF IER COUNTY MUNITY IDATION OF	(e) Type of entit (C corp, S cor	(f) Share of tot		(g) e of end year	-of- Perc	(h) entage	Si (1	ection 512 .3) control entity? Yes N
because it had one or more related of (a) Name, address, and EIN of related organization 1) WILLIAM J KIECKHEFER CHARITABLE REMAINDER TRUST 2) ELEANOR B SWEET CHARITABLE REMAINDER TRUST 3) SHELLHORN FAMILY CHARITABLE REMAINDER TRUST	TO SUPPORT CHARITABLE ORGANIZATION TO SUPPORT CHARITABLE ORGANIZATION TO SUPPORT CHARITABLE ORGANIZATION	a corporation do de (state co	on or trus (c) Legal omicile or foreign unitry) FL	COMN FOUN COLL: INC COMN FOUN COLL: INC COMN FOUN COLL: INC COMN FOUN COLL: INC	de tax year (d) ct controlling entity MUNITY IDATION OF IER COUNTY MUNITY IDATION OF IER COUNTY MUNITY IDATION OF	(e) Type of entit (C corp, S cor	(f) Share of tot		(g) e of end year	-of- Perc	(h) entage	S (1	ection 512 3) control entity? Yes No Yes
because it had one or more related of (a) Name, address, and EIN of related organization L)WILLIAM J KIECKHEFER CHARITABLE REMAINDER TRUST 2)ELEANOR B SWEET CHARITABLE REMAINDER TRUST 3)SHELLHORN FAMILY CHARITABLE REMAINDER TRUST	TO SUPPORT CHARITABLE ORGANIZATION TO SUPPORT CHARITABLE ORGANIZATION TO SUPPORT CHARITABLE ORGANIZATION TO SUPPORT CHARITABLE ORGANIZATION	a corporation do de (state co	CON OR TRUE (c) Legal Domicile or foreign Suntry) FL FL	COMN FOUN COLL: INC COMN FOUN COLL: INC COMN FOUN COLL: INC COMN FOUN COLL: INC COMN FOUN COLL: INC	dunity MUNITY IDATION OF IER COUNTY (e) Type of entit (C corp, S cor	(f) Share of tot		(g) e of end year	-of- Perc	(h) entage	S (1	Size	
because it had one or more related of (a) Name, address, and EIN of	TO SUPPORT CHARITABLE ORGANIZATION TO SUPPORT CHARITABLE ORGANIZATION TO SUPPORT CHARITABLE ORGANIZATION TO SUPPORT CHARITABLE ORGANIZATION	a corporation do de (state co	CON OR TRUE (c) Legal Domicile or foreign Suntry) FL FL	COMN FOUN COLL: INC COMN FOUN COLL: INC COMN FOUN COLL: INC COMN FOUN COLL: INC COMN FOUN COLL: INC	dunity MUNITY IDATION OF IER COUNTY (e) Type of entit (C corp, S cor	(f) Share of tot		(g) e of end year	-of- Perc	(h) entage	S (1	Size	

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity. b Gift, grant, or capital contribution to related organization(s). c Gift, grant, or capital contribution from related organization(s). d Loans or loan guarantees to or for related organization(s). e Loans or loan guarantees by related organization(s). f Dividends from related organization(s). f Dividends from related organization(s). g Sale of assets to related organization(s). i Exchange of assets with related organization(s). i Exchange of assets with related organization(s). j Lease of facilities, equipment, or other assets to related organization(s). ii Performance of services or membership or fundraising solicitations by related organization(s). in Performance of services or membership or fundraising solicitations by related organization(s). In Performance of services or membership or fundraising solicitations by related organization(s). In Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	Sche	ule k (Form 990) 2017		Pa	ige 3
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity. b Gift, grant, or capital contribution to related organization(s). c Gift, grant, or capital contribution from related organization(s). d Loans or loan guarantees to or for related organization(s). e Loans or loan guarantees by related organization(s). f Dividends from related organization(s). 1g g Sale of assets to related organization(s). 1p h Purchase of assets to related organization(s). 1p i Exchange of assets with related organization(s). 1i j Lease of facilities, equipment, or other assets from related organization(s). 1i k Lease of facilities, equipment, or other assets from related organization(s). 1p n Performance of services or membership or fundraising solicitations by related organization(s). In n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s). In	Pa	Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity. b Gift, grant, or capital contribution to related organization(s)		Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
b Gift, grant, or capital contribution to related organization(s)	1 D	iring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
c Gift, grant, or capital contribution from related organization(s)	а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
d Loans or loan guarantees to or for related organization(s)	b	Gift, grant, or capital contribution to related organization(s)	1 b		No
d Loans or loan guarantees to or for related organization(s)	С	Gift, grant, or capital contribution from related organization(s)	1c		No
te Loans or loan guarantees by related organization(s)			1d		No
g Sale of assets to related organization(s)			1e		No
g Sale of assets to related organization(s)	f	Dividends from related organization(s)	1f		No
h Purchase of assets from related organization(s)	g		1 g		No
i Exchange of assets with related organization(s)	h		1h		No
j Lease of facilities, equipment, or other assets to related organization(s)			1i		No
Performance of services or membership or fundraising solicitations for related organization(s)	j		1j		No
m Performance of services or membership or fundraising solicitations by related organization(s)	k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
in Sharing of facilities, equipment, maining itses, of other assets with related organization(5)	m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
o Sharing of paid employees with related organization(s)	n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
	О	Sharing of paid employees with related organization(s)	10		No

g Sale of assets to related organization(s)	1 g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1 i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1 j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	10		No
p Reimbursement paid to related organization(s) for expenses	1 p		No
q Reimbursement paid by related organization(s) for expenses	1 q		No
r Other transfer of cash or property to related organization(s)	1r		No
${f s}$ Other transfer of cash or property from related organization(s)	1s	Yes	

Schedule R (Form 990) 2017

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	01	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General d managin partner	g l	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
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	•		•			•				Schedul	e R (Forn	າ 99	0) 2017

Schedule R (Form 990) 2017 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2017