

Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019
B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending
C Name of organization: COMMUNITY FOUNDATION OF COLLIER COUNTY INC
D Employer identification number: 59-2396243
E Telephone number: (239) 649-5000
F Name and address of principal officer: EILEEN CONNOLLY-KEESLER, 1110 PINE RIDGE ROAD SUITE 200, NAPLES, FL 34108
G Gross receipts \$ 98,339,146
H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
I Tax-exempt status: 501(c)(3)
J Website: WWW.CFCOLLIER.ORG
K Form of organization: Corporation
L Year of formation: 1985
M State of legal domicile: FL

Part I Summary

Table with 4 columns: Line number, Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... 2 Check this box... 3-6 Number of members/volunteers... 7a-b Total unrelated business revenue/income... 8-12 Revenue... 13-19 Expenses... 20-22 Net assets or fund balances.

Part II Signature Block

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

Sign Here: Signature of officer (EILEEN CONNOLLY-KEESLER CEO), Date (2020-03-06)

Paid Preparer Use Only: Preparer's name (HILL BARTH & KING LLC), Date (2020-03-06), Firm's EIN (34-1897225), Firm's address (3838 TAMiami TRAIL NORTH SUITE 200, NAPLES, FL 34103)

**Part III Statement of Program Service Accomplishments**

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

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

THE COMMUNITY FOUNDATION OF COLLIER COUNTY'S MISSION IS "WORKING WITH DONORS, WE INSPIRE IDEAS, IGNITE ACTION, AND MOBILIZE RESOURCES TO ADDRESS COMMUNITY NEEDS IN COLLIER COUNTY FOR GOOD FOREVER " THE COMMUNITY FOUNDATION OF COLLIER COUNTY IS A PUBLIC CHARITY ESTABLISHED TO INCREASE AND FOCUS PRIVATE PHILANTHROPY IN THE COLLIER COUNTY AREA GIFTS TO THE FOUNDATION ARE MANAGED AND OVERSEEN BY THE BOARD OF TRUSTEES AND THE PROFESSIONAL STAFF OF THE FOUNDATION ORGANIZATIONS, INDIVIDUALS AND FAMILIES CAN INVEST WITH THE FOUNDATION IN A WAY THAT BEST FITS THEIR FINANCIAL AND CHARITABLE GOALS ACCOUNTABILITY, FLEXIBILITY AND EXPERTISE ARE THE VALUES AND BEHAVIORS THAT GOVERN ALL FOUNDATION TRANSACTIONS THE TAX BENEFITS OF INVESTING WITH THE FOUNDATION ARE REALIZED IMMEDIATELY AND CHARITABLE DECISIONS CAN BE DEFERRED

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

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

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

If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses \$ 13,351,631 including grants of \$ 12,978,077 ) (Revenue \$ 199,102 )  
See Additional Data

**4b** (Code ) (Expenses \$ 1,087,270 including grants of \$ 683,703 ) (Revenue \$ )  
See Additional Data

**4c** (Code ) (Expenses \$ 102,960 including grants of \$ 13,000 ) (Revenue \$ )  
See Additional Data

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

**4e Total program service expenses** ▶ 14,541,861

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political campaign activities, lobbying, and financial reporting.

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	1a	29
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	

<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .		<b>2a</b>	11		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>		Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>		Yes	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .	<b>3b</b>		Yes	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>4a</b>			No
<b>b</b>	If "Yes," enter the name of the foreign country <b>▶</b> _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>			No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			No
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .	<b>6a</b>			No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>			
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>					
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	<b>7a</b>		Yes	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>		Yes	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>			No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>			No
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>			
<b>8 Sponsoring organizations maintaining donor advised funds.</b>					
	Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>			
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>			
<b>10 Section 501(c)(7) organizations.</b> Enter					
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11 Section 501(c)(12) organizations.</b> Enter					
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>			
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .	<b>11b</b>			
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?					
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>					
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	<b>13a</b>			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand . . . . .	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>			No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b>			
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .	<b>15</b>			No
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .	<b>16</b>			No

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



Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply; 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records.

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DR DAVID WATSON ..... DIRECTOR	1 00 .....	X						0	0	0
(2) MR BRAD GALBRAITH ..... DIRECTOR	1 00 .....	X						0	0	0
(3) MR BRADLEY HAVEMEIER ..... DIRECTOR	1 00 .....	X						0	0	0
(4) MR GEORGE ABOUNADER ..... TREASURER	2 00 .....	X		X				0	0	0
(5) MR JAMES F MOREY ..... DIRECTOR	1 00 .....	X						0	0	0
(6) MR JERROL TOSTRUD ..... CHAIR-ELECT	2 00 .....	X		X				0	0	0
(7) MR JOHN COSTIGAN ..... DIRECTOR	1 00 .....	X						0	0	0
(8) MR JOHN K PAUL ..... DIRECTOR	1 00 .....	X						0	0	0
(9) MR JORGE CAMINA ..... DIRECTOR	1 00 .....	X						0	0	0
(10) MR ROBERT FUNDERBURG ..... DIRECTOR	1 00 .....	X						0	0	0
(11) MR T ROBERT BULLOCH ..... DIRECTOR	1 00 .....	X						0	0	0
(12) MR TODD BRADLEY ..... DIRECTOR	1 00 .....	X						0	0	0
(13) MS JENNIFER WALKER ..... IMMEDIATE PAST CHAIR	2 00 .....	X		X				0	0	0
(14) MS KATHLEEN KAPNICK ..... DIRECTOR	1 00 .....	X						0	0	0
(15) MS LYNN MARTIN ..... DIRECTOR	1 00 .....	X						0	0	0
(16) MS MARSHA MURPHY ..... SECRETARY	2 00 .....	X		X				0	0	0
(17) MS MARY BETH JOHNS ..... DIRECTOR	1 00 .....	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
(18) MS MARY LYNN MYERS CHAIR	4 00	X		X				0	0	0	
(19) MS MYRA WILLIAMS DIRECTOR	1 00	X						0	0	0	
(20) MS PATRICIA AIKEN-O'NEILL DIRECTOR	1 00	X						0	0	0	
(21) MS EILEEN CONNOLLY-KEESLER PRESIDENT & CEO	40 00			X				200,500	0	38,231	
(22) MS LINDSEY TOUCHETTE VP OF DEVELOPMENT	40 00			X				117,525	0	20,960	
(23) MS LISETTE HOLMES CFO	40 00			X				125,650	0	27,454	
<b>1b Sub-Total</b>											
<b>1c Total from continuation sheets to Part VII, Section A</b>											
<b>1d Total (add lines 1b and 1c)</b>								443,675	0		86,645

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 3

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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



**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	824,342		
	<b>d</b> Related organizations . . . . .	<b>1d</b>			
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	36,063,792		
	<b>g</b> Noncash contributions included in lines 1a - 1f \$ . . . . .		23,285,895		
<b>h Total.</b> Add lines 1a-1f . . . . .		36,888,134			

<b>Program Service Revenue</b>			Business Code			
	<b>2a</b> ADMINISTRATIVE FEES . . . . .		812900	199,102	199,102	
<b>b</b> . . . . .						
<b>c</b> . . . . .						
<b>d</b> . . . . .						
<b>e</b> . . . . .						
<b>f</b> All other program service revenue . . . . .						
<b>g Total.</b> Add lines 2a-2f . . . . .			199,102			

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			2,981,937			2,981,937
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents . . . . .	(i) Real	(ii) Personal				
		151,577					
	<b>b</b> Less rental expenses . . . . .	136,471					
	<b>c</b> Rental income or (loss) . . . . .	15,106					
	<b>d</b> Net rental income or (loss) . . . . .			15,106			15,106
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other				
		52,721,304	5,298,971				
	<b>b</b> Less cost or other basis and sales expenses . . . . .	47,510,766	5,300,000				
	<b>c</b> Gain or (loss) . . . . .	5,210,538	-1,029				
	<b>d</b> Net gain or (loss) . . . . .			5,209,509			5,209,509
	<b>8a</b> Gross income from fundraising events (not including \$ 824,342 of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>	87,845				
	<b>b</b> Less direct expenses . . . . .	<b>b</b>	197,945				
<b>c</b> Net income or (loss) from fundraising events . . . . .			-110,100			-110,100	
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>						
<b>b</b> Less direct expenses . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . .							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . . .							
Miscellaneous Revenue . . . . .	Business Code						
<b>11a</b> OTHER EXCLUDED REVENUE . . . . .	812900		23,022			23,022	
<b>b</b> UBI FROM INVESTMENT K-1'S . . . . .	900099		-12,746		-12,746		
<b>c</b> . . . . .							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .			10,276				
<b>12 Total revenue.</b> See Instructions . . . . .			45,193,964	199,102	-12,746	8,119,474	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	12,060,524	12,060,524		
<b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22	1,118,604	1,118,604		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	495,652	495,652		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	443,675	234,066	124,054	85,555
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	584,156	317,378	157,889	108,889
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	66,522	34,922	18,702	12,898
<b>9</b> Other employee benefits	111,385	60,611	30,050	20,724
<b>10</b> Payroll taxes	79,317	42,543	21,764	15,010
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management				
<b>b</b> Legal	1,863		1,863	
<b>c</b> Accounting	26,850		26,850	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services See Part IV, line 17				
<b>f</b> Investment management fees	271,809		271,809	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	44,921	8,240	25,677	11,004
<b>12</b> Advertising and promotion	96,805	22,519		74,286
<b>13</b> Office expenses	53,718	27,776	15,686	10,256
<b>14</b> Information technology	125,259	64,316	36,068	24,875
<b>15</b> Royalties				
<b>16</b> Occupancy	38,194	19,479	11,076	7,639
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	43,933	23,064	12,351	8,518
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	89,260		89,260	
<b>23</b> Insurance	21,847	11,142	6,336	4,369
<b>24</b> Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> DUES & SUBSCRIPTIONS	29,788	500	14,644	14,644
<b>b</b> LICENSES/TAXES/FEES	1,030	525	299	206
<b>c</b> RELOCATION EXPENSE	1,017		1,017	
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	15,806,129	14,541,861	865,395	398,873
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .		<b>1</b>	
	<b>2</b> Savings and temporary cash investments . . . . .	10,929,503	<b>2</b>	29,774,560
	<b>3</b> Pledges and grants receivable, net . . . . .	11,796	<b>3</b>	4,710
	<b>4</b> Accounts receivable, net . . . . .	151,389	<b>4</b>	705,176
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	140,620	<b>9</b>	105,303
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b> 4,129,237		
	<b>b</b> Less accumulated depreciation	<b>10b</b> 405,904	3,790,856	<b>10c</b> 3,723,333
	<b>11</b> Investments—publicly traded securities . . . . .	108,762,607	<b>11</b>	117,529,276
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	42,434,339	<b>12</b>	47,901,879
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .	2,243,283	<b>15</b>	231,435
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	168,464,393	<b>16</b>	199,975,672	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	123,944	<b>17</b>	196,331
	<b>18</b> Grants payable . . . . .	233,457	<b>18</b>	138,781
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D . . . . .	56,038,167	<b>25</b>	62,380,529
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	56,395,568	<b>26</b>	62,715,641
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	109,562,186	<b>27</b>	136,885,592
	<b>28</b> Temporarily restricted net assets . . . . .	2,506,639	<b>28</b>	374,439
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	112,068,825	<b>33</b>	137,260,031	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	168,464,393	<b>34</b>	199,975,672	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	45,193,964
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	15,806,129
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	29,387,835
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	112,068,825
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-4,137,349
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-59,280
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	137,260,031

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated 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 audited on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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
- 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?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 59-2396243

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

Form 990 (2018)

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

DONOR SERVICESSEE SCHEDULE O

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

COMMUNITY GRANTMAKINGSEE SCHEDULE O

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

WOMEN'S FOUNDATION OF COLLIER COUNTYSEE SCHEDULE O

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

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
 Attach to Form 990 or Form 990-EZ.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**

COMMUNITY FOUNDATION OF COLLIER COUNTY INC

**Employer identification number**

59-2396243

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box )

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ) )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 11  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
  - f Enter the number of supported organizations \_\_\_\_\_
  - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						



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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	16,067,539	15,364,524	15,328,216	20,136,670	36,888,134	103,785,083
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	16,067,539	15,364,524	15,328,216	20,136,670	36,888,134	103,785,083
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						26,849,997
<b>6 Public support.</b> Subtract line 5 from line 4						76,935,086

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4	16,067,539	15,364,524	15,328,216	20,136,670	36,888,134	103,785,083
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,208,586	1,766,282	2,514,553	3,436,763	3,133,514	13,059,698
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on			2,305	1,326	0	3,631
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	16,994	16,690	22,935	32,527	23,022	112,168
<b>11 Total support.</b> Add lines 7 through 10						116,960,580

**12** Gross receipts from related activities, etc (see instructions) **12** 544,176

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

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

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	65.780 %
<b>15</b> Public support percentage for 2017 Schedule A, Part II, line 14	<b>15</b>	68.490 %

**16a 33 1/3% support test—2018.** 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—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b>	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b>	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b>	Add lines 7a and 7b						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b>	Amounts from line 6						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b>	Add lines 10a and 10b						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b>	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b>	Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b>	Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2017</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	<b>1</b>		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	<b>3a</b>		
<b>b</b>	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	<b>4b</b>		
<b>c</b>	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	<b>4c</b>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
	<b>6</b>		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>7</b>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>8</b>		
<b>9a</b>	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9a</b>		
<b>b</b>	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9b</b>		
<b>c</b>	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9c</b>		
<b>10a</b>	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	<b>10a</b>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2018</b>	<b>(iii) Distributable Amount for 2018</b>
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013. . . . .			
<b>b</b> From 2014. . . . .			
<b>c</b> From 2015. . . . .			
<b>d</b> From 2016. . . . .			
<b>e</b> From 2017. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2018 from Section D, line 7 \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
<b>6</b> Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> Excess from 2014. . . . .			
<b>b</b> Excess from 2015. . . . .			
<b>c</b> Excess from 2016. . . . .			
<b>d</b> Excess from 2017. . . . .			
<b>e</b> Excess from 2018. . . . .			

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 59-2396243

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

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

**Facts And Circumstances Test**

**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**  
**► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
**► Attach to Form 990.**  
**► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No 1545-0047  
**2018**  
**Open to Public Inspection**

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

**Employer identification number**  
59-2396243

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

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year	205	
<b>2</b> Aggregate value of contributions to (during year)	23,913,901	
<b>3</b> Aggregate value of grants from (during year)	8,144,933	
<b>4</b> Aggregate value at end of year	79,596,846	

- 5** Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No
- 6** Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

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

- 1** Purpose(s) of conservation easements held by the organization (check all that apply)
- Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area
- Protection of natural habitat  Preservation of a certified historic structure
- Preservation of open space

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

	Held at the End of the Year	
<b>a</b> Total number of conservation easements	<b>2a</b>	
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>	
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>	
<b>d</b> Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	<b>2d</b>	

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

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

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



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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	46,497,485	42,382,939	38,013,814	39,450,027	40,515,552
<b>b</b> Contributions . . . . .	10,579,673	8,340,548	3,731,249	4,117,870	1,441,161
<b>c</b> Net investment earnings, gains, and losses	1,773,073	3,225,688	4,548,831	-1,119,554	555,742
<b>d</b> Grants or scholarships . . . . .	5,465,169	5,707,297	2,998,181	3,411,564	2,052,256
<b>e</b> Other expenditures for facilities and programs . . . . .	804,441	1,069,239	315,710	419,865	407,380
<b>f</b> Administrative expenses . . . . .	715,995	675,154	597,064	603,100	602,792
<b>g</b> End of year balance . . . . .	51,864,626	46,497,485	42,382,939	38,013,814	39,450,027

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 100 000 %
  - b** Permanent endowment ▶ 0 %
  - c** Temporarily restricted endowment ▶ 0 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  | No |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> | No |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		1,267,310		1,267,310
<b>b</b> Buildings . . . . .		2,640,177	307,774	2,332,403
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		221,750	98,130	123,620
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				3,723,333

**Part VII Investments—Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) PRIVATE EQUITY	7,649,547	F
(B) HEDGE FUNDS	3,853,589	F
(C) FIXED INCOME	9,269,543	F
(D) REAL ESTATE INVESTMENT FUNDS	1,064,792	F
(E) COMMINGLED FUNDS	26,049,408	F
(F) PRIVATELY HELD STOCK	15,000	F
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	47,901,879	

**Part VIII Investments—Program Related.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

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

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

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
FUNDS HELD FOR AGENCIES	62,056,897
ANNUITY OBLIGATIONS	323,632
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	62,380,529

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	40,745,729
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	-4,137,349
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	-4,137,349
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	44,883,078
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	271,809
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	39,077
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	310,886
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	45,193,964

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	15,534,320
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	15,534,320
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	271,809
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	271,809
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	15,806,129

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 59-2396243

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

## Supplemental Information

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

## Supplemental Information

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

## Supplemental Information

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

## Supplemental Information

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



**SCHEDULE F  
(Form 990)**  
  
Department of the Treasury  
Internal Revenue Service

# Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
**2018**  
**Open to Public Inspection**

Name of the organization  
COMMUNITY FOUNDATION OF COLLIER COUNTY INC

**Employer identification number**  
59-2396243

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- 3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
<b>3a</b> Sub-total	0	0			432,552
<b>b</b> Total from continuation sheets to Part I					1,100
<b>c Totals</b> (add lines 3a and 3b)	0	0			433,652





**Part IV Foreign Forms**

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

**Part V Supplemental Information**

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

**990 Schedule F, Supplemental Information**

Return Reference	Explanation
PART 1, LINE 2	THE COMMUNITY FOUNDATION'S FOREIGN ACTIVITIES CONSIST OF GRANTS TO DOMESTIC 501(C)(3) ORGANIZATIONS (GRANTEES), WHERE THE FUNDS ARE DESIGNATED FOR USE IN A FOREIGN COUNTRY GRANT LETTERS ARE SENT WITH THE GRANT CHECKS TO THE GRANTEE WITH AMOUNTS AND PURPOSES CLEARLY LISTED WE VERIFY THAT EACH GRANTEE IS A QUALIFIED CHARITY AS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AND WHETHER OR NOT THE GRANT REQUIRES ADDITIONAL EXPENDITURE RESPONSIBILITY PROCEDURES DEPENDING ON THEIR PUBLIC CHARITY STATUS UNDER SECTION 509(A) OF THE IRS CODE THE BOARD OF DIRECTORS APPROVES ALL GRANTS AFTER ALL DUE DILIGENCE IS PERFORMED AND VERIFIED WE NOTIFY GRANTEES THAT IF THE FUNDS CANNOT BE USED FOR THE INTENDED PURPOSE THAT THE GRANT MUST BE RETURNED IF IT IS DETERMINED THAT A GRANTEE IS NOT USING THE FUNDS AS INTENDED, THE GRANTEE IS CONTACTED AND ASKED TO RETURN THE FUNDS

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 59-2396243

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA & CARIBBEAN	0	0	GRANTS		289,750
EAST ASIA & THE PACIFIC	0	0	GRANTS		52,000

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE	0	0	GRANTS		6,500
MIDDLE EAST & NORTH AFRICA	0	0	GRANTS		23,650

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
RUSSIA & NEIGHBORING STATES	0	0	GRANTS		
SOUTH AMERICA	0	0	GRANTS		1,000



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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH ASIA	0	0	GRANTS		2,000
SUB-SAHARAN AFRICA	0	0	GRANTS		57,652

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA	0	0	GRANTS		1,100

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	OPERATING & RENOVATIONS	153,000	CHECK			
		CENTRAL AMERICA AND THE CARIBBEAN	GENERAL SUPPORT	55,500	CHECK			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	WATER & HOSPITAL	45,000	CHECK			
		EAST ASIA AND THE PACIFIC	GENERAL SUPPORT	40,000	CHECK			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	GENERAL SUPPORT	35,000	CHECK			
		SUB-SAHARAN AFRICA	CLINIC & ANNUAL FUND	13,000	CHECK			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	GENERAL SUPPORT	10,000	CHECK			
		MIDDLE EAST & NORTH AFRICA	WORK IN AFGANISTAN & IRAQ	7,500	CHECK			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST & NORTH AFRICA	AFGHAN WOMEN & GIRLS	7,000	CHECK			
		MIDDLE EAST & NORTH AFRICA	GRANTMAKING	7,000	CHECK			

<b>Form 990 Schedule F Part II - Grants or Entities Outside The United States</b>								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	GENERAL SUPPORT	6,250	CHECK			





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

		(a)Event #1	(b) Event #2	(c)Other events	(d)
		<b>CELEBRITY MARTINI GLASS AUCTION</b> (event type)	<b>WOMEN OF INITIATIVE</b> (event type)	<b>2</b> (total number)	Total events (add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	639,250	117,966	154,971	912,187
	<b>2</b> Less Contributions . . . . .	628,525	89,516	106,301	824,342
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	10,725	28,450	48,670	87,845
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .	11,908	10,553	14,709	37,170
	<b>7</b> Food and beverages . . . . .		32,653	42,141	74,794
	<b>8</b> Entertainment . . . . .	35,957	4,481	40,398	80,836
	<b>9</b> Other direct expenses . . . . .	4,689	228	228	5,145
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				197,945
	<b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				-110,100

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

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

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

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

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

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

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

- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity conducted in
- |          |                             |            |   |
|----------|-----------------------------|------------|---|
| <b>a</b> | The organization's facility | <b>13a</b> | % |
| <b>b</b> | An outside facility         | <b>13b</b> | % |

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ .....  
 Address ▶ .....

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

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

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

Name ▶ .....  
 Address ▶ .....

**16** Gaming manager information

Name ▶ .....  
 Gaming manager compensation ▶ \$ .....  
 Description of services provided ▶ .....

Director/officer                       Employee                       Independent contractor

**17** Mandatory distributions

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

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

Return Reference	Explanation
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Go to www.irs.gov/Form990 for the latest information.

Name of the organization COMMUNITY FOUNDATION OF COLLIER COUNTY INC

Employer identification number 59-2396243

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 212
3 Enter total number of other organizations listed in the line 1 table.

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIP	71	1,118,604			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART 1, LINE 2	GRANTS FROM DONOR ADVISED FUNDS MUST BE DOCUMENTED WITH AN APPROPRIATE DONOR SUGGESTION FORM WITH AMOUNTS AND PURPOSES OF GRANTS LISTED GRANTS FROM DONOR DESIGNATED FUNDS, FIELD OF INTEREST FUNDS, SCHOLARSHIP FUNDS AND UNRESTRICTED FUNDS MUST ALSO HAVE THE APPROPRIATE DOCUMENTATION SUPPORTED BY THEIR FUND AGREEMENTS OR GRANT REQUESTS SCHOLARSHIP FUNDS AND UNRESTRICTED FUND GRANTS ARE REVIEWED BY THE APPROPRIATE COMMITTEES AND RECOMMENDED FOR APPROVAL BY THE BOARD GRANT LETTERS ARE SENT WITH THE GRANT CHECKS TO THE GRANTEE WITH AMOUNTS AND PURPOSES CLEARLY LISTED WE VERIFY THAT EACH GRANTEE IS A QUALIFIED CHARITY AS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AND WHETHER OR NOT THE GRANT REQUIRES ADDITIONAL EXPENDITURE RESPONSIBILITY PROCEDURES DEPENDING ON THEIR PUBLIC CHARITY STATUS UNDER SECTION 509(A) OF THE IRS CODE THE BOARD OF DIRECTORS APPROVES ALL GRANTS AFTER ALL DUE DILIGENCE IS PERFORMED AND VERIFIED WE NOTIFY GRANTEES THAT IF THE FUNDS CANNOT BE USED FOR THE INTENDED PURPOSE THAT THE GRANT MUST BE RETURNED IF IT IS DETERMINED THAT A GRANTEE IS NOT USING THE FUNDS AS INTENDED, THE GRANTEE IS CONTACTED AND ASKED TO RETURN THE FUNDS

**Additional Data**

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

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ABBOTT NORTHWESTERN HOSPITAL FOUNDATION 800 EAST 28TH STREET MINNEAPOLIS, MN 55407	04-3643816	501(C)(3)	60,000				JOHN M AND SUSAN MORRISON FAMILY FUND
ABLE ACADEMY INC 5860 GOLDEN GATE PKWY NAPLES, FL 34116	20-3571795	501(C)(3)	10,000				TUITION ASSISTANCE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ADOPT-A-NATIVE-ELDER PO BOX 3401 PARK CITY, UT 84060	87-0490211	501(C)(3)	20,000				GENERAL SUPPORT
ALLIANCE FOR PERIOD SUPPLIES OF SWFL 20110 RIVERBROOKE RUN ESTERO, FL 33928	83-3151463	501(C)(3)	8,000				PERIOD SUPPLIES

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ALZHEIMER'S ASSOCIATION - NATIONAL OFFICE 225 N MICHIGAN AVENUE FL 17 CHICAGO, IL 60601	13-3039601	501(C)(3)	250				FL GULF COAST CHAPTER
ALZHEIMER'S ASSOCIATION - NATIONAL OFFICE 225 N MICHIGAN AVENUE FL 17 CHICAGO, IL 60601	13-3039601	501(C)(3)	1,000				RESEARCH EFFORTS IN U S POINTER



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ALZHEIMER'S ASSOCIATION - NATIONAL OFFICE 225 N MICHIGAN AVENUE FL 17 CHICAGO, IL 60601	13-3039601	501(C)(3)	12,870				UNRESTRICTED USE
AMERICAN BATTLEFIELD TRUST 1156 15TH STREET NW 900 WASHINGTON, DC 20005	54-1426643	501(C)(3)	9,000				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN CANCER SOCIETY 5020 TAMiami TRAIL N 108 NAPLES, FL 34103	13-1788491	501(C)(3)	24,715				UNRESTRICTED USE
AMERICAN DIABETES ASSOCIATION 1511 N WEST SHORE BLVD 980 TAMPA, FL 33607	13-1623888	501(C)(3)	10,899				UNRESTRICTED USE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN HEART ASSOCIATION 9200 ESTERO PARK COMMONS BLVD 7 ESTERO, FL 33928	13-5613797	501(C)(3)	8,966				UNRESTRICTED USE
AMERICAN HEART ASSOCIATION 9200 ESTERO PARK COMMONS BLVD 7 ESTERO, FL 33928	13-5613797	501(C)(3)	500				2018 COLLIER COUNTY HEART WALK

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN HEART ASSOCIATION NATIONAL BEQUEST CENTER PO BOX 22035 ST PETERSBURG, FL 33742	13-5613797	501(C)(3)	10,899				UNRESTRICTED USE
AMERICAN HEART ASSOCIATION NATIONAL BEQUEST CENTER PO BOX 22035 ST PETERSBURG, FL 33742	13-5613797	501(C)(3)	10,870				HEART RESEARCH ONLY

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN LEGION ROBERT J HYDON POST 239 PO BOX 24 SKANEATELES, NY 13152	16-6093851	501(C)(19)	500				CENTENNIAL CAMPAIGN
AMERICAN LEGION ROBERT J HYDON POST 239 PO BOX 24 SKANEATELES, NY 13152	16-6093851	501(C)(19)	10,000				FRONT ENTRANCE PROJECT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ART INSTITUTE OF CHICAGO 111 SOUTH MICHIGAN AVENUE CHICAGO, IL 60603	36-2167725	501(C)(3)	25,000				2019 SUSTAINING FELLOWS SUPPORT
ARTHRITIS RESEARCH INSTITUTE OF AMERICA 1055 NORTH HERCULES AVENUE CLEARWATER, FL 33765	59-2438325	501(C)(3)	10,870				UNRESTRICTED USE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ARTIS-NAPLES INC 5833 PELICAN BAY BLVD NAPLES, FL 34108	59-2322926	501(C)(3)	2,500				ORCHESTRA OPERATIONS
ARTIS-NAPLES INC 5833 PELICAN BAY BLVD NAPLES, FL 34108	59-2322926	501(C)(3)	33,906				UNRESTRICTED USE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ARTIS-NAPLES INC 5833 PELICAN BAY BLVD NAPLES, FL 34108	59-2322926	501(C)(3)	2,500				ANNUAL CONTRIBUTION
ARTIS-NAPLES INC 5833 PELICAN BAY BLVD NAPLES, FL 34108	59-2322926	501(C)(3)	25,000				2018-2019 YOUTH ENSEMBLE SCHOLARSHIP FUND



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ARTIS-NAPLES INC 5833 PELICAN BAY BLVD NAPLES, FL 34108	59-2322926	501(C)(3)	2,500				2019 SUSTAINER SUPPORT
ARTIS-NAPLES INC 5833 PELICAN BAY BLVD NAPLES, FL 34108	59-2322926	501(C)(3)	50,000				BAKER MUSEUM CAPITAL CAMPAIGN

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ARTIS-NAPLES INC 5833 PELICAN BAY BLVD NAPLES, FL 34108	59-2322926	501(C)(3)	25,000				PHILHARMONIC ORCHESTRA MUSICIAN SUPPORT
ARTIS-NAPLES INC 5833 PELICAN BAY BLVD NAPLES, FL 34108	59-2322926	501(C)(3)	20,000				FOR UNDERWRITING OF GLENN LOONTJENS DURING THE 2019-20 SYMPHONY SEASON

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ARTIS-NAPLES INC 5833 PELICAN BAY BLVD NAPLES, FL 34108	59-2322926	501(C)(3)	23,000				\$3,000 FOR FUND-A-NEED AND \$20,000 FOR GENERAL SUPPORT
ARTIS-NAPLES INC 5833 PELICAN BAY BLVD NAPLES, FL 34108	59-2322926	501(C)(3)	50,000				PATRIOTIC POPS & CMGA EVENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ARTIS-NAPLES INC 5833 PELICAN BAY BLVD NAPLES, FL 34108	59-2322926	501(C)(3)	25,000				PIANIST FOR PLANETS MASTERWORKS CONCERT WITH THE NAPLES PHILHARMONIC
AUBURN COMMUNITY HOSPITAL 17 LANSING STREET AUBURN, NY 13021	15-0532054	501(C)(3)	10,000				AUBURN COMMUNITY HOSPITAL GALA

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AUBURN COMMUNITY HOSPITAL 17 LANSING STREET AUBURN, NY 13021	15-0532054	501(C)(3)	4,000				ANNUAL FUND
AUDUBON OF THE WESTERN EVERGLADES PO BOX 1738 NAPLES, FL 34106	23-7030698	501(C)(3)	4,666				UNRESTRICTED USE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AUDUBON OF THE WESTERN EVERGLADES PO BOX 1738 NAPLES, FL 34106	23-7030698	501(C)(3)	500				NETWORK FOR GOOD RENEWAL
AUDUBON OF THE WESTERN EVERGLADES PO BOX 1738 NAPLES, FL 34106	23-7030698	501(C)(3)	78				PROTECTION OF THE BURROWING OWL

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AVOW HOSPICE INC 1095 WHIPPOORWILL LANE NAPLES, FL 34105	59-2201250	501(C)(3)	34,504				UNRESTRICTED USE
AVOW HOSPICE INC 1095 WHIPPOORWILL LANE NAPLES, FL 34105	59-2201250	501(C)(3)	10,000				FOR USE IN IMMOKALEE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AVOW HOSPICE INC 1095 WHIPPOORWILL LANE NAPLES, FL 34105	59-2201250	501(C)(3)	20,000				AVOW ADULT AND YOUTH BEREAVEMENT
BABY BASICS OF COLLIER COUNTY INC PMB 132- PO BOX 413005 NAPLES, FL 34101	20-1498596	501(C)(3)	3,500				UNRESTRICTED USE



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BABY BASICS OF COLLIER COUNTY INC PMB 132- PO BOX 413005 NAPLES, FL 34101	20-1498596	501(C)(3)	2,000				PARTICIPATION IN NETWORK FOR GOOD FUNDRAISING PROGRAM
BABY BASICS OF COLLIER COUNTY INC PMB 132- PO BOX 413005 NAPLES, FL 34101	20-1498596	501(C)(3)	2,000				BOARD STRATEGIC PLAN RETREAT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BABY BASICS OF COLLIER COUNTY INC PMB 132- PO BOX 413005 NAPLES, FL 34101	20-1498596	501(C)(3)	200				SUPPORT FOR ANNUAL LUNCHEON
BABY BASICS OF COLLIER COUNTY INC PMB 132- PO BOX 413005 NAPLES, FL 34101	20-1498596	501(C)(3)	15,000				BABY SUPPLIES

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BEREAN BAPTIST CHURCH 309 COUNTY ROAD 42E BURNSVILLE, MN 55306	41-1224849	501(C)(3)	10,000				DOMINICAN REPUBLIC SCHOOL CONSTRUCTION
BIG BROTHERS BIG SISTERS OF THE SUN COAST INC 809 WALKERBILT ROAD 3 NAPLES, FL 34110	59-1361826	501(C)(3)	5,593				UNRESTRICTED USE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BLOWING ROCK METHODIST CHURCH PO BOX 352 BLOWING ROCK, NC 28605	02-0653104	501(C)(3)	2,500				OPERATIONS
BLOWING ROCK METHODIST CHURCH PO BOX 352 BLOWING ROCK, NC 28605	02-0653104	501(C)(3)	500				HUNGER AND HEALTH COALITION

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BLOWING ROCK METHODIST CHURCH PO BOX 352 BLOWING ROCK, NC 28605	02-0653104	501(C)(3)	2,500				OPERATING ACCOUNT
BONITA BAY VETERANS COUNCIL INC 26660 COUNTRY CLUB DRIVE BONITA SPRINGS, FL 34134	47-3563908	501(C)(3)	1,000				TO SUPPORT THE ANNUAL FUNDRAISER EVENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BONITA BAY VETERANS COUNCIL INC 26660 COUNTRY CLUB DRIVE BONITA SPRINGS, FL 34134	47-3563908	501(C)(3)	5,000				FINANCIAL ASSISTANCE FOR LOCAL VETERANS
BONITA SPRINGS LIONS EYE CLINIC INC 10322 PENNSYLVANIA AVENUE BONITA SPRINGS, FL 34135	45-0560906	501(C)(3)	25,000				GIFT OF SIGHT TO WOMEN & THEIR FAMILIES

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BOOKS FOR COLLIER KIDS INC PO BOX 10811 NAPLES, FL 34101	82-1078351	501(C)(3)	9,000				BOOKS FOR KINDERGARTEN CHILDREN
BOOKS FOR COLLIER KIDS INC PO BOX 10811 NAPLES, FL 34101	82-1078351	501(C)(3)	2,000				UNRESTRICTED USE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BOYS & GIRLS CLUB OF COLLIER COUNTY 7500 DAVIS BLVD NAPLES, FL 34104	65-0279110	501(C)(3)	5,065				UNRESTRICTED USE
BOYS & GIRLS CLUB OF COLLIER COUNTY 7500 DAVIS BLVD NAPLES, FL 34104	65-0279110	501(C)(3)	42,500				UNRESTRICTED FOR OPERATIONS



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BOYS & GIRLS CLUB OF SOUTHERN MAINE 277 CUMBERLAND AVE PORTLAND, ME 04112	01-0211543	501(C)(3)	8,629				CAMPERSHIP/KINGSLEY PINES CAMP
BRIGHTFOCUS FOUNDATION 22512 GATEWAY CENTER DRIVE CLARKSBURG, MD 30982	23-7337229	501(C)(3)	1,000				MACULAR DEGENERATION RESEARCH

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BRIGHTFOCUS FOUNDATION 22512 GATEWAY CENTER DRIVE CLARKSBURG, MD 30982	23-7337229	501(C)(3)	1,000				NATIONAL GLAUCOMA RESEARCH
BRIGHTFOCUS FOUNDATION 22512 GATEWAY CENTER DRIVE CLARKSBURG, MD 30982	23-7337229	501(C)(3)	10,870				UNRESTRICTED USE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CAMP DUDLEY YMCA INC 126 CAMP DUDLEY ROAD WESTPORT, NY 12993	14-1504974	501(C)(3)	5,000				UNRESTRICTED USE
CAMP DUDLEY YMCA INC 126 CAMP DUDLEY ROAD WESTPORT, NY 12993	14-1504974	501(C)(3)	2,000				JAMES CABIN AT KINIYA

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CAMPUS CRUSADE FOR CHRIST INC P O BOX 628222 ORLANDO, FL 32832	95-6006173	501(C)(3)	1,100				PROJECT #0782423
CAMPUS CRUSADE FOR CHRIST INC P O BOX 628222 ORLANDO, FL 32832	95-6006173	501(C)(3)	20,000				TO SUPPORT THE MINISTRY OF CALL HER BLESSED

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CAMPUS CRUSADE FOR CHRIST INC P O BOX 628222 ORLANDO, FL 32832	95-6006173	501(C)(3)	100				SUPPORT THE WORK OF JOHN AND BONNIE YELVERTON
CAMPUS CRUSADE FOR CHRIST INC P O BOX 628222 ORLANDO, FL 32832	95-6006173	501(C)(3)	1,150				TO SUPPORT THE MISSIONARY WORK

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CAMPUS CRUSADE FOR CHRIST INC P O BOX 628222 ORLANDO, FL 32832	95-6006173	501(C)(3)	1,000				SUPPORT THE MINISTRY OF JOHN AND BONNIE YELVERTON
CAMPUS CRUSADE FOR CHRIST INC P O BOX 628222 ORLANDO, FL 32832	95-6006173	501(C)(3)	1,000				TO SUPPORT THE WORK OF CRU MISSIONARIES

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CAMPUS CRUSADE FOR CHRIST INC P O BOX 628222 ORLANDO, FL 32832	95-6006173	501(C)(3)	150				YELLOWSTONE SUMMER MISSION PROJECT
CAMPUS CRUSADE FOR CHRIST INC P O BOX 628222 ORLANDO, FL 32832	95-6006173	501(C)(3)	2,000				TO SUPPORT THE WORK OF MISSIONARIES SASHA AND SARAH HALLOCK

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CANCER ALLIANCE OF NAPLES INC 3384 WOODS EDGE CIRCLE 102 BONITA SPRINGS, FL 34134	22-3879709	501(C)(3)	13,962				UNRESTRICTED USE
CANCER ALLIANCE OF NAPLES INC 3384 WOODS EDGE CIRCLE 102 BONITA SPRINGS, FL 34134	22-3879709	501(C)(3)	2,000				TO FUND HIRING A CONSULTANT FOR STRATEGIC PLANNING



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CANCER ALLIANCE OF NAPLES INC 3384 WOODS EDGE CIRCLE 102 BONITA SPRINGS, FL 34134	22-3879709	501(C)(3)	500				NETWORK FOR GOOD RENEWAL
CATHOLIC CHARITIES OF COLLIER COUNTY 2210 SANTA BARBARA BLVD NAPLES, FL 34116	53-0196617	501(C)(3)	1,000				GUADALUPE SOCIAL SERVICES

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CATHOLIC CHARITIES OF COLLIER COUNTY 2210 SANTA BARBARA BLVD NAPLES, FL 34116	53-0196617	501(C)(3)	3,000				SUPPORT FOR THE EMERALD BALL
CATHOLIC CHARITIES OF COLLIER COUNTY 2210 SANTA BARBARA BLVD NAPLES, FL 34116	53-0196617	501(C)(3)	200				SOUP KITCHEN IN IMMOKALEE

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

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

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CATHOLIC CHARITIES OF COLLIER COUNTY 2210 SANTA BARBARA BLVD NAPLES, FL 34116	53-0196617	501(C)(3)	5,000				CASA MARIA SOUP KITCHEN EQUIPMENT
CATHOLIC CHARITIES OF COLLIER COUNTY 2210 SANTA BARBARA BLVD NAPLES, FL 34116	53-0196617	501(C)(3)	4,000				UNRESTRICTED USE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CATHOLIC CHARITIES OF COLLIER COUNTY 2210 SANTA BARBARA BLVD NAPLES, FL 34116	53-0196617	501(C)(3)	3,777				SERVICES RENDERED BY CATHOLIC CHARITIES
CHAMELEON THEATRE CIRCLE 7287 153RD STREET W 240069 APPLE VALLEY, MN 55124	41-1899943	501(C)(3)	6,000				GENERAL FUND

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHARITY FOR CHANGE LLC 10681 AIRPORT ROAD 23 NAPLES, FL 34109	26-2139488	501(C)(3)	5,500				UNRESTRICTED USE
CHARITY FOR CHANGE LLC 10681 AIRPORT ROAD 23 NAPLES, FL 34109	26-2139488	501(C)(3)	10,000				CHARITY FOR CHANGE PROGRAM

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHILDREN'S ADVOCACY CENTER OF COLLIER COUNTY 1036 6TH AVENUE N NAPLES, FL 34102	65-0049492	501(C)(3)	500				UNRESTRICTED USE
CHILDREN'S ADVOCACY CENTER OF COLLIER COUNTY 1036 6TH AVENUE N NAPLES, FL 34102	65-0049492	501(C)(3)	10,000				SUPERVISED FAMILY VISITATION

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHRIST EPISCOPAL CHURCH 220 40TH STREET NE CEDAR RAPIDS, IA 52402	39-1879934	501(C)(3)	10,000				WELCOME RENEW & SERVE CAMPAIGN
CITY OF NAPLES 735 8TH STREET S NAPLES, FL 34102	59-6000382	501(C)(3)	89,572				BLAIR FOUNDATION TREE CHALLENGE



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CITY OF NAPLES 735 8TH STREET S NAPLES, FL 34102	59-6000382	501(C)(3)	18,000				TREES FOR PARKSHORE
CITY OF NAPLES 735 8TH STREET S NAPLES, FL 34102	59-6000382	501(C)(3)	35,000				TREES FOR CRAYTON

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CLEVELAND BALLET 23030 MILES ROAD BEDFORD HEIGHTS, OH 44128	38-3945001	501(C)(3)	20,000				FALL COLLECTION
COLLIER CHILD CARE RESOURCES INC 2335 TAMIAMI TRAIL N 504 NAPLES, FL 34103	26-2646032	501(C)(3)	10,000				TUITION ASSISTANCE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COLLIER CHILD CARE RESOURCES INC 2335 TAMIAMI TRAIL N 504 NAPLES, FL 34103	26-2646032	501(C)(3)	500				NETWORK FOR GOOD RENEWAL
COLLIER CHILD CARE RESOURCES INC 2335 TAMIAMI TRAIL N 504 NAPLES, FL 34103	26-2646032	501(C)(3)	3,000				2019 APPLE BLOSSOM AWARDS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COLLIER COUNTY - BOARD OF COUNTY COMMISSIONERS 3299 TAMIAMI TRAIL EAST SUITE 303 NAPLES, FL 34112	59-6000558	501(C)(3)	25,000				COLLIER COUNTY ARTS & CULTURE STRATEGIC PLAN
COLLIER COUNTY HUNGER AND HOMELESS COALITION PO BOX 9202 NAPLES, FL 34101	43-3610154	501(C)(3)	15,000				GAP FUND

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COLLIER COUNTY HUNGER AND HOMELESS COALITION PO BOX 9202 NAPLES, FL 34101	43-3610154	501(C)(3)	3,000				GENERAL SUPPORT
COLLIER COUNTY JUNIOR DEPUTIES LEAGUE INC PO BOX 1833 NAPLES, FL 34106	59-1638443	501(C)(3)	500				UNRESTRICTED USE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COLLIER COUNTY JUNIOR DEPUTIES LEAGUE INC PO BOX 1833 NAPLES, FL 34106	59-1638443	501(C)(3)	636				EDUCATIONAL PURPOSES
COLLIER COUNTY JUNIOR DEPUTIES LEAGUE INC PO BOX 1833 NAPLES, FL 34106	59-1638443	501(C)(3)	10,000				SUPPORT OF CAMP DISCOVERY

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COLLIER COUNTY PARKS AND RECREATION 15000 LIVINGSTON ROAD NAPLES, FL 34109	59-6000558	501(C)(3)	15,000				CITY OF EVERGLADES SWINGSET REPLACEMENT
COLLIER COUNTY PARKS AND RECREATION 15000 LIVINGSTON ROAD NAPLES, FL 34109	59-6000558	501(C)(3)	2,000				TURTLE NEST SCREEN COVERS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COLLIER COUNTY PUBLIC SCHOOLS 5775 OSCEOLA TRAIL NAPLES, FL 34109	59-2663954	501(C)(3)	10,000				HOMELESS COORDINATOR
COLLIER COUNTY PUBLIC SCHOOLS 5775 OSCEOLA TRAIL NAPLES, FL 34109	59-2663954	501(C)(3)	8,269				HOMELESS STUDENTS IN COLLIER COUNTY



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COLLIER COUNTY PUBLIC SCHOOLS 5775 OSCEOLA TRAIL NAPLES, FL 34109	59-2663954	501(C)(3)	2,500				HOMELESS STUDENTS
COLLIER COUNTY PUBLIC SCHOOLS 5775 OSCEOLA TRAIL NAPLES, FL 34109	59-2663954	501(C)(3)	1,000				HOMELESS CHILDREN IN COLLIER COUNTY

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COLLIER COUNTY PUBLIC SCHOOLS 5775 OSCEOLA TRAIL NAPLES, FL 34109	59-2663954	501(C)(3)	30,000				AFTERSCHOOL PROGRAMS IN ECONOMICALLY NEEDY ELEMENTARY AND MIDDLE SCHOOLS
COLLIER COUNTY PUBLIC SCHOOLS 5775 OSCEOLA TRAIL NAPLES, FL 34109	59-2663954	501(C)(3)	10,000				PARKSIDE ELEMENTARY SCHOOL ACADEMY

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COLLIER COUNTY PUBLIC SCHOOLS 5775 OSCEOLA TRAIL NAPLES, FL 34109	59-2663954	501(C)(3)	2,875				CALUSA PARK
COLLIER COUNTY PUBLIC SCHOOLS 5775 OSCEOLA TRAIL NAPLES, FL 34109	59-2663954	501(C)(3)	11,504				AVALON TUTORING PROGRAM

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COLLIER COUNTY PUBLIC SCHOOLS-LAWS OF LIFE CONTEST 5775 OSCEOLA TRAIL DEP 9223 NAPLES, FL 34109	59-2663954	501(C)(3)	7,850				TO SUPPORT THE LAWS OF LIFE PROGRAM
COLLIER HARVEST FOUNDATION P O BOX 11143 NAPLES, FL 34101	65-0307084	501(C)(3)	500				HOLIDAY MEALS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COLLIER HARVEST FOUNDATION P O BOX 11143 NAPLES, FL 34101	65-0307084	501(C)(3)	75,000				UNRESTRICTED USE AS PART OF THE MATCHING CAMPAIGN
COLLIER HARVEST FOUNDATION P O BOX 11143 NAPLES, FL 34101	65-0307084	501(C)(3)	10,971				PURCHASE OF FOOD FOR FOOD PANTRY

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COLLIER SENIOR RESOURCES 4898 CORONADO PARKWAY NAPLES, FL 34116	27-0946278	501(C)(3)	10,971				PURCHASE OF FOOD FOR FOOD PANTRY
COLLIER SENIOR RESOURCES 4898 CORONADO PARKWAY NAPLES, FL 34116	27-0946278	501(C)(3)	1,500				UNRESTRICTED USE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COLLIER SENIOR RESOURCES 4898 CORONADO PARKWAY NAPLES, FL 34116	27-0946278	501(C)(3)	5,000				OFFICE RENOVATIONS
COMMUNITY FOUNDATION OF NORTH FLORIDA 3600 MACLAY BLVD S 200 TALLAHASSEE, FL 32312	59-3473384	501(C)(3)	16,500				HURRICANE MICHAEL RELIEF

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COMMUNITY SCHOOL OF NAPLES 13275 LIVINGSTON ROAD NAPLES, FL 34109	59-1920297	501(C)(3)	250,000				INSTITUTE FOR SCIENCE AND ENVIRONMENT
COMMUNITY SCHOOL OF NAPLES 13275 LIVINGSTON ROAD NAPLES, FL 34109	59-1920297	501(C)(3)	500				ANNUAL FUND DRIVE



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COMMUNITY SCHOOL OF NAPLES 13275 LIVINGSTON ROAD NAPLES, FL 34109	59-1920297	501(C)(3)	1,000				2018-2019 ANNUAL FUND
COMMUNITY SCHOOL OF NAPLES 13275 LIVINGSTON ROAD NAPLES, FL 34109	59-1920297	501(C)(3)	10,000				UNRESTRICTED USE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COMMUNITY SCHOOL OF NAPLES 13275 LIVINGSTON ROAD NAPLES, FL 34109	59-1920297	501(C)(3)	4,500				PER JOHN ALLEN'S INSTRUCTIONS
COMMUNITY SCHOOL OF NAPLES 13275 LIVINGSTON ROAD NAPLES, FL 34109	59-1920297	501(C)(3)	10,000				COMMUNITY SCHOOL SCHOLARSHIP PROGRAM YEAR 4 OF 5 YEAR COMMITMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COMMUNITY SCHOOL OF NAPLES 13275 LIVINGSTON ROAD NAPLES, FL 34109	59-1920297	501(C)(3)	4,242				SCHOLARSHIPS
CONSERVANCY OF SOUTHWEST FLORIDA INC 1495 SMITH PRESERVE WAY NAPLES, FL 34102	59-1157084	501(C)(3)	1,000				VON ARX WILDLIFE HOSPITAL

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CONSERVANCY OF SOUTHWEST FLORIDA INC 1495 SMITH PRESERVE WAY NAPLES, FL 34102	59-1157084	501(C)(3)	2,500				PYTHON RESEARCH AND EXTERMINATION
CONSERVANCY OF SOUTHWEST FLORIDA INC 1495 SMITH PRESERVE WAY NAPLES, FL 34102	59-1157084	501(C)(3)	8,736				UNRESTRICTED USE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CONSERVANCY OF SOUTHWEST FLORIDA INC 1495 SMITH PRESERVE WAY NAPLES, FL 34102	59-1157084	501(C)(3)	1,000				PROTECTING OUR EASTERN LANDS
CONSERVANCY OF SOUTHWEST FLORIDA INC 1495 SMITH PRESERVE WAY NAPLES, FL 34102	59-1157084	501(C)(3)	250				ANNUAL CONTRIBUTION

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CONSERVANCY OF SOUTHWEST FLORIDA INC 1495 SMITH PRESERVE WAY NAPLES, FL 34102	59-1157084	501(C)(3)	11,300				FUND A NEED
CONSERVANCY OF SOUTHWEST FLORIDA INC 1495 SMITH PRESERVE WAY NAPLES, FL 34102	59-1157084	501(C)(3)	5,000				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CONSERVANCY OF SOUTHWEST FLORIDA INC 1495 SMITH PRESERVE WAY NAPLES, FL 34102	59-1157084	501(C)(3)	6,700				SW FLORIDA CLIMATE CHANGE SURVEY
CONSERVANCY OF SOUTHWEST FLORIDA INC 1495 SMITH PRESERVE WAY NAPLES, FL 34102	59-1157084	501(C)(3)	1,500				CONSERVANCY EDUCATION DEPARTMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CONSERVANCY OF SOUTHWEST FLORIDA INC 1495 SMITH PRESERVE WAY NAPLES, FL 34102	59-1157084	501(C)(3)	5,000				SUPPORT WATER QUALITY EFFORTS
CONSERVANCY OF SOUTHWEST FLORIDA INC 1495 SMITH PRESERVE WAY NAPLES, FL 34102	59-1157084	501(C)(3)	5,000				ANNUAL FUND



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CORTLAND COLLEGE FOUNDATION INC P O BOX 2000 CORTLAND, NY 13045	16-0979814	501(C)(3)	33,000				C U R E SCHOLARSHIPS
DALLAS FOUNDATION 3963 MAPLE AVENUE 390 DALLAS, TX 75219	75-2890371	501(C)(3)	40,000				INITIATE A SCHOLARSHIP FUND

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DAVID LAWRENCE MENTAL HEALTH CENTER INC 6075 BATHEY LANE NAPLES, FL 34116	59-2206025	501(C)(3)	5,000				CROSSROADS FURNITURE REPLACEMENT
DAVID LAWRENCE MENTAL HEALTH CENTER INC 6075 BATHEY LANE NAPLES, FL 34116	59-2206025	501(C)(3)	9,100				UNRESTRICTED USE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DAVID LAWRENCE MENTAL HEALTH CENTER INC 6075 BATHEY LANE NAPLES, FL 34116	59-2206025	501(C)(3)	10,000				DEVELOPMENT
DAVID LAWRENCE MENTAL HEALTH CENTER INC 6075 BATHEY LANE NAPLES, FL 34116	59-2206025	501(C)(3)	7,500				DLC SOUND MINDS MENTAL HEALTH SYMPOSIUM

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DAVID LAWRENCE MENTAL HEALTH CENTER INC 6075 BATHEY LANE NAPLES, FL 34116	59-2206025	501(C)(3)	10,000				RECOVERY HOME PURCHASE
DAVID LAWRENCE MENTAL HEALTH CENTER INC 6075 BATHEY LANE NAPLES, FL 34116	59-2206025	501(C)(3)	100				WHERE MOST NEEDED

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DAVID LAWRENCE MENTAL HEALTH CENTER INC 6075 BATHEY LANE NAPLES, FL 34116	59-2206025	501(C)(3)	10,000				CROSSROADS TRANSITION HOUSE
DAVID LAWRENCE MENTAL HEALTH CENTER INC 6075 BATHEY LANE NAPLES, FL 34116	59-2206025	501(C)(3)	27,500				ACCESS TO MENTAL HEALTH CARE - MEDICATION MANAGEMENT AND INCIDENTALS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DAVID'S REFUGE 8195 CAZENOVIA RD MANLIUS, NY 13104	45-3686680	501(C)(3)	2,250				UNRESTRICTED USE
DAVID'S REFUGE 8195 CAZENOVIA RD MANLIUS, NY 13104	45-3686680	501(C)(3)	25,000				GENERAL EXPENSES

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DIOCESE OF VENICE IN FLORIDA 1000 PINEBROOK ROAD VENICE, FL 34285	59-2434603	501(C)(3)	250				UNRESTRICTED USE
DIOCESE OF VENICE IN FLORIDA 1000 PINEBROOK ROAD VENICE, FL 34285	59-2434603	501(C)(3)	5,000				CATHOLIC FAITH APPEAL

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DISABILITY RIGHTS ADVOCATE FOR TECHNOLOGY DBA SEGS4VETS 500 FOX RIDGE ROAD ST LOUIS, MO 63131	55-0877645	501(C)(3)	333,250				SEGWAY AND ALLY CHAIR PROGRAM
DR PIPER CENTER FOR SOCIAL SERVICES INC 2607 DR ELLA PIPER WAY FT MYERS, FL 33916	65-0788551	501(C)(3)	17,500				FOSTER GRANDPARENTS AND SENIOR COMPANION PROGRAM



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DYNAMIC CATHOLIC 5081 OLYMPIC BLVD ERLANGER, KY 40108	26-4549213	501(C)(3)	10,000				TO SUPPORT THE DYNAMIC PARISH INITIATIVE
EDUCATION FOUNDATION - CHAMPIONS FOR LEARNING 3606 ENTERPRISE AVENUE 150 NAPLES, FL 34104	65-0230582	501(C)(3)	1,606				OPERATING

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
EDUCATION FOUNDATION - CHAMPIONS FOR LEARNING 3606 ENTERPRISE AVENUE 150 NAPLES, FL 34104	65-0230582	501(C)(3)	2,000				CURRICULUM MATERIALS FOR SUMMER WORKSHOPS
EDUCATION FOUNDATION - CHAMPIONS FOR LEARNING 3606 ENTERPRISE AVENUE 150 NAPLES, FL 34104	65-0230582	501(C)(3)	219,375				FUTURE READY COLLIER PROGRAM

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
EDUCATION FOUNDATION - CHAMPIONS FOR LEARNING 3606 ENTERPRISE AVENUE 150 NAPLES, FL 34104	65-0230582	501(C)(3)	300				WINGS PROGRAM
EDUCATION FOUNDATION - CHAMPIONS FOR LEARNING 3606 ENTERPRISE AVENUE 150 NAPLES, FL 34104	65-0230582	501(C)(3)	450				UNRESTRICTED USE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
EDUCATION FOUNDATION - CHAMPIONS FOR LEARNING 3606 ENTERPRISE AVENUE 150 NAPLES, FL 34104	65-0230582	501(C)(3)	28,500				COLLEGE & CAREER PREPARATION PROGRAM
EDUCATION FOUNDATION - CHAMPIONS FOR LEARNING 3606 ENTERPRISE AVENUE 150 NAPLES, FL 34104	65-0230582	501(C)(3)	2,000				SUPPORT GOLDEN APPLE PROGRAM

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
EDUCATION FOUNDATION - CHAMPIONS FOR LEARNING 3606 ENTERPRISE AVENUE 150 NAPLES, FL 34104	65-0230582	501(C)(3)	20,000				STUDENT SCHOLARSHIPS
EDUCATION FOUNDATION - CHAMPIONS FOR LEARNING 3606 ENTERPRISE AVENUE 150 NAPLES, FL 34104	65-0230582	501(C)(3)	23,149				TO SUPPORT & ENHANCE MUSIC EDUCATION IN COLLIER CO PUBLIC SCHOOL SYSTEM

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
EVERGLADES COMMUNITY CHURCH - FOOD PANTRY 1010 COPELAND AVENUE S EVERGLADES CITY, FL 34139	22-3934843	501(C)(3)	10,971				PURCHASE OF FOOD FOR FOOD PANTRY
FARM AID 501 CAMBRIDGE STREET 3RD FL CAMBRIDGE, MA 02141	36-3383233	501(C)(3)	30,000				FAMILY FARM DISASTER FUND

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

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

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FINGER LAKES LAND TRUST 202 E COURT STREET ITHACA, NY 14850	22-2983688	501(C)(3)	2,000				CONSERVATION
FINGER LAKES SPCA OF CENTRAL NEW YORK 41 YORK STREET AUBURN, NY 13021	15-0532256	501(C)(3)	50,000				FOOD, SUPPLIES AND MEDICAL COSTS



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FIRST BAPTIST CHURCH OF MARCO ISLAND OUR DAILY BREAD FOOD PANTRY 1450 WINTERBERRY DR MARCO ISLAND, FL 34145	59-1972918	501(C)(3)	500				OUR DAILY BREAD FOOD PANTRY
FIRST BAPTIST CHURCH OF MARCO ISLAND OUR DAILY BREAD FOOD PANTRY 1450 WINTERBERRY DR MARCO ISLAND, FL 34145	59-1972918	501(C)(3)	13,000				WEEKEND SUMMER FOOD PANTRY

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FIRST BAPTIST CHURCH OF MARCO ISLAND OUR DAILY BREAD FOOD PANTRY 1450 WINTERBERRY DR MARCO ISLAND, FL 34145	59-1972918	501(C)(3)	10,971				PURCHASE OF FOOD FOR FOOD PANTRY
FLORIDA GULF COAST UNIVERSITY FOUNDATION INC 10501 FGCU BLVD S FT MYERS, FL 33965	65-0403969	501(C)(3)	2,500				UNRESTRICTED USE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FLORIDA GULF COAST UNIVERSITY FOUNDATION INC 10501 FGCU BLVD S FT MYERS, FL 33965	65-0403969	501(C)(3)	5,000				TO BE USED AT THE DISCRETION OF THE TENNIS COACH
FLORIDA GULF COAST UNIVERSITY FOUNDATION INC 10501 FGCU BLVD S FT MYERS, FL 33965	65-0403969	501(C)(3)	20,000				ENGINEERING SCHOLARSHIPS

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

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FLORIDA GULF COAST UNIVERSITY FOUNDATION INC 10501 FGCU BLVD S FT MYERS, FL 33965	65-0403969	501(C)(3)	10,000				NATIONAL SUMMER TRANSPORTATION INSTITUTE
FLORIDA GULF COAST UNIVERSITY FOUNDATION INC 10501 FGCU BLVD S FT MYERS, FL 33965	65-0403969	501(C)(3)	25,000				WHITAKER CENTER FOR STEM EDUCATION

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FLORIDA GULF COAST UNIVERSITY FOUNDATION INC 10501 FGCU BLVD S FT MYERS, FL 33965	65-0403969	501(C)(3)	2,300				\$2000 FOR SCHOLARSHIPS FOR THE BOWER SCHOOL OF MUSIC AND
FLORIDA GULF COAST UNIVERSITY FOUNDATION INC 10501 FGCU BLVD S FT MYERS, FL 33965	65-0403969	501(C)(3)	5,000				RUTH & G BURT HOLMES RESTRICTED SCHOLARSHIP FUND

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FLORIDA LIONS EYE CLINIC 10322 PENNSYLVANIA AVE BONITA SPRINGS, FL 34135	45-0560906	501(C)(3)	500				NETWORK FOR GOOD RENEWAL
FLORIDA LIONS EYE CLINIC 10322 PENNSYLVANIA AVE BONITA SPRINGS, FL 34135	45-0560906	501(C)(3)	10,000				THE GIFT OF SIGHT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FOCUS ON THE FAMILY 8605 EXPLORER DRIVE COLORADO SPRINGS, CO 80920	95-3188150	501(C)(3)	10,000				UNRESTRICTED USE
FREE WHEELCHAIR MISSION 15279 ALTON PARKWAY 300 IRVINE, CA 92618	31-1781635	501(C)(3)	65,000				WHEELCHAIR TEST BED

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FRIENDS OF FOSTER CHILDREN FOREVER 2675 HORSESHOE DRIVE S 402 NAPLES, FL 34104	59-3598933	501(C)(3)	13,600				UNRESTRICTED USE
FRIENDS OF FOSTER CHILDREN FOREVER 2675 HORSESHOE DRIVE S 402 NAPLES, FL 34104	59-3598933	501(C)(3)	500				OPERATING EXPENSES



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FRIENDS OF FOSTER CHILDREN FOREVER 2675 HORSESHOE DRIVE S 402 NAPLES, FL 34104	59-3598933	501(C)(3)	3,000				CIRCLE OF FRIENDS CAMPAIGN
FRIENDS OF FOSTER CHILDREN FOREVER 2675 HORSESHOE DRIVE S 402 NAPLES, FL 34104	59-3598933	501(C)(3)	27,125				EMERGENCY CHILDCARE STIPENDS PILOT PROGRAM

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FRIENDS OF FOSTER CHILDREN FOREVER 2675 HORSESHOE DRIVE S 402 NAPLES, FL 34104	59-3598933	501(C)(3)	500				FALL SCHOOL SUPPLIES
FRIENDS OF FOSTER CHILDREN FOREVER 2675 HORSESHOE DRIVE S 402 NAPLES, FL 34104	59-3598933	501(C)(3)	10,000				EMERGENCY BACKPACK BUNDLES & FOR CHILDREN'S EDUCATIONAL PROGRAMS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FUN TIME EARLY CHILDHOOD ACADEMY INC 102 12TH STREET N NAPLES, FL 34102	59-1039978	501(C)(3)	3,500				UNRESTRICTED USE
FUN TIME EARLY CHILDHOOD ACADEMY INC 102 12TH STREET N NAPLES, FL 34102	59-1039978	501(C)(3)	2,250				ANNUAL APPEAL

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FUN TIME EARLY CHILDHOOD ACADEMY INC 102 12TH STREET N NAPLES, FL 34102	59-1039978	501(C)(3)	1,000				ANNUAL FUND
FUN TIME EARLY CHILDHOOD ACADEMY INC 102 12TH STREET N NAPLES, FL 34102	59-1039978	501(C)(3)	10,000				2018 ANNUAL APPEAL

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FUN TIME EARLY CHILDHOOD ACADEMY INC 102 12TH STREET N NAPLES, FL 34102	59-1039978	501(C)(3)	14,000				SCHOLARSHIPS FOR DISADVANTAGED AFRICAN AMERICAN STUDENTS ATTENDING FUN TIME EARLY CHILDHOOD ACADEMY
FUN TIME EARLY CHILDHOOD ACADEMY INC 102 12TH STREET N NAPLES, FL 34102	59-1039978	501(C)(3)	2,500				2019 FUN TIME EVENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GARGIULO EDUCATION CENTER 1414 RAIL HEAD BLVD NAPLES, FL 34110	46-5416212	501(C)(3)	1,000				UNRESTRICTED USE
GARGIULO EDUCATION CENTER 1414 RAIL HEAD BLVD NAPLES, FL 34110	46-5416212	501(C)(3)	5,000				ENTREPRENEURIAL APPRENTICESHIP PROGRAM

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GIST CANCER RESEARCH FUND 3905 NE 167TH STREET NORTH MIAMI BEACH, FL 33160	13-4182988	501(C)(3)	200,000				CANCER RESEARCH
GOLDEN PAWS ASSISTANCE DOGS 3173 HORSESHOE DRIVE S NAPLES, FL 34104	27-3385763	501(C)(3)	5,000				PACT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GOLDEN PAWS ASSISTANCE DOGS 3173 HORSESHOE DRIVE S NAPLES, FL 34104	27-3385763	501(C)(3)	5,000				UNRESTRICTED USE
GOLISANO CHILDREN'S HOSPITAL OF SOUTHWEST FLORIDA P O BOX 2218 FT MYERS, FL 33902	59-0714812	501(C)(3)	500				KID'S MINDS MATTER



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GOLISANO CHILDREN'S HOSPITAL OF SOUTHWEST FLORIDA P O BOX 2218 FT MYERS, FL 33902	59-0714812	501(C)(3)	4,991				UNRESTRICTED USE IN COLLIER COUNTY
GOLISANO CHILDREN'S HOSPITAL OF SOUTHWEST FLORIDA P O BOX 2218 FT MYERS, FL 33902	59-0714812	501(C)(3)	7,090				UNRESTRICTED USE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GRACE PLACE FOR CHILDREN AND FAMILIES INC PO BOX 990531 NAPLES, FL 34116	65-1229558	501(C)(3)	2,000				AFTER SCHOOL PROGRAMS
GRACE PLACE FOR CHILDREN AND FAMILIES INC PO BOX 990531 NAPLES, FL 34116	65-1229558	501(C)(3)	28,500				BRIGHT BEGINNINGS EARLY CHILDHOOD EDUCATION

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GRACE PLACE FOR CHILDREN AND FAMILIES INC PO BOX 990531 NAPLES, FL 34116	65-1229558	501(C)(3)	31,706				UNRESTRICTED USE
GRACE PLACE FOR CHILDREN AND FAMILIES INC PO BOX 990531 NAPLES, FL 34116	65-1229558	501(C)(3)	10,971				PURCHASE OF FOOD FOR FOOD PANTRY

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GRAND PIANO SERIES 3330 CROSSINGS COURT 301 BONITA SPRINGS, FL 34134	81-4331298	501(C)(3)	10,000				PURCHASE OF A GRAND PIANO
GREAT LAKES CHRISTIAN COLLEGE 6211 W WILLOW HIGHWAY LANSING, MI 48917	38-6080947	501(C)(3)	10,870				UNRESTRICTED USE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GREATER MARCO FAMILY YMCA INC PO BOX 2529 MARCO ISLAND, FL 34146	59-2498619	501(C)(3)	5,000				KEEP LEARNING THROUGH SUMMER PROGRAM
GREATER MARCO FAMILY YMCA INC PO BOX 2529 MARCO ISLAND, FL 34146	59-2498619	501(C)(3)	15,000				UNRESTRICTED USE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GREATER MARCO FAMILY YMCA INC PO BOX 2529 MARCO ISLAND, FL 34146	59-2498619	501(C)(3)	700				TEACHER EDUCATION
GREATER NAPLES YMCA INC 5450 YMCA ROAD NAPLES, FL 34109	23-7039993	501(C)(3)	10,000				SPARK - PHYSICAL EDUCATION CURRICULUM AND STAFF CERTIFICATION

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GREATER NAPLES YMCA INC 5450 YMCA ROAD NAPLES, FL 34109	23-7039993	501(C)(3)	25,000				UNRESTRICTED USE
GREATER NAPLES YMCA INC 5450 YMCA ROAD NAPLES, FL 34109	23-7039993	501(C)(3)	500				CHILDREN'S AFTER SCHOOL PROGRAMS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GREATER NAPLES YMCA INC 5450 YMCA ROAD NAPLES, FL 34109	23-7039993	501(C)(3)	1,000				SWIMMING PROGRAMS
GUADALUPE CENTER INC 509 HOPE CIRCLE IMMOKALEE, FL 34142	59-2617151	501(C)(3)	13,739				UNRESTRICTED USE



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GUADALUPE CENTER INC 509 HOPE CIRCLE IMMOKALEE, FL 34142	59-2617151	501(C)(3)	225				TUTOR CORPS
GUADALUPE CENTER INC 509 HOPE CIRCLE IMMOKALEE, FL 34142	59-2617151	501(C)(3)	500				CHILDREN'S SCHOOL PROGRAMS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GUADALUPE CENTER INC 509 HOPE CIRCLE IMMOKALEE, FL 34142	59-2617151	501(C)(3)	775				ANNUAL FUND
GUADALUPE CENTER INC 509 HOPE CIRCLE IMMOKALEE, FL 34142	59-2617151	501(C)(3)	490				BENEFIT THE AFTERSCHOOL PROGRAM

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GUADALUPE CENTER INC 509 HOPE CIRCLE IMMOKALEE, FL 34142	59-2617151	501(C)(3)	2,000				SCHOLARSHIP FUND
GUADALUPE CENTER INC 509 HOPE CIRCLE IMMOKALEE, FL 34142	59-2617151	501(C)(3)	500				TEACHER EDUCATION

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GULF COAST HUMANE SOCIETY 2010 ARCADIA STREET FT MYERS, FL 33916	59-0806978	501(C)(3)	10,000				PETS FOR PATRIOTS
GULF COAST VETERANS AND FRIENDS 2614 TAMIAMI TRAIL NORTH 304 NAPLES, FL 34103	82-5472732	501(C)(3)	18,000				EMBRACING THOSE WHO SERVED

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GULFSHORE PLAYHOUSE 1010 FIFTH AVENUE SOUTH 205 NAPLES, FL 34102	90-0178566	501(C)(3)	17,000				THINKTHEATRE
GULFSHORE PLAYHOUSE 1010 FIFTH AVENUE SOUTH 205 NAPLES, FL 34102	90-0178566	501(C)(3)	33,000				RESTRICTED TO CAPITAL CAMPAIGN FOR NEW THEATER PROJECT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GULFSHORE PLAYHOUSE 1010 FIFTH AVENUE SOUTH 205 NAPLES, FL 34102	90-0178566	501(C)(3)	2,500				FUND A NEED
GULFSHORE PLAYHOUSE 1010 FIFTH AVENUE SOUTH 205 NAPLES, FL 34102	90-0178566	501(C)(3)	5,000				AFTER-SCHOOL AND SUMMER PROGRAMS 1ST-12TH GRADE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GULFSHORE PLAYHOUSE 1010 FIFTH AVENUE SOUTH 205 NAPLES, FL 34102	90-0178566	501(C)(3)	1,000				EDUCATION
GULFSHORE PLAYHOUSE 1010 FIFTH AVENUE SOUTH 205 NAPLES, FL 34102	90-0178566	501(C)(3)	10,000				UNRESTRICTED USE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GULFSHORE PLAYHOUSE 1010 FIFTH AVENUE SOUTH 205 NAPLES, FL 34102	90-0178566	501(C)(3)	2,000				STAR SOCIETY
GULFSHORE PLAYHOUSE 1010 FIFTH AVENUE SOUTH 205 NAPLES, FL 34102	90-0178566	501(C)(3)	15,000				MUSIC AND EDUCATION PROGRAMS



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HABITAT FOR HUMANITY OF COLLIER COUNTY 11145 TAMIAMI TRAIL E NAPLES, FL 34113	59-1834379	501(C)(3)	12,984				UNRESTRICTED USE
HABITAT FOR HUMANITY OF COLLIER COUNTY 11145 TAMIAMI TRAIL E NAPLES, FL 34113	59-1834379	501(C)(3)	13,726				HOUSING PROJECTS IN EVERGLADES CITY

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HABITAT FOR HUMANITY OF COLLIER COUNTY 11145 TAMIAMI TRAIL E NAPLES, FL 34113	59-1834379	501(C)(3)	20,000				BUILDING OF A HOME
HABITAT FOR HUMANITY OF COLLIER COUNTY 11145 TAMIAMI TRAIL E NAPLES, FL 34113	59-1834379	501(C)(3)	50,000				LAND PURCHASE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HABITAT FOR HUMANITY OF COLLIER COUNTY 11145 TAMIAMI TRAIL E NAPLES, FL 34113	59-1834379	501(C)(3)	206,400				DOCKSIDE NEIGHBORHOOD
HABITAT FOR HUMANITY OF COLLIER COUNTY 11145 TAMIAMI TRAIL E NAPLES, FL 34113	59-1834379	501(C)(3)	20,000				GIVE TO THE MAX

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

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

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HABITAT FOR HUMANITY OF COLLIER COUNTY 11145 TAMIAMI TRAIL E NAPLES, FL 34113	59-1834379	501(C)(3)	500				AFFORDABLE HOUSING
HABITAT FOR HUMANITY OF COLLIER COUNTY 11145 TAMIAMI TRAIL E NAPLES, FL 34113	59-1834379	501(C)(3)	2,000				\$1000 EACH FOR THE ANNUAL FUND AND FOR LANDSCAPING A RIVER PARK HOME

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HARRY CHAPIN FOOD BANK 3940 PROSPECT AVENUE 101 NAPLES, FL 34104	59-2332120	501(C)(3)	2,000				TO BENEFIT THE RESIDENTS OF COLLIER COUNTY
HARRY CHAPIN FOOD BANK 3940 PROSPECT AVENUE 101 NAPLES, FL 34104	59-2332120	501(C)(3)	9,600				UNRESTRICTED USE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HARRY CHAPIN FOOD BANK 3940 PROSPECT AVENUE 101 NAPLES, FL 34104	59-2332120	501(C)(3)	500				THANKSGIVING TURKEYS
HARRY CHAPIN FOOD BANK 3940 PROSPECT AVENUE 101 NAPLES, FL 34104	59-2332120	501(C)(3)	10,971				PURCHASE OF FOOD FOR FOOD PANTRY

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HEALTHCARE NETWORK OF SOUTHWEST FLORIDA FOUNDATION 3555 KRAFT ROAD 100 NAPLES, FL 34105	26-0229508	501(C)(3)	60,000				UNRESTRICTED USE
HEALTHCARE NETWORK OF SOUTHWEST FLORIDA FOUNDATION 3555 KRAFT ROAD 100 NAPLES, FL 34105	26-0229508	501(C)(3)	23,500				SUPPORT OF IMMOKALEE DENTAL PROGRAM FOR HOMEBOUND SENIORS



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HEALTHCARE NETWORK OF SOUTHWEST FLORIDA FOUNDATION 3555 KRAFT ROAD 100 NAPLES, FL 34105	26-0229508	501(C)(3)	1,000				RONALD MCDONALD MOBILE
HEALTHCARE NETWORK OF SOUTHWEST FLORIDA FOUNDATION 3555 KRAFT ROAD 100 NAPLES, FL 34105	26-0229508	501(C)(3)	5,000				2019 ANNUAL FUND PRINCIPAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HELP A DIABETIC CHILD INC P O BOX 110161 NAPLES, FL 34108	46-1652118	501(C)(3)	10,000				GLUCOSE TEST STRIPS, LANCETS, METERS, SYRINGES, PEN NEEDLES AND UNITS OF INSULIN
HELP A DIABETIC CHILD INC P O BOX 110161 NAPLES, FL 34108	46-1652118	501(C)(3)	4,896				PURCHASE INSULIN AND TESTING SUPPLIES FOR CHILDREN WITH TYPE 1 DIABETES IN FINANCIAL NEED

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HELP A DIABETIC CHILD INC P O BOX 110161 NAPLES, FL 34108	46-1652118	501(C)(3)	500				UNRESTRICTED USE
HERRIN EDUCATION FOUNDATION 500 NORTH TENTH STREET HERRIN, IL 62948	37-1259400	501(C)(3)	25,000				TO HELP FUND PROGRAMS, CLUBS, ARTS, MUSIC, AND TECHNOLOGY FOR HERRIN JR HIGH SCHOOL

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HISTORICAL SOCIETY OF WESTERN PENNSYLVANIA 1212 SMALLMAN STREET PITTSBURGH, PA 15222	25-0965391	501(C)(3)	63,919				MEADOWCROFT MUSEUM
HODGES UNIVERSITY UNIVERSITY ADVANCEMENT NAPLES, FL 34119	59-6605703	501(C)(3)	7,000				VITAL SIGNS 2018 REPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HOME BASE 125 NASHUA STREET 540 BOSTON, MA 02114	04-1564655	501(C)(3)	7,500				SWFL HOME BASE
HOOD COLLEGE OF FREDERICK MARYLAND 401 ROSEMONT AVENUE FREDERICK, MD 21701	52-0591608	501(C)(3)	10,000				MATH AND SCIENCE SCHOLARSHIPS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HUMANE SOCIETY OF COLLIER COUNTY INC 370 AIRPORT PULLING ROAD NORTH NAPLES, FL 34104	59-1033966	501(C)(3)	24,594				UNRESTRICTED USE
HUMANE SOCIETY OF COLLIER COUNTY INC 370 AIRPORT PULLING ROAD NORTH NAPLES, FL 34104	59-1033966	501(C)(3)	500				ANNUAL FUND

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HUMANE SOCIETY OF COLLIER COUNTY INC 370 AIRPORT PULLING ROAD NORTH NAPLES, FL 34104	59-1033966	501(C)(3)	5,000				VETERINARIAN SERVICES
INDIANA UNIVERSITY FOUNDATION PO BOX 6460 INDIANAPOLIS, IN 46206	35-6018940	501(C)(3)	2,000				WELL HOUSE SOCIETY

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
INDIANA UNIVERSITY FOUNDATION PO BOX 6460 INDIANAPOLIS, IN 46206	35-6018940	501(C)(3)	3,000				UNRESTRICTED USE
INDIANA UNIVERSITY FOUNDATION PO BOX 6460 INDIANAPOLIS, IN 46206	35-6018940	501(C)(3)	1,000				IRWIN BORISH SCHOLARSHIP FUND



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

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INSTITUTE FOR HUMANE STUDIES GEORGE MASON UNIVERSITY ARLINGTON, VA 22201	94-1623852	501(C)(3)	38,523				SCHOLARSHIP FUND ADMINISTERED BY IHS
J B SPEED ART MUSEUM 2035 SOUTH THIRD STREET LOUISVILLE, KY 40208	61-0444823	501(C)(3)	15,000				ANNUAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
JACKSONVILLE STATE UNIVERSITY FOUNDATION ROOM 231BIBB GRAVES HALL JACKSONVILLE, FL 36265	59-0790962	501(C)(3)	15,000				INTERNATIONAL HOUSE
JEWISH FEDERATION OF COLLIER COUNTY 2500 VANDERBILT BEACH RD 2201 NAPLES, FL 34109	59-2151725	501(C)(3)	5,400				\$2,500 FOR THE GENERAL FUND, \$1,000 FOR PEOPLE OF THE BOOK, AND \$1,900 FOR THE POMEGRANATE EVENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
JOHNS HOPKINS UNIVERSITY DEVELOPMENT AND ALUMNI RELATIONS - SAN MARTIN CENTER BALTIMORE, MD 21218	52-0595110	501(C)(3)	1,000				UNRESTRICTED USE
JOHNS HOPKINS UNIVERSITY DEVELOPMENT AND ALUMNI RELATIONS - SAN MARTIN CENTER BALTIMORE, MD 21218	52-0595110	501(C)(3)	5,000				KIMMEL CANCER CENTER RESERACH

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
JOHNSON UNIVERSITY FLORIDA 1011 BILL BECK BLVD KISSIMMEE, FL 34744	62-6001104	501(C)(3)	10,870				UNRESTRICTED USE
JUDICIAL WATCH INC 425 THIRD STREET SW 800 WASHINGTON, DC 20024	52-1885088	501(C)(3)	2,000				ANNUAL FUND

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
JUDICIAL WATCH INC 425 THIRD STREET SW 800 WASHINGTON, DC 20024	52-1885088	501(C)(3)	5,000				UNRESTRICTED USE
LAKE BEULAH SAILING SCHOOL INC PO BOX 729 EAST TROY, WI 53120	39-1172460	501(C)(3)	27,596				UNRESTRICTED USE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LANDMARK COLLEGE 19 RIVER ROAD SOUTH PUTNEY, VT 05346	22-2586208	501(C)(3)	10,000				UNRESTRICTED USE
LIBERTY YOUTH RANCH P O BOX 366206 BONITA SPRINGS, FL 34136	38-3674666	501(C)(3)	11,000				UNRESTRICTED USE

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

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LIGHTHOUSE OF COLLIER INC 2685 HORSESHOE DRIVE S 211 NAPLES, FL 34104	27-0401702	501(C)(3)	694				EQUIPMENT FOR CHILDREN'S PROGRAM
LIGHTHOUSE OF COLLIER INC 2685 HORSESHOE DRIVE S 211 NAPLES, FL 34104	27-0401702	501(C)(3)	150				UNRESTRICTED USE

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

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LIGHTHOUSE OF COLLIER INC 2685 HORSESHOE DRIVE S 211 NAPLES, FL 34104	27-0401702	501(C)(3)	5,000				AID FOR THE BLIND
LIGHTHOUSE OF COLLIER INC 2685 HORSESHOE DRIVE S 211 NAPLES, FL 34104	27-0401702	501(C)(3)	500				BOOKBINDER MATCHING GIFT



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LITERACY VOLUNTEERS OF COLLIER COUNTY 8833 TAMIAMI TRAIL E NAPLES, FL 34113	65-0181251	501(C)(3)	2,000				STRATEGIC PLAN - THE FUTURE TO 2024
LITERACY VOLUNTEERS OF COLLIER COUNTY 8833 TAMIAMI TRAIL E NAPLES, FL 34113	65-0181251	501(C)(3)	20,000				FAMILIES LEARNING ENGLISH PROGRAM

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LOUISVILLE COLLEGIATE SCHOOL 2427 GLENMARY AVENUE LOUISVILLE, KY 40204	61-0449630	501(C)(3)	10,000				2ND CENTURY CAMPAIGN GIFT
LOUISVILLE ORCHESTRA 620 WEST MAIN STREET 600 LOUISVILLE, KY 40202	61-6000384	501(C)(3)	10,000				ANNUAL GIFT

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

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MANHATTAN BLUES SOCIETY 99 COMMERCIAL STREET 7 BROOKLYN, NY 11222	83-3231463	501(C)(3)	9,000				UNRESTRICTED USE
MARCO ISLAND ACADEMY 2255 SAN MARCO ROAD MARCO ISLAND, FL 34145	27-4411503	501(C)(3)	25,000				GENERAL USE

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

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MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA STREET 540 BOSTON, MA 02114	04-1564655	501(C)(3)	1,000				ALZHEIMER'S RESEARCH
MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA STREET 540 BOSTON, MA 02114	04-1564655	501(C)(3)	30,000				TACKLE ALS RESEARCH

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

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MASSACHUSETTS INSTITUTE OF TECHNOLOGY MIT ALUMNI FUND CAMBRIDGE, MA 02139	04-2103594	501(C)(3)	6,000				CLASS OF 1960 ENDOWMENT FOR INNOVATION IN EDUCATION
MAUI ADULT DAY CARE CENTER FOR SENIOR CITIZENS & DISABLED INC 11 MAHAOLO STREET B KAHALUI, HI 96732	99-0216306	501(C)(3)	11,000				HALE HULU MAMO

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

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MAYO FOUNDATION FOR MEDICAL EDUCATION & RESEARCH DEPARTMENT OF DEVELOPMENT ROCHESTER, MN 55905	41-1506440	501(C)(3)	15,870				UNRESTRICTED USE
MAYO FOUNDATION FOR MEDICAL EDUCATION & RESEARCH DEPARTMENT OF DEVELOPMENT ROCHESTER, MN 55905	41-1506440	501(C)(3)	5,000				CENTER FOR INDIVIDUALIZED MEDICINE

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MEALS OF HOPE INC 2221 CORPORATION BLVD NAPLES, FL 34109	27-0268307	501(C)(3)	10,971				PURCHASE OF FOOD FOR FOOD PANTRY
MEALS OF HOPE INC 2221 CORPORATION BLVD NAPLES, FL 34109	27-0268307	501(C)(3)	2,000				PARTICIPATION IN NETWORK FOR GOOD FUNDRAISING PROGRAM

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

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MEMORIAL SLOAN-KETTERING CANCER CENTER PO BOX 5028 HAGERSTOWN, MD 21741	91-2154267	501(C)(3)	10,950				UNRESTRICTED USE
MENTAL HEALTH ASSOCIATION OF SOUTHWEST FLORIDA 2335 TAMiami TRAIL N 404 NAPLES, FL 34103	23-7057026	501(C)(3)	12,150				GOLLEE GATOR CHILDREN'S MENTAL WELLNESS PROGRAM



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

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MERCY HOME FOR BOYS AND GIRLS 1140 WEST JACKSON BLVD CHICAGO, IL 60607	36-2171726	501(C)(3)	12,000				UNRESTRICTED USE
MIAMI CHILDREN'S HOSPITAL FOUNDATION 3000 SW 62ND AVENUE MIAMI, FL 33155	59-1720704	501(C)(3)	48,645				UNRESTRICTED USE

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

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MONARCH RESEARCH PROJECT 4970 LAKESIDE ROAD MARION, IA 52302	47-5292786	501(C)(3)	12,500				REPOPULATING OF THE MONARCH BUTTERFLY
MOORINGS PARK FOUNDATION INC 120 MOORINGS PARK DRIVE NAPLES, FL 34105	26-3631295	501(C)(3)	41,000				SENIOR PEAK CHALLENGE

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

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MOORINGS PARK FOUNDATION INC 120 MOORINGS PARK DRIVE NAPLES, FL 34105	26-3631295	501(C)(3)	200				GIVE THEM WINGS SCHOLARSHIP
MOORINGS PARK FOUNDATION INC 120 MOORINGS PARK DRIVE NAPLES, FL 34105	26-3631295	501(C)(3)	10,000				2019 SENIOR PEAK CHALLENGE

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MOORINGS PARK FOUNDATION INC 120 MOORINGS PARK DRIVE NAPLES, FL 34105	26-3631295	501(C)(3)	-3,500				REPAIRS & RENOVATIONS FOR THE ASSISTED LIVING FACILITY
MOORINGS PARK FOUNDATION INC 120 MOORINGS PARK DRIVE NAPLES, FL 34105	26-3631295	501(C)(3)	3,000				UNRESTRICTED USE FOR SCHOLARSHIP FOUNDATION

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MOORINGS PARK FOUNDATION INC 120 MOORINGS PARK DRIVE NAPLES, FL 34105	26-3631295	501(C)(3)	500				CHRISTMAS AND RECOGNITION FUND
MOORINGS PARK FOUNDATION INC 120 MOORINGS PARK DRIVE NAPLES, FL 34105	26-3631295	501(C)(3)	15,000				ENHANCEMENTS TO MOORINGS PARK LIBRARY

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

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MOORINGS PARK FOUNDATION INC 120 MOORINGS PARK DRIVE NAPLES, FL 34105	26-3631295	501(C)(3)	9,074				SCHOLARSHIP FUND
MOORINGS PARK FOUNDATION INC 120 MOORINGS PARK DRIVE NAPLES, FL 34105	26-3631295	501(C)(3)	1,000				UNRESTRICTED USE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MULTIPLE SCLEROSIS CENTER OF SOUTHWEST FLORIDA INC 3372 WOODS EDGE CIRCLE 103 BONITA SPRINGS, FL 34134	31-1763776	501(C)(3)	23,000				CARE COORDINATION PROGRAM
NAMI OF COLLIER COUNTY 6216 TRAIL BLVD NAPLES, FL 34108	65-0047747	501(C)(3)	6,000				UNRESTRICTED USE

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

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NAMI OF COLLIER COUNTY 6216 TRAIL BLVD NAPLES, FL 34108	65-0047747	501(C)(3)	300				STUDENT ALLIANCE ON MENTAL ILLNESS
NAPLES BOTANICAL GARDEN INC 4820 BAYSHORE DRIVE D NAPLES, FL 34112	65-0511429	501(C)(3)	1,000				CHILDREN'S PROGRAMS



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

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NAPLES BOTANICAL GARDEN INC 4820 BAYSHORE DRIVE D NAPLES, FL 34112	65-0511429	501(C)(3)	2,000				OPERATING EXPENSES
NAPLES BOTANICAL GARDEN INC 4820 BAYSHORE DRIVE D NAPLES, FL 34112	65-0511429	501(C)(3)	500				MICHAEL NORRIS GARDEN

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

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NAPLES BOTANICAL GARDEN INC 4820 BAYSHORE DRIVE D NAPLES, FL 34112	65-0511429	501(C)(3)	10,000				2019 BROMELIAD SUPPORT
NAPLES BOTANICAL GARDEN INC 4820 BAYSHORE DRIVE D NAPLES, FL 34112	65-0511429	501(C)(3)	1,000				UNRESTRICTED USE

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

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NAPLES BOTANICAL GARDEN INC 4820 BAYSHORE DRIVE D NAPLES, FL 34112	65-0511429	501(C)(3)	500				MEMBERSHIP SUPPORT
NAPLES BOTANICAL GARDEN INC 4820 BAYSHORE DRIVE D NAPLES, FL 34112	65-0511429	501(C)(3)	2,000				HURRICANE RECOVERY FUND

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NAPLES CHRISTIAN CHURCH 8000 GOODLETTE ROAD NORTH NAPLES, FL 34109	59-6519467	501(C)(3)	10,870				UNRESTRICTED USE
NAPLES COMMUNITY CHURCH INC 849 7TH AVENUE S 696 NAPLES, FL 34102	20-5956100	501(C)(3)	1,166				MEDICAL SAFETY IN CHURCH

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NAPLES COMMUNITY CHURCH INC 849 7TH AVENUE S 696 NAPLES, FL 34102	20-5956100	501(C)(3)	10,000				UNRESTRICTED USE
NAPLES MUSIC CLUB PO BOX 112383 NAPLES, FL 34108	59-6213932	501(C)(3)	20,000				MUSICSCORES! PRE-K LITERACY/VIOLIN HEAD START PROGRAM

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NAPLES PLAYERS INC 701 5TH AVENUE S NAPLES, FL 34102	59-6213932	501(C)(3)	538				UNDERWRITING A PLAY
NAPLES PLAYERS INC 701 5TH AVENUE S NAPLES, FL 34102	59-6213932	501(C)(3)	325				GENERAL OPERATING PURPOSES

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NAPLES PLAYERS INC 701 5TH AVENUE S NAPLES, FL 34102	59-6213932	501(C)(3)	50,000				OPERATIONS AT THE DIRECTION OF PATTY AND JAY BAKER
NAPLES PLAYERS INC 701 5TH AVENUE S NAPLES, FL 34102	59-6213932	501(C)(3)	1,622				KIDZACT EDUCATIONAL PROGRAM

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NAPLES SENIOR CENTER AT JFCS 5025 CASTELLO DRIVE 101 NAPLES, FL 34103	45-3980909	501(C)(3)	50,000				CAPITAL CAMPAIGN AT THE DIRECTION OF PATTY AND JAY BAKER
NAPLES SENIOR CENTER AT JFCS 5025 CASTELLO DRIVE 101 NAPLES, FL 34103	45-3980909	501(C)(3)	4,000				OPERATIONS



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NAPLES SENIOR CENTER AT JFCS 5025 CASTELLO DRIVE 101 NAPLES, FL 34103	45-3980909	501(C)(3)	5,000				BUILDING FUND
NAPLES SENIOR CENTER AT JFCS 5025 CASTELLO DRIVE 101 NAPLES, FL 34103	45-3980909	501(C)(3)	5,000				BRINGING TECHNOLOGY TO GERIATRIC CASE MANAGEMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NAPLES SENIOR CENTER AT JFCS 5025 CASTELLO DRIVE 101 NAPLES, FL 34103	45-3980909	501(C)(3)	750				UNRESTRICTED USE
NAPLES SENIOR CENTER AT JFCS 5025 CASTELLO DRIVE 101 NAPLES, FL 34103	45-3980909	501(C)(3)	10,971				PURCHASE OF FOOD FOR FOOD PANTRY

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NAPLES SENIOR CENTER AT JFCS 5025 CASTELLO DRIVE 101 NAPLES, FL 34103	45-3980909	501(C)(3)	13,000				HURRICANE ROOF AND MOLD REPAIR
NAPLES SENIOR CENTER AT JFCS 5025 CASTELLO DRIVE 101 NAPLES, FL 34103	45-3980909	501(C)(3)	500				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NAPLES SENIOR CENTER AT JFCS 5025 CASTELLO DRIVE 101 NAPLES, FL 34103	45-3980909	501(C)(3)	30,000				INFORMATION AND REFERRAL FOR SENIORS
NAPLES TAKE A SOLDIER FISHING 3575 19TH AVENUE SW NAPLES, FL 34117	46-4731427	501(C)(3)	43,000				NAPLES TAKE A SOLDIER FISHING - LOVED ONE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NAPLES THERAPEUTIC RIDING CENTER 206 RIDGE DRIVE NAPLES, FL 34108	65-0793008	501(C)(3)	3,650				UNRESTRICTED USE
NAPLES THERAPEUTIC RIDING CENTER 206 RIDGE DRIVE NAPLES, FL 34108	65-0793008	501(C)(3)	250				AT-RISK YOUTH PROGRAMS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NAPLES THERAPEUTIC RIDING CENTER 206 RIDGE DRIVE NAPLES, FL 34108	65-0793008	501(C)(3)	20,000				THERAPIES FOR CHILDREN & YOUTH
NAPLES TOUCHDOWN CLUB INC 1100 GOLDEN EAGLE CIRCLE NAPLES, FL 34102	01-0732772	501(C)(3)	5,500				UNRESTRICTED USE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NCH HEALTHCARE FOUNDATION 350 7TH STREET N NAPLES, FL 34106	59-2314655	501(C)(3)	10,074				UNRESTRICTED USE
NCH HEALTHCARE FOUNDATION 350 7TH STREET N NAPLES, FL 34106	59-2314655	501(C)(3)	7,500				NCH CENTER FOR PHILANTHROPY

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NCH HEALTHCARE FOUNDATION 350 7TH STREET N NAPLES, FL 34106	59-2314655	501(C)(3)	500				CANCER PROGRAMS OR CANCER RESEARCH
NCH HEALTHCARE FOUNDATION 350 7TH STREET N NAPLES, FL 34106	59-2314655	501(C)(3)	7,500				AMBASSADOR PROGRAM



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NCH HEALTHCARE FOUNDATION 350 7TH STREET N NAPLES, FL 34106	59-2314655	501(C)(3)	125,000				SUPPORT OF THE MAGNOLIA BALL FOR THE ONCOLOGY PROGRAM
NCH HEALTHCARE FOUNDATION 350 7TH STREET N NAPLES, FL 34106	59-2314655	501(C)(3)	7,000				NURSING SCHOLARSHIP

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NCH HEALTHCARE FOUNDATION 350 7TH STREET N NAPLES, FL 34106	59-2314655	501(C)(3)	1,000				MOBILITY GARDEN
NCH HEALTHCARE FOUNDATION 350 7TH STREET N NAPLES, FL 34106	59-2314655	501(C)(3)	636				EDUCATIONAL PURPOSES

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NCH HEALTHCARE FOUNDATION 350 7TH STREET N NAPLES, FL 34106	59-2314655	501(C)(3)	11,957				BENEFIT OF THE NAPLES COMMUNITY HOSPITAL
NCH HEALTHCARE FOUNDATION 350 7TH STREET N NAPLES, FL 34106	59-2314655	501(C)(3)	10,000				2018 NCH BAKER HOSPITAL DOWNTOWN EMERGENCY DEPARTMENT SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NCH HEALTHCARE FOUNDATION 350 7TH STREET N NAPLES, FL 34106	59-2314655	501(C)(3)	7,500				MEDICAL DIPLOMATS
NEIGHBORHOOD HEALTH CLINIC 121 GOODLETTE ROAD N NAPLES, FL 34102	59-3546884	501(C)(3)	31,398				UNRESTRICTED USE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NEIGHBORHOOD HEALTH CLINIC 121 GOODLETTE ROAD N NAPLES, FL 34102	59-3546884	501(C)(3)	2,000				GENERAL FUND
NEIGHBORHOOD HEALTH CLINIC 121 GOODLETTE ROAD N NAPLES, FL 34102	59-3546884	501(C)(3)	50,000				CLINIC EXPANSION CAMPAIGN

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NEW ENGLAND COLLEGE OF OPTOMETRY OFFICE OF INSTITUTIONAL ADVANCEMENT BOSTON, MA 02115	04-1591060	501(C)(3)	10,000				HOLMES FUND
NEW HORIZONS OF SOUTHWEST FLORIDA INC PO BOX 111833 NAPLES, FL 34108	11-3678086	501(C)(3)	5,000				CHILDREN'S PROGRAMS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NEW HORIZONS OF SOUTHWEST FLORIDA INC PO BOX 111833 NAPLES, FL 34108	11-3678086	501(C)(3)	20,000				SUPER TEENS CLUB AND SUPER TEENS LEADERSHIP CAMP
NEW HORIZONS OF SOUTHWEST FLORIDA INC PO BOX 111833 NAPLES, FL 34108	11-3678086	501(C)(3)	5,000				LAPTOPS FOR NEW LAUNCH OF SUPER KIDS CLUB

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NOAH'S ARK FAMILY SERVICES 11853 COLLIER BLVD NAPLES, FL 34116	81-2885321	501(C)(3)	250				WALK-IN COMMERCIAL REFRIGERATOR
NOAH'S ARK FAMILY SERVICES 11853 COLLIER BLVD NAPLES, FL 34116	81-2885321	501(C)(3)	2,040				FREEZER FOR FOOD PANTRY



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NOAH'S ARK FAMILY SERVICES 11853 COLLIER BLVD NAPLES, FL 34116	81-2885321	501(C)(3)	15,000				OPERATING COSTS
NORTH NAPLES UNITED METHODIST CHURCH 6000 GOODLETTE ROAD NAPLES, FL 34109	59-1383829	501(C)(3)	25,000				CARRY IT FORWARD

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NORTH NAPLES UNITED METHODIST CHURCH 6000 GOODLETTE ROAD NAPLES, FL 34109	59-1383829	501(C)(3)	200				DEBT REDUCTION CAMPAIGN
NORTH NAPLES UNITED METHODIST CHURCH 6000 GOODLETTE ROAD NAPLES, FL 34109	59-1383829	501(C)(3)	1,022				UNRESTRICTED USE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NORTH NAPLES UNITED METHODIST CHURCH 6000 GOODLETTE ROAD NAPLES, FL 34109	59-1383829	501(C)(3)	500				BOY SCOUT TROOP 243
NORTHLAND COLLEGE 1411 ELLIS AVENUE ASHLAND, WI 54806	39-0806428	501(C)(3)	250,000				PRESIDENT'S MATCH

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NORTHSIDE NAPLES KIWANIS FOUNDATION INC PO BOX 770060 NAPLES, FL 34107	65-0697861	501(C)(3)	10,000				CHRISTMAS IN JULY BACKPACK PROGRAM
NORTHWOOD SCHOOL 92 NORTHWOOD ROAD LAKE PLACID, NY 12946	14-1401103	501(C)(3)	500,000				DORMITORY REMODEL

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NORTHWOOD SCHOOL 92 NORTHWOOD ROAD LAKE PLACID, NY 12946	14-1401103	501(C)(3)	100,000				NORTHWOOD ON MAIN PROJECT
OHANA MAKAMAE INC PO BOX 914 HANA, HI 96713	99-0342126	501(C)(3)	11,000				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
OLDFIELDS SCHOOL 1500 GLENCOE ROAD SPARKS GLENCOE, MD 21152	52-0591645	501(C)(3)	10,000				UNRESTRICTED USE
ON POINT FOR COLLEGE 488 WEST ONONDAGA STREET SYRACUSE, NY 13202	16-1569356	501(C)(3)	10,000				COLLEGE EDUCATION SUPPORT PROGRAM

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ON POINT FOR COLLEGE 488 WEST ONONDAGA STREET SYRACUSE, NY 13202	16-1569356	501(C)(3)	20,000				UNRESTRICTED USE
ONE BY ONE LEADERSHIP FOUNDATION INC PO BOX 5393 IMMOKALEE, FL 34143	59-1711633	501(C)(3)	5,000				TASTE OF IMMOKALEE OUT-OF-SCHOOL YOUTH ENTREPRENEURSHIP PROGRAM

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ONE BY ONE LEADERSHIP FOUNDATION INC PO BOX 5393 IMMOKALEE, FL 34143	59-1711633	501(C)(3)	500				NETWORK FOR GOOD RENEWAL
OPERA NAPLES INC 2408 LINWOOD AVENUE NAPLES, FL 34112	42-1671038	501(C)(3)	25,000				UNRESTRICTED USE



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
OPERA NAPLES INC 2408 LINWOOD AVENUE NAPLES, FL 34112	42-1671038	501(C)(3)	600				GENERAL PURPOSES
OPERA NAPLES INC 2408 LINWOOD AVENUE NAPLES, FL 34112	42-1671038	501(C)(3)	10,000				CHILDREN'S SCHOLARSHIPS AND FOR CHILDREN TO ATTEND PERFORMANCES

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PACE CENTER FOR GIRLS 160 N 1ST STREET IMMOKALEE, FL 34142	59-2414492	501(C)(3)	3,500				UNRESTRICTED USE
PACE CENTER FOR GIRLS 160 N 1ST STREET IMMOKALEE, FL 34142	59-2414492	501(C)(3)	5,000				SUPPORT FOR TWO GIRLS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PATHWAYS EARLY EDUCATION CENTER 4060 TAMIAMI TRAIL N 1 NAPLES, FL 34103	59-1209842	501(C)(3)	500				HOLIDAY GIFTS FOR FAMILIES AND CHILDREN
PATHWAYS EARLY EDUCATION CENTER 4060 TAMIAMI TRAIL N 1 NAPLES, FL 34103	59-1209842	501(C)(3)	2,149				UNRESTRICTED USE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PATHWAYS EARLY EDUCATION CENTER 4060 TAMIAMI TRAIL N 1 NAPLES, FL 34103	59-1209842	501(C)(3)	250				GENERAL USE
PATHWAYS EARLY EDUCATION CENTER 4060 TAMIAMI TRAIL N 1 NAPLES, FL 34103	59-1209842	501(C)(3)	5,000				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PHYSICIAN LED ACCESS NETWORK (PLAN) 2671 AIRPORT ROAD S 202 NAPLES, FL 34112	20-0477556	501(C)(3)	2,000				REESTABLISHING A FUNDRAISING PROGRAM
PHYSICIAN LED ACCESS NETWORK (PLAN) 2671 AIRPORT ROAD S 202 NAPLES, FL 34112	20-0477556	501(C)(3)	15,000				SUPPORTED LIVING FOR INDIVIDUALS WITH DISABILITIES

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PHYSICIAN LED ACCESS NETWORK (PLAN) 2671 AIRPORT ROAD S 202 NAPLES, FL 34112	20-0477556	501(C)(3)	200				UNRESTRICTED USE
PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA 736 CENTRAL AVENUE SARASOTA, FL 34236	59-1274328	501(C)(3)	27,329				UNRESTRICTED USE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA 736 CENTRAL AVENUE SARASOTA, FL 34236	59-1274328	501(C)(3)	2,816				AIDS RESEARCH, TREATMENT OR EDUCATION
PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA 736 CENTRAL AVENUE SARASOTA, FL 34236	59-1274328	501(C)(3)	1,000				ANNUAL FUND

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA 736 CENTRAL AVENUE SARASOTA, FL 34236	59-1274328	501(C)(3)	3,000				ANNUAL GIFT
PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA 736 CENTRAL AVENUE SARASOTA, FL 34236	59-1274328	501(C)(3)	250				NAPLES VOICES FOR CHOICE LUNCHEON APPEAL



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA 736 CENTRAL AVENUE SARASOTA, FL 34236	59-1274328	501(C)(3)	10,000				SURVIVING LUNCH BULLYING CURRICULUM
PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA 736 CENTRAL AVENUE SARASOTA, FL 34236	59-1274328	501(C)(3)	6,000				UNRESTRICTED USE FOR COLLIER COUNTY

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA 736 CENTRAL AVENUE SARASOTA, FL 34236	59-1274328	501(C)(3)	6,120				FAMILY PLANNING SERVICES
PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA 736 CENTRAL AVENUE SARASOTA, FL 34236	59-1274328	501(C)(3)	5,000				OUTREACH EDUCATION FOR GIRLS/YOUNG WOMEN IN COLLIER COUNTY

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PROTECTION OF RIGHTS ALLIANCE FOUNDATION PO BOX 28 HARBOR SPRINGS, MI 49740	81-4270395	501(C)(3)	12,000				GENERAL FUND
RCMA 402 W MAIN STREET IMMOKALEE, FL 34142	59-1221966	501(C)(3)	250				UNRESTRICTED USE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
RCMA 402 W MAIN STREET IMMOKALEE, FL 34142	59-1221966	501(C)(3)	26,421				HURRICANE IRMA DISASTER RELIEF
REBUILDING TOGETHER INC 999 N CAPITOL ST NE 701 WASHINGTON, DC 20002	52-1585880	501(C)(3)	10,000				HOUSING FOR VETERANS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
REMNANT TRUST INC TEXAS TECH UNIVERSITY LUBBOCK, TX 79409	35-2072847	501(C)(3)	100,000				OPERATING EXPENSES
RESCUE MISSION OF SYRACUSE NY 155 GIFFORD STREET SYRACUSE, NY 13202	15-0532146	501(C)(3)	500				THANKSGIVING MEALS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
RESCUE MISSION OF SYRACUSE NY 155 GIFFORD STREET SYRACUSE, NY 13202	15-0532146	501(C)(3)	100,000				CAPITAL CAMPAIGN
RESIDENTIAL OPTIONS OF FLORIDA INC (ROOF) 3050 HORSESHOE DRIVE N 285 NAPLES, FL 34104	47-1232139	501(C)(3)	15,000				SUPPORTED LIVING FOR INDIVIDUALS WITH DISABILITIES

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
RESIDENTIAL OPTIONS OF FLORIDA INC (ROOF) 3050 HORSESHOE DRIVE N 285 NAPLES, FL 34104	47-1232139	501(C)(3)	500				HOUSE IN IMMOKALEE
RESIDENTIAL OPTIONS OF FLORIDA INC (ROOF) 3050 HORSESHOE DRIVE N 285 NAPLES, FL 34104	47-1232139	501(C)(3)	2,000				PARTICIPATION IN NETWORK FOR GOOD FUNDRAISING PROGRAM

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ROCKFORD ART MUSEUM 711 NORTH MAIN STREET ROCKFORD, IL 61103	36-2349612	501(C)(3)	10,000				\$8,000 FOR 2018 ANNUAL FUND AND \$2,000 FOR PATRON MEMBERSHIP
ROTARY CLUB OF NAPLES CHARITABLE FOUNDATION INC PO BOX 990206 NAPLES, FL 34106	27-1405132	501(C)(3)	636				EDUCATIONAL PURPOSES



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ROTARY CLUB OF NAPLES CHARITABLE FOUNDATION INC PO BOX 990206 NAPLES, FL 34106	27-1405132	501(C)(3)	250				UNRESTRICTED USE
ROTARY CLUB OF NAPLES CHARITABLE FOUNDATION INC PO BOX 990206 NAPLES, FL 34106	27-1405132	501(C)(3)	1,000				WHEELCHAIRS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ROTARY CLUB OF NAPLES CHARITABLE FOUNDATION INC PO BOX 990206 NAPLES, FL 34106	27-1405132	501(C)(3)	12,000				LEARN2EARN SCHOLARSHIP PROGRAM
SACRED HEARTS MODEL SCHOOLS INC 3177 LEXINGTON ROAD LOUISVILLE, KY 40206	61-1181710	501(C)(3)	10,000				GENERAL FUND

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SACRED HEARTS MODEL SCHOOLS INC 3177 LEXINGTON ROAD LOUISVILLE, KY 40206	61-1181710	501(C)(3)	1,600				UNRESTRICTED USE
SAINT MEINRAD ARCHABBEY 200 HILL DRIVE ST MEINRAD, IN 47577	35-0868161	501(C)(3)	10,000				RENOVATION OF THE MONASTIC INFIRMARY

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SALVATION ARMY OF COLLIER COUNTY PO BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	41,508				UNRESTRICTED USE
SALVATION ARMY OF COLLIER COUNTY PO BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	5,000				FRAN COHEN YOUTH CENTER

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SALVATION ARMY OF COLLIER COUNTY PO BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	770				TO BE USED EXCLUSIVELY FOR CHAITABLE PURPOSES AND NOT FOR POLITICAL ACTIVITY
SALVATION ARMY OF COLLIER COUNTY PO BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	1,000				ANNUAL FUND

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SALVATION ARMY OF COLLIER COUNTY PO BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	600				GENERAL PURPOSES
SALVATION ARMY OF COLLIER COUNTY PO BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	40,000				FRAN COHEN YOUTH CENTER OUT OF SCHOOL PROGRAMS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SALVATION ARMY OF COLLIER COUNTY PO BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	240				FUNDING PROGRAMS IN COLLIER COUNTY
SALVATION ARMY OF COLLIER COUNTY PO BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	500				CHRISTMAS OFFERINGS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SALVATION ARMY OF COLLIER COUNTY PO BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	1,000				CHRISTMAS FUND
SALVATION ARMY OF COLLIER COUNTY PO BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	2,500				GENERAL FUND



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SALVATION ARMY OF COLLIER COUNTY PO BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	10,971				PURCHASE OF FOOD FOR FOOD PANTRY
SALVATION ARMY OF COLLIER COUNTY PO BOX 8209 NAPLES, FL 34101	58-0660607	501(C)(3)	10,000				AFTER SCHOOL PROGRAM IN THE FRAN COHEN YOUTH CENTER

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SALVATION ARMY PANAMA CITY 1824 W 15TH STREET PANAMA CITY, FL 32401	58-0660607	501(C)(3)	7,500				HURRICANE MICHAEL RELIEF
SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	500				UNRESTRICTED USE FOR INTERNATIONAL RELIEF

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	100				UNRESTRICTED USE
SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	25				HURRICANE FLORENCE AID

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	10,000				RELIEF FUNDS
SEACREST COUNTRY DAY SCHOOL 7100 DAVIS BLVD NAPLES, FL 34104	59-2311341	501(C)(3)	1,000				WORKBOOKS FOR THE LOWER SCHOOL

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SEACREST COUNTRY DAY SCHOOL 7100 DAVIS BLVD NAPLES, FL 34104	59-2311341	501(C)(3)	4,496				CHILDREN'S GRIEF SUPPORT
SHADOW WOOD CHARITABLE FOUNDATION 24600 TAMIAMI TRAIL 212 BONITA SPRINGS, FL 34134	38-3881140	501(C)(3)	2,000				CAF OF LIFE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SHADOW WOOD CHARITABLE FOUNDATION 24600 TAMIAMI TRAIL 212 BONITA SPRINGS, FL 34134	38-3881140	501(C)(3)	300				DONATION FOR 2019 CAPITAL BANK TENNIS INVITATIONAL
SHADOW WOOD CHARITABLE FOUNDATION 24600 TAMIAMI TRAIL 212 BONITA SPRINGS, FL 34134	38-3881140	501(C)(3)	10,000				UNRESTRICTED USE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	2,380				RENT AND UTILITY DEPOSITS
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	2,000				RENT AND DEPOSIT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	1,950				FOR LAST MONTH'S RENT OF \$1300 AND SECURITY DEPOSIT
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	3,917				RENT AND UTILITIES



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	2,130				RENT AND SECURITY DEPOSITS FOR ELECTRICITY, WATER AND SEWER
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	1,997				RENT AND DEPOSIT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	1,600				FIRST AND LAST MONTHS' RENT
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	1,798				RENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	62,081				UNRESTRICTED USE
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	1,950				FIRST AND LAST MONTHS RENT AND SECURITY PAYMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	2,100				MOBILE HOME PURCHASE, REPAIR, AND DEPOSIT
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	1,500				MENDING BROKEN HEARTS WITH HOPE LUNCHEON

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	10,000				MENDING BROKEN HEARTS WITH HOPE
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	1,600				HOUSING

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	5,000				RENT ASSISTANCE
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	2,100				RENT - FIRST, LAST AND SECURITY

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	2,282				SECURITY DEPOSIT & RENT, PLUS ELECTRICITY & WATER DEPOSITS
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	1,489				RENT, DEPOSIT AND UTILITIES

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	2,000				\$1800 FOR FIRST AND LAST MONTHS' RENT AND \$200 FOR CLEAN UP FEE
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	1,695				DOCUMENT TRANSLATION AND EDUCATION COSTS



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	1,888				TO PURCHASE A CAR
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	5,000				TRANSPORTATION COSTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	2,000				SECURITY DEPOSIT AND FIRST MONTHS' RENT
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	4,105				EDUCATION

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	2,844				IN SUPPORT OF THE SHELTER
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	2,029				\$917 RENTAL DEPOSIT, \$871 71 FOR RENT, AND \$240 ELECTRICAL DEPOSIT

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

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

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101	59-2752895	501(C)(3)	5,000				2019 MENDING BROKEN HEARTS WITH HOPE LUNCHEON
SHRINERS HOSPITALS FOR CHILDREN 2900 NORTH ROCKY POINT DRIVE TAMPA, FL 33607	36-2193608	501(C)(3)	5,623				UNRESTRICTED USE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SHRINERS HOSPITALS FOR CHILDREN 2900 NORTH ROCKY POINT DRIVE TAMPA, FL 33607	36-2193608	501(C)(3)	1,000				ANNUAL FUND
SHY WOLF SANCTUARY EDUCATION AND EXPERIENCE CENTER INC PO BOX 3032 NAPLES, FL 34106	59-3691867	501(C)(3)	5,250				UNRESTRICTED USE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SHY WOLF SANCTUARY EDUCATION AND EXPERIENCE CENTER INC PO BOX 3032 NAPLES, FL 34106	59-3691867	501(C)(3)	2,000				FEED AND SUPPORT WOLVES, DOGS AND OTHER ANIMAL RESIDENTS AT THE SANCTUARY
SIGHTLINE INSTITUTE 1402 THIRD AVENUE 500 SEATTLE, WA 98101	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.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SKANEATELES FESTIVAL 97 EAST GENESEE STREET SKANEATELES, NY 13152	22-2317577	501(C)(3)	5,000				ANNUAL FESTIVAL
SKANEATELES FESTIVAL 97 EAST GENESEE STREET SKANEATELES, NY 13152	22-2317577	501(C)(3)	5,000				MUSIC CONCERTS



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SKANEATELES LAKE ASSOCIATION INC P O BOX 862 SKANEATELES, NY 13152	23-7045486	501(C)(3)	5,000				UNRESTRICTED USE
SKANEATELES LAKE ASSOCIATION INC P O BOX 862 SKANEATELES, NY 13152	23-7045486	501(C)(3)	2,500				LEGACY FUND

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SKANEATELES LAKE ASSOCIATION INC P O BOX 862 SKANEATELES, NY 13152	23-7045486	501(C)(3)	1,000				ANNUAL FUND
SKANEATELES RECREATIONAL CHARITABLE TRUST 11 FENNELL STREET 1 SKANEATELES, NY 13152	16-1556744	501(C)(3)	32,864				SKANEATELES COMMUNITY CENTER ICE FACILITY MAINTENANCE & REPAIR

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SNIP COLLIER INC 6491 SABLE RIDGE LANE NAPLES, FL 34109	47-4607649	501(C)(3)	5,000				VETERINARY ASSISTANCE AND FREE SURGERIES FOR FAMILIES WHO CANNOT AFFORD IT
SNIP COLLIER INC 6491 SABLE RIDGE LANE NAPLES, FL 34109	47-4607649	501(C)(3)	500				UNRESTRICTED USE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SONG MOUNTAIN RACE CLUB INC PO BOX 831 TULLY, NY 13159	16-1492675	501(C)(3)	10,000				CENTRAL NEW YORK SKI RACING FOUNDATION
SOUTH FLORIDA NATIONAL PARKS TRUST 1390 S DIXIE HIGHWAY 2203 CORAL GABLES, FL 33146	13-4341209	501(C)(3)	12,560				HURRICANE GEAR REPLACEMENT FOR GULF COAST RANGER STAFF

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SOUTH FLORIDA NATIONAL PARKS TRUST 1390 S DIXIE HIGHWAY 2203 CORAL GABLES, FL 33146	13-4341209	501(C)(3)	10,000				EVERGLADES SWAMP WALK FOR 6TH GRADE STUDENTS
SOUTH FLORIDA NATIONAL PARKS TRUST 1390 S DIXIE HIGHWAY 2203 CORAL GABLES, FL 33146	13-4341209	501(C)(3)	20,000				SWAMP WATER AND ME PROGRAM (SWAMP)

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SOUTHWEST FLORIDA LAND PRESERVATION TRUST PO BOX 2465 NAPLES, FL 34106	65-0066474	501(C)(3)	209,693				MANHATTAN ROAD & BRIDGE DRAW #3
SOUTHWEST FLORIDA LAND PRESERVATION TRUST PO BOX 2465 NAPLES, FL 34106	65-0066474	501(C)(3)	108,225				MANHATTAN ROAD & BRIDGE DRAW #4

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

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SOUTHWEST FLORIDA LAND PRESERVATION TRUST PO BOX 2465 NAPLES, FL 34106	65-0066474	501(C)(3)	66,572				MANHATTAN ROAD & BRIDGE DRAW #2
SOUTHWEST FLORIDA LAND PRESERVATION TRUST PO BOX 2465 NAPLES, FL 34106	65-0066474	501(C)(3)	6,922				MANHATTAN ROAD & BRIDGE DRAW #1

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

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SPOT'S LAST STOP 14319 SHORE LANE NE PRIOR LAKE, MN 55372	81-2774441	501(C)(3)	22,000				UNRESTRICTED, BEST USE
ST ANN CATHOLIC CHURCH 475 9TH AVENUE S NAPLES, FL 34102	59-0823952	501(C)(3)	20,648				UNRESTRICTED USE



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ST ANN SCHOOL FOUNDATION INC 475 9TH AVENUE S NAPLES, FL 34102	59-2201867	501(C)(3)	20,000				FOUNDATION SUPPORT
ST ANN SCHOOL FOUNDATION INC 475 9TH AVENUE S NAPLES, FL 34102	59-2201867	501(C)(3)	1,000				GENERAL USE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ST CATHERINE UNIVERSITY 2004 RANDOLPH AVE ST PAUL, MN 55105	41-0695509	501(C)(3)	2,500				GENERAL SUPPORT
ST CATHERINE UNIVERSITY 2004 RANDOLPH AVE ST PAUL, MN 55105	41-0695509	501(C)(3)	60,000				ANNE JOACHIM SCHOLARSHIP

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ST JAMES EPISCOPAL CHURCH 96 EAST GENESEE STREET SKANEATELES, NY 13152	15-0611600	501(C)(3)	20,000				ANNUAL GIFT
ST JOHN NEUMANN HIGH SCHOOL 3000 53RD STREET SW NAPLES, FL 34116	59-2017451	501(C)(3)	18,648				UNRESTRICTED USE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ST JOHN'S EPISCOPAL CHURCH 500 PARK SHORE DRIVE NAPLES, FL 34103	59-2153759	501(C)(3)	28,800				UNRESTRICTED USE BY THE BENEVOLENCE FUND
ST JOHN'S EPISCOPAL CHURCH 500 PARK SHORE DRIVE NAPLES, FL 34103	59-2153759	501(C)(3)	960				UNRESTRICTED USE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ST JUDE CHILDREN'S RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105	62-0646012	501(C)(3)	49,745				UNRESTRICTED USE
ST JUDE CHILDREN'S RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105	62-0646012	501(C)(3)	2,500				RUNWAY TO MIRACLES

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ST JUDE CHILDREN'S RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105	62-0646012	501(C)(3)	250				RIDE FOR A REASON CHANHASSEN
ST MATTHEW'S HOUSE 2601 AIRPORT ROAD S NAPLES, FL 34112	65-1110501	501(C)(3)	25,000				COURTYARD AT THE CAMPBELL LODGE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ST MATTHEW'S HOUSE 2601 AIRPORT ROAD S NAPLES, FL 34112	65-1110501	501(C)(3)	1,500				2019 GOLFATHON
ST MATTHEW'S HOUSE 2601 AIRPORT ROAD S NAPLES, FL 34112	65-1110501	501(C)(3)	5,000				MATCHING GRANT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ST MATTHEW'S HOUSE 2601 AIRPORT ROAD S NAPLES, FL 34112	65-1110501	501(C)(3)	10,971				PURCHASE OF FOOD FOR FOOD PANTRY
ST MATTHEW'S HOUSE 2601 AIRPORT ROAD S NAPLES, FL 34112	65-1110501	501(C)(3)	5,100				UNRESTRICTED USE



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
STARABILITY FOUNDATION INC 5125 CASTELLO DRIVE NAPLES, FL 34103	59-2516162	501(C)(3)	1,000				UNRESTRICTED USE
STARABILITY FOUNDATION INC 5125 CASTELLO DRIVE NAPLES, FL 34103	59-2516162	501(C)(3)	300				DAZZLING DIAMONDS SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
STARABILITY FOUNDATION INC 5125 CASTELLO DRIVE NAPLES, FL 34103	59-2516162	501(C)(3)	500				NETWORK FOR GOOD RENEWAL
STARABILITY FOUNDATION INC 5125 CASTELLO DRIVE NAPLES, FL 34103	59-2516162	501(C)(3)	15,000				TRAILBLAZER ACADEMY PROGRAM

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SUNSHINE GOSPEL MINISTRIES 500 EAST 61ST STREET CHICAGO, IL 60637	36-2317631	501(C)(3)	10,000				\$5,000 FOR GENERAL OPERATING AND \$5,000 FOR THE REDUCE VIOLENCE PROJECT
SYRACUSE UNIVERSITY 223 LINK HALL SYRACUSE, NY 13244	15-0532081	501(C)(3)	270,000				COLLEGE OF ENGINEERING AND COMPUTER SCIENCES

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SYRACUSE URBAN PARTNERSHIP 11 FENNELL STREET 1 SKANEATELES, NY 13152	82-5069452	501(C)(3)	1,000,000				SALT CITY BUILDING PROJECT
THE AYN RAND INSTITUTE 2121 ALTON PARKWAY 250 IRVINE, CA 92606	22-2570926	501(C)(3)	15,000				UNRESTRICTED USE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE EVERGLADES FOUNDATION INC 18001 OLD CUTLER ROAD 625 PALMETTO BAY, FL 33157	59-3228899	501(C)(3)	15,000				UNRESTRICTED USE
THE HISTORY CENTER 716 OKLAND ROAD NE 103 CEDAR RAPIDS, IA 52402	23-7311415	501(C)(3)	20,000				CHILDREN'S SUMMER PROGRAMS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE HISTORY CENTER 716 OKLAND ROAD NE 103 CEDAR RAPIDS, IA 52402	23-7311415	501(C)(3)	5,000				HISTORIAN'S CIRLCE
THE IMMOKALEE FOUNDATION 2375 TAMIAMI TRAIL N 308 NAPLES, FL 34103	65-0315664	501(C)(3)	18,000				KINGSLEY PINES CAMPERSHIPS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE IMMOKALEE FOUNDATION 2375 TAMIAMI TRAIL N 308 NAPLES, FL 34103	65-0315664	501(C)(3)	43,000				\$6,000 FOR UNRESTRICTED USE AND \$37,000 TO FUND PROGRAMS
THE NATURE CONSERVANCY FLORIDA CHAPTER 2500 MAITLAND CENTER PARKWAY 311 MAITLAND, FL 32751	53-0242652	501(C)(3)	7,000				UNRESTRICTED USE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE VOICE OF THE MARTYRS 1815 SE BISON ROAD BARTLESVILLE, OK 74006	73-1395057	501(C)(3)	10,000				UNRESTRICTED USE
THRIVE 400 EAST BABCOCK STREET BOZEMAN, MT 59715	36-3501185	501(C)(3)	2,500				UNRESTRICTED USE



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THRIVE 400 EAST BABCOCK STREET BOZEMAN, MT 59715	36-3501185	501(C)(3)	7,500				GENERAL SUPPORT
TRINITY ACADEMY W225 N3131 DUPLAINVILLE ROAD PEWAUKEE, WI 53072	39-1914032	501(C)(3)	25,000				UNRESTRICTED USE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TRINITY BY THE COVE EPISCOPAL CHURCH 553 GALLEON DRIVE NAPLES, FL 34102	59-0774204	501(C)(3)	538				FOR USE BY THE OUTREACH COMMISSION
TRINITY BY THE COVE EPISCOPAL CHURCH 553 GALLEON DRIVE NAPLES, FL 34102	59-0774204	501(C)(3)	600				SUPPORT OF THE SUNDAY MUSIC PROGRAM

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TRINITY BY THE COVE EPISCOPAL CHURCH 553 GALLEON DRIVE NAPLES, FL 34102	59-0774204	501(C)(3)	24,531				UNRESTRICTED USE
TRINITY BY THE COVE EPISCOPAL CHURCH 553 GALLEON DRIVE NAPLES, FL 34102	59-0774204	501(C)(3)	3,000				OPERATING FUNDS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TRINITY BY THE COVE EPISCOPAL CHURCH 553 GALLEON DRIVE NAPLES, FL 34102	59-0774204	501(C)(3)	20,000				VIEW OF THE FUTURE
TRINITY BY THE COVE EPISCOPAL CHURCH 553 GALLEON DRIVE NAPLES, FL 34102	59-0774204	501(C)(3)	2,200				PARISH HALL EXPANSION

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TRINITY BY THE COVE EPISCOPAL CHURCH 553 GALLEON DRIVE NAPLES, FL 34102	59-0774204	501(C)(3)	3,000				MAINTENANCE
TRINITY BY THE COVE EPISCOPAL CHURCH 553 GALLEON DRIVE NAPLES, FL 34102	59-0774204	501(C)(3)	500				BUILDING PROJECT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TRINITY BY THE COVE EPISCOPAL CHURCH 553 GALLEON DRIVE NAPLES, FL 34102	59-0774204	501(C)(3)	2,000				ANNUAL GIFT
TRINITY BY THE COVE EPISCOPAL CHURCH 553 GALLEON DRIVE NAPLES, FL 34102	59-0774204	501(C)(3)	1,800				ANNUAL FUND

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TRINITY BY THE COVE EPISCOPAL CHURCH 553 GALLEON DRIVE NAPLES, FL 34102	59-0774204	501(C)(3)	1,500				ANNUAL PLEDGE
TRINITY BY THE COVE EPISCOPAL CHURCH 553 GALLEON DRIVE NAPLES, FL 34102	59-0774204	501(C)(3)	4,000				OPERATING EXPENSES

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TRINITY BY THE COVE EPISCOPAL CHURCH 553 GALLEON DRIVE NAPLES, FL 34102	59-0774204	501(C)(3)	636				EDUCATIONAL PURPOSES
TRINITY HIGH SCHOOL FOUNDATION 4011 SHELBYVILLE ROAD LOUISVILLE, KY 40207	31-1105966	501(C)(3)	10,000				CAMPUS HORIZON CAMPAIGN



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA PENN MEDICINE DEVELOPMENT PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	10,000				FOR THE INSTITUTE FOR DIABETES, OBESITY AND METABOLISM
TURNING POINT CHURCH 27411 TORTOISE TRAIL BONITA SPRINGS, FL 34135	47-2125655	501(C)(3)	12,000				MONTHLY MINISTRY SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TURNING POINT CHURCH 27411 TORTOISE TRAIL BONITA SPRINGS, FL 34135	47-2125655	501(C)(3)	1,000				MISSION SUPPORT TO COSTA RICA
TURNING POINT CHURCH 27411 TORTOISE TRAIL BONITA SPRINGS, FL 34135	47-2125655	501(C)(3)	10,000				GREATEST GIFT OFFERING

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED CEREBRAL PALSY ASSOCIATION OF CAYUGA COUNTY INC 182 NORTH STREET AUBURN, NY 13021	15-0576613	501(C)(3)	20,000				CAPITAL CAMPAIGN
UNITED WAY OF COLLIER COUNTY 9015 STRADA STELL COURT 204 NAPLES, FL 34109	59-1026096	501(C)(3)	12,700				UNRESTRICTED USE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY OF COLLIER COUNTY 9015 STRADA STELL COURT 204 NAPLES, FL 34109	59-1026096	501(C)(3)	10,000				2019 TOCQUEVILLE SOCIETY SUPPORT
UNITED WAY OF COLLIER COUNTY 9015 STRADA STELL COURT 204 NAPLES, FL 34109	59-1026096	501(C)(3)	25,000				HURRICANE IRMA RELIEF

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY OF COLLIER COUNTY 9015 STRADA STELL COURT 204 NAPLES, FL 34109	59-1026096	501(C)(3)	2,500				GENERAL FUND
UNITED WAY OF COLLIER COUNTY 9015 STRADA STELL COURT 204 NAPLES, FL 34109	59-1026096	501(C)(3)	1,267				COLLIER 211 SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY OF COLLIER COUNTY 9015 STRADA STELL COURT 204 NAPLES, FL 34109	59-1026096	501(C)(3)	3,000				ANNUAL GIFT
UNITED WAY OF LEE COUNTY INC 7273 CONCOURSE DRIVE FT MYERS, FL 33908	59-1005169	501(C)(3)	5,000				FOR COLLIER COUNTY

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY OF LEE COUNTY INC 7273 CONCOURSE DRIVE FT MYERS, FL 33908	59-1005169	501(C)(3)	20,000				\$10,000 EACH FOR LEE AND COLLIER COUNTIES
UNITED WAY OF LEE COUNTY INC 7273 CONCOURSE DRIVE FT MYERS, FL 33908	59-1005169	501(C)(3)	375				STOCKINGS 4 KIDS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY OF ROCK RIVER VALLEY 612 NORTH MAIN STREET 300 ROCKFORD, IL 61103	36-2167843	501(C)(3)	10,000				TOCQUEVILLE SOCIETY
UNIVERSITY OF ST THOMAS SCHOOL OF LAW 2115 SUMMIT AVE ST PAUL, MN 55105	41-0693970	501(C)(3)	50,000				DOUGHERTY FAMILY COLLEGE STUDENT EXCELLENCE FUND



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

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

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

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

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WGCU PUBLIC MEDIA 10501 FGCU BLVD S FT MYERS, FL 33965	65-0403969	501(C)(3)	3,500				UNRESTRICTED USE
WGCU PUBLIC MEDIA 10501 FGCU BLVD S FT MYERS, FL 33965	65-0403969	501(C)(3)	1,000				SUPPORT FOR PROGRAMMING

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WGCU PUBLIC MEDIA 10501 FGCU BLVD S FT MYERS, FL 33965	65-0403969	501(C)(3)	250				GENERAL USE
WORD OF LIFE FELLOWSHIP PO BOX 600 SCHROON LAKE, NY 12870	13-5648615	501(C)(3)	350,000				CAMPUS AND CAMP IMPROVEMENTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WYCLIFFE BIBLE TRANSLATORS PO BOX 628200 ORLANDO, FL 32832	95-1831097	501(C)(3)	11,200				TO SUPPORT THE WORK OF MISSIONARIES RICK AND BETSY CHIESA
YOUNG LIFE P O BOX 70065 PRESCOTT, AZ 86304	84-0385934	501(C)(3)	10,000				TO SUPPORT THE YOUNG LIFE CHAPTER IN COMAYAGUA, HONDURAS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
YOUNG LIFE P O BOX 112481 NAPLES, FL 34108	84-0385934	501(C)(3)	3,000				UNRESTRICTED USE
YOUNG LIFE P O BOX 112481 NAPLES, FL 34108	84-0385934	501(C)(3)	20,000				SUPPORT THE NAPLES AREA CHAPTER - FL 209

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
YOUNG LIFE P O BOX 112481 NAPLES, FL 34108	84-0385934	501(C)(3)	20,000				\$10,000 FOR NAPLES CHAPTER AND \$10,000 FOR SWFL AREA
YOUTH HAVEN 5867 WHITAKER ROAD NAPLES, FL 34112	23-7065187	501(C)(3)	14,093				UNRESTRICTED USE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
YOUTH HAVEN 5867 WHITAKER ROAD NAPLES, FL 34112	23-7065187	501(C)(3)	250				GENERAL USE



**Schedule J**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

## Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No 1545-0047

# 2018

**Open to Public Inspection**

Name of the organization  
COMMUNITY FOUNDATION OF COLLIER COUNTY INC

Employer identification number  
59-2396243

**Part I Questions Regarding Compensation**

		Yes	No		
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel  <input type="checkbox"/> Travel for companions  <input type="checkbox"/> Tax indemnification and gross-up payments  <input type="checkbox"/> Discretionary spending account                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)                 </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p><b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>	<b>1b</b>				
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	<b>2</b>				
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee  <input type="checkbox"/> Independent compensation consultant  <input checked="" type="checkbox"/> Form 990 of other organizations                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract  <input checked="" type="checkbox"/> Compensation survey or study  <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p><b>a</b> Receive a severance payment or change-of-control payment?</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4a</b>		No		
	<b>4b</b>		No		
	<b>4c</b>		No		
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>					
<p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	<b>5a</b>		No		
	<b>5b</b>		No		
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	<b>6a</b>		No		
	<b>6b</b>		No		
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	<b>7</b>	Yes			
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	<b>8</b>		No		
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>				



**Part III** Supplemental Information

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

Return Reference	Explanation
PART I, LINE 7	THE CEO AND CFO AND VP OF DEVELOPMENT RECEIVED DISCRETIONARY BONUSES DURING THE CALENDAR YEAR OF \$7,650, \$3,150 AND 1,650, RESPECTIVELY



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No 1545-0047

**2018**

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

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
COMMUNITY FOUNDATION OF COLLIER  
COUNTY INC

Employer identification number  
59-2396243

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	36	17,985,895	MEAN ON DAY
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .	X	1	5,300,000	APPRAISAL
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	Yes	
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

**Part II Supplemental Information.**

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

Return Reference	Explanation
PART I, LINE 32B	THIRD PARTY IS USED TO SELL SECURITIES UPON RECEIPT OF CONTRIBUTED SECURITIES

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

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury

Name of the organization

COMMUNITY FOUNDATION OF COLLIER COUNTY INC

Employer identification number

59-2396243

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>DONOR SERVICES THE FOUNDATION CURRENTLY MANAGES OVER 700 FUNDS ESTABLISHED BY CHARITABLE INDIVIDUALS, CORPORATIONS AND ORGANIZATIONS THESE FUNDS PROVIDE BOTH DONOR DIRECTED GRANTS AND GRANTS THAT ADDRESS THE COMMUNITY'S NEEDS AND ISSUES THESE FUNDS INCLUDE, AMONG OTHERS, DONOR ADVISED FUNDS, FIELD OF INTEREST FUNDS, SCHOLARSHIP FUNDS, DESIGNATED FUNDS AND NONPROFIT AGENCY FUNDS FUND ASSETS ARE MANAGED PROFESSIONALLY WITH OVERSIGHT FROM AN INVESTMENT ADVISORY COMMITTEE TO SUSTAIN GRANTMAKING AND COMMUNITY LEADERSHIP INTO THE FUTURE OUR TEAM OF PHILANTHROPIC EXPERTS CAN PROVIDE INFORMATION ON THE MANY NONPROFITS LOCATED IN COLLIER COUNTY WE ALSO MAINTAIN AN ONLINE DIRECTORY OF NONPROFITS THAT PROVIDE SERVICES TO THE CITIZENS OF COLLIER COUNTY THIS DIRECTORY ASSISTS DONORS IN IDENTIFYING THE ORGANIZATIONS THEY MIGHT BE INTERESTED IN SUPPORTING THE FOUNDATION ALSO PROVIDES CUSTOMIZED COMMUNITY NEEDS REPORTING TO OUR FUND HOLDERS AND RESEARCH TO ASSURE THAT ALL BENEFICIARIES ARE QUALIFIED CHARITIES AS RECOGNIZED BY THE INTERNAL REVENUE SERVICE WE COORDINATE ALL ACKNOWLEDGMENTS FOR THE FUNDS AND DOCUMENT ALL GRANTS SERVICES ALSO INCLUDE PROVIDING TAILORED GRANT EVALUATIONS, QUARTERLY FUND STATEMENTS OF ALL ACTIVITIES OF THE FUND, INCLUDING GRANTMAKING, CONTRIBUTIONS AND INVESTMENT RETURN IF THE DONOR DESIRES, THE FOUNDATION PROVIDES ON-LINE FUND MANAGEMENT THROUGH OUR DONORCENTRAL PROGRAM THE FOUNDATION IS COMMITTED TO PROVIDING EXCELLENT SERVICES TO ALL OF OUR DONORS</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>COMMUNITY GRANTMAKING THE COMMUNITY FOUNDATION OF COLLIER COUNTY IS ACCREDITED BY AND COMP LIES WITH THE NATIONAL STANDARDS FOR U S COMMUNITY FOUNDATIONS THESE STANDARDS REPRESENT A COMMUNITY FOUNDATION'S COMMITMENT TO GOING ABOVE AND BEYOND FEDERAL AND STATE REQUIREMENTS TO DEMONSTRATE ACCOUNTABILITY AND EXCELLENCE TO COMMUNITIES, POLICYMAKERS, AND THE PUBLIC IN ITS GRANTMAKING, THE FOUNDATION OPERATES A BROAD GRANTS PROGRAM TO MULTIPLE GRANTEE TYPES THAT IS NOT LIMITED BY MISSION TO A SINGLE FOCUS OR CAUSE OR EXCLUSIVELY TO THE INTERESTS OF A PARTICULAR CONSTITUENCY, AND WIDELY DISSEMINATES GRANT GUIDELINES TO ENSURE THE FULLEST POSSIBLE PARTICIPATION FROM THE COMMUNITY IT SERVES THE FOUNDATION AWARDS SOME GRANTS FROM ITS DISCRETIONARY RESOURCES THROUGH OPEN, COMPETITIVE PROCESSES THAT ADDRESS THE CHANGING NEEDS OF THE COMMUNITY IN FY19 THE GRANTMAKING FOCUS AREAS WERE ARTS &amp; ENVIRONMENT, EDUCATION &amp; EMPLOYMENT, HEALTHCARE &amp; MENTAL HEALTH, HUMAN SERVICES, AND CAPACITY-BUILDING GRANTS IN ORDER TO CREATE A POSITIVE IMPACT, THE FOUNDATION SELECTS ITS FOCUS AREAS AND GRANTEE TYPES BASED ON COMMUNITY NEEDS AND GAPS IN SERVICES AS IDENTIFIED BY THE DATA CONTAINED IN AN ANNUAL VITAL SIGNS REPORT AND THE COMMUNITY NEEDS ASSESSMENT MOREOVER, THE FOUNDATION STRIVES TO MOBILIZE COMMUNITY RESOURCES BY ENGAGING DONORS AND OTHER FUNDERS TO CO-INVEST IN THE GRANT AND/OR SCHOLARSHIP PROCESS THE GRANTMAKING PROGRAM INCLUDES OVER 60 SCHOLARSHIP OPPORTUNITIES TO SUPPORT STUDENTS OF ALL AGES THE FOUNDATION PERFORMS DUE DILIGENCE TO ENSURE THAT GRANTS WILL BE USED FOR CHARITABLE PURPOSES AND ASSESSES THE IMPACT OF ITS GRANTMAKING</p>



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS	WOMEN'S FOUNDATION OF COLLIER COUNTY FUND THE WOMEN'S FOUNDATION OF COLLIER COUNTY (WFCC) FUND WAS CREATED AS A FIELD OF INTEREST ENDOWMENT FUND, WHICH HAS GROWN TO OVER \$1.3 MILLION. THE MISSION OF THE WOMEN'S FOUNDATION OF COLLIER COUNTY IS TO ALLEVIATE UNMET NEEDS AND EMPOWER WOMEN AND GIRLS IN COLLIER COUNTY. STARTED IN 1996, THE WOMEN'S FOUNDATION GRANTS ARE PRIMARILY FOCUSED ON DISADVANTAGED GIRLS, WOMEN AS CAREGIVERS AND AT-RISK SENIOR WOMEN. IN FISCAL YEAR 2019, PROGRAMS CONSISTED OF THE POWER OF THE PURSE EVENT, WOMEN OF INITIATIVE AWARDS, JUNIOR WOMEN OF INITIATIVE MENTORING PROGRAM, AND THE WFCC GRANTMAKING PROGRAM.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 1	PER THE COMMUNITY FOUNDATION'S BY-LAWS, IN THE INTERVAL BETWEEN BOARD MEETINGS, THE EXECUTIVE COMMITTEE HAS AND MAY EXERCISE ALL THE POWERS OF THE BOARD EXCEPT THAT IT CANNOT ADOPT , AMEND OR REPEAL THE BY-LAWS OR FILL VACANCIES ON THE BOARD OR ANY COMMITTEE ALL ACTIONS BY THE EXECUTIVE COMMITTEE ARE REPORTED TO THE BOARD AT THE MEETING FOLLOWING SUCH ACTION DURING THE FISCAL YEAR ENDING 2019, THIS COMMITTEE HAD 5 MEMBERS

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE AUDIT COMMITTEE REVIEWS THE FORM 990 WITH STAFF FROM BOTH THE FOUNDATION AND THE AUDITING FIRM BEFORE IT IS PRESENTED TO THE BOARD THE FOUNDATION'S AUDITOR THEN REVIEWS THE FORM 990 AND RELATED DOCUMENTS WITH THE BOARD BEFORE THE FORM 990 IS FILED WITH THE IRS

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 12C	THE COMMUNITY FOUNDATION HAS GOVERNANCE AND ETHICS POLICIES THAT INCLUDE CONFIDENTIALITY, CONFLICT OF INTEREST AND WHISTLEBLOWER POLICIES ANNUALLY, EACH BOARD MEMBER IS REQUIRED TO DISCLOSE POTENTIAL AND ACTUAL CONFLICTS OF INTEREST AS WELL AS SIGN OFF THAT THEY UNDERSTAND AND WILL ADHERE TO THESE POLICES THE FOUNDATION'S GOVERNANCE COMMITTEE HANDLES ALL ETHICS, CONFIDENTIALITY, WHISTLEBLOWERS AND CONFLICT OF INTEREST COMPLAINTS AND SHARES THESE INVESTIGATIONS WITH THE FULL BOARD BOARD MEMBERS WITH ANY CONFLICT MUST RECUSE THEMSELVES FROM VOTING ON GRANTS TO ANY RELATED PARTY IDENTIFIED TO BE A CONFLICT ANY BOARD MEMBER WITH A CONFLICT WITH ANY INVESTMENT FIRM THAT THE FOUNDATION RETAINS CANNOT VOTE ON ANY MATTERS RELATED TO THAT FIRM OR BE A MEMBER OF THE INVESTMENT COMMITTEE

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 15	THE COMMUNITY FOUNDATION OF COLLIER COUNTY'S COMPENSATION COMMITTEE IS RESPONSIBLE FOR THE ANNUAL EVALUATION AND COMPENSATION OF THE PRESIDENT AND CEO THE COMMITTEE USES THE EVALUATION PROCESS ALONG WITH THIRD PARTY SALARY SURVEYS SUCH AS THE COUNCIL ON FOUNDATION'S GRANTMAKER'S SALARY SURVEY TO DETERMINE APPROPRIATE COMPENSATION LEVELS IN ADDITION, THE COMMITTEE REVIEWS EXECUTIVE COMPENSATION REPORTED ON IRS FORM 990 OF OTHER AREA NONPROFITS THE EXECUTIVE COMMITTEE USES THE PERFORMANCE EVALUATIONS TO DETERMINE THE ACHIEVEMENT LEVEL OF BONUS PAYMENTS THE COMPENSATION COMMITTEE RECOMMENDS THE SALARY OF THE CEO BASED ON THIRD PARTY SALARY SURVEYS THE COMMITTEE'S RECOMMENDATION IS SUBMITTED TO THE BOARD FOR APPROVAL GOALS WERE SET FOR THE PRESIDENT AND CEO AND A FORMAL EVALUATION WAS COMPLETED IN JUNE 2019 COMPENSATION OF KEY EMPLOYEES IS DETERMINED BY THE PRESIDENT & CEO AFTER A REVIEW OF THEIR PERFORMANCE AND ACCOMPLISHMENTS, A REVIEW OF COMPARABLE COMPENSATION DATA OBTAINED FROM INDEPENDENT RESOURCES AND AN ANALYSIS OF BUDGET LIMITATIONS

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION C, LINE 19	THE FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE AND THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVILABLE BY REQUEST DURING BUSINESS HOURS

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9	CHANGE IN VALUE OF BENEFICIAL INTEREST -3,866 CHANGE IN VALUE OF SPLIT INTEREST & ANNUITY OBLIGATION -55,414

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
COMMUNITY FOUNDATION OF COLLIER  
COUNTY INC

**Employer identification number**

59-2396243

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
<b>(1)</b> CFCC REAL ESTATE LLC 1110 PINE RIDGE ROAD 200 NAPLES, FL 34108 26-0144559	REAL ESTATE HOLDING COMPANY WITH ZERO ASSETS	FL	5,300,000		COMMUNITY FOUNDATION OF COLLIER COUNTY INC
<b>(2)</b> JFN 4444 LLC 1110 PINE RIDGE ROAD 200 NAPLES, FL 34108 59-2396243	REAL ESTATE COMPANY WITH RENTAL REVENUE NET INCOME TO DAF IN FOUNDATION	FL	151,577	1,696,169	COMMUNITY FOUNDATION OF COLLIER COUNTY INC

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

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



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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
<b>(1)</b> ELEANOR B SWEET CHARITABLE REMAINDER UNITRUST	TO SUPPORT CHARITABLE ORGANIZATION	FL	COMMUNITY FOUNDATION OF COLLIER COUNTY INC	T				Yes	
<b>(2)</b> JACK W THOMPSON CLAT	TO SUPPORT CHARITABLE ORGANIZATION	MI	COMMUNITY FOUNDATION OF COLLIER COUNTY INC	T				Yes	

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

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

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	No
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	No
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	No
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	No
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	No
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	No
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	Yes
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	No
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	No
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	No
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	No
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	Yes

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)ELEANOR B SWEET CHARITABLE REMAINDER UNITRUST	S	2,013,612	FMV
(2)JACK W THOMPSON CLAT	S	14,250	FMV
(3)KAPNICK FUND INC	L	25,000	FMV



**Part VII**    **Supplemental Information**

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

<b>Return Reference</b>	<b>Explanation</b>